

HORDERHEALTHCARE

Quality Account 2024



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Introduction from the Chief Executive

It gives me great pleasure to introduce our latest quality account.

Hospitals

2

Outreach Centres

3

In patients

3487

Day cases

3968

Outpatient appointments

57024

Employed colleagues.

563

Horder Healthcare is proud to say that we put the patient at the centre of everything we do. When a patient puts their trust in us, we have an obligation to repay that trust by providing safe and effective care of the highest quality.

That is why, in this year's quality account, you will see a focus on the introduction of new safety processes and standards, which enable us to ensure that our patients receive the highest standards of care. To be effective, processes have to be embedded in the fabric of the organisation. So, whilst we introduced the new patient safety incident and reporting system (PSIRF) in 2023/24, we will continue to embed it during 2024/25.

Whilst effective processes provide the framework for high quality care, the experience of patients is inevitably impacted by their individual experience and, in particular, post operative pain. For this reason, we have chosen to focus on effective pain relief for patients undergoing a total knee replacement. The review and audit undertaken in 2023/24 has identified a number of potential improvements and these will be embedded into revised pain protocols during 2024/25.

Similarly, however welcoming the environment, nobody wants to spend longer than necessary in hospital. In 2023/24 we have chosen to focus on reducing lengths of stay for hip replacement patients. Not only have we reduced length of stay, but we have also reduced some associated issues, including catheterisation rates. For 2024/25, we will introduce the lessons learnt into the pathway for knee replacement patients.

Finally, it is extremely gratifying to see the hard work of all our staff reflected in low infection rates, especially surgical site infections, and in high levels of patient satisfaction, with over 90% of patients rating their experience as very good.

Our Charity

Founded in 1954, Horder Healthcare is a registered charity. Over the years, we have sought to provide benefit to ever-increasing numbers of beneficiaries and, for the vast majority; treatments remain free at the point of delivery. As a not-for-profit organisation, any monies we make are reinvested in colleagues and infrastructure in order to advance our charitable objects.

Our charitable purpose is to advance health and the relief of patients suffering from ill health.

To achieve this Horder Healthcare provides care and treatment programs from its hospitals and outreach centres:

- The Horder Centre (THC) focuses on providing musculoskeletal services, including elective orthopaedics and physiotherapy, demonstrating significant improvements in outcomes for patients. Over the past few years, wellness and exercise classes have been developed to promote fitness and self-management.
- The McIndoe Centre (TMC), which Horder Healthcare acquired in 2015, currently offers a wide range of plastic and reconstructive surgery, as well as ophthalmology and a number of other specialities including orthopaedic surgery.
- Our outreach centres in Seaford and Eastbourne provide a means for delivering clinical and wellness services to people in their local communities. We provide musculoskeletal services across East Sussex through advanced practitioners and physiotherapists.

Our people are values orientated; the values of Horder Healthcare are:

Caring - We believe that all with whom we interact will be treated with utmost respect and empathy.

Friendly - We foster a culture that is warm, welcoming and responsive.

Quality - We deliver the best service we can whilst striving to continuously improve.

Integrity - We are always reliable, honest, consistent and transparent in our approach.

Pride - Our team are proud of what they do, taking pleasure in delivering a unique service.

All of this can be summarised by our Vision:

“We will be established as a leading Healthcare Charity demonstrating its purpose through the provision of outstanding healthcare and support to the wider community through its investment in training, research and community well-being.”

Richard Tyler
Chief Executive

Performance Against Last Year's Quality Priorities

Quality Priorities Identified for 2023/2024

The identification of priorities to improve the quality of what we do at Horder Healthcare is key to our strategic intent of being outstanding in all that we do. During 2023 we continued with the work that we started in 2022/2023 but having reflected on incidents and culture within our organisation we have chosen to focus on particular themes as shown below. We continued to view these under the Care Quality Commission headings of safe, caring, responsive, effective and well led as these provide a broad base to build upon, knowing that these endorse our strategic principles and support us in achieving our objectives.

Strategic principles:

Patients: we place our patients at the centre of everything we do.

People: we recruit, develop and support talented individuals.

Purpose: we engage with our community and help it to prosper.

Supporting the specific objectives of:

- Delivering outstanding care.
- Employer of choice.
- Strengthening the community.

The key quality priorities identified for 2023/2024 are:

Safe

Implementation of the Patient Safety Incident Framework (PSIRF). We intend to follow the suggested implantation phases as produced by NHS England.

Q1(April - June) Diagnostic & Delivery/Governance & Quality Monitoring

Q2 (July - Sep) Governance & Quality Monitoring

Q3 (Oct - Dec) Patient Safety Incident Response Monitoring/Curation and Agreement of the patient safety incident response policy and plan

Q4 (Jan - March) Curation and Agreement of the patient safety incident response policy and plan/Transition.

The changes required for a successful move to PSIRF will require significant training for all clinical staff and an understanding of our Executive and Board with regards to new ways of working and language used. This work has already commenced.

So how did we do?

A great deal of work has been achieved internally. This has included a full retrospective review of all incidents and complaints in order to form our patient safety incident response framework. We also reviewed our Quality Improvement strategy as part of this work to ensure close working between our QI strategy and PSIRF plan moving forwards.

Both the PSIRF Policy & Plan have been finalised, approved internally and sent to the ICB for sign off. A pilot Patient Safety Incident Investigation has been completed which has given greater understanding to the process and the resources required to complete.

The implementation of after-action reviews and 72-hour senior review of incidents is in place. Our first thematic review has also taken place.

The language around PSIRF is now being used on a daily basis and more understanding from all staff is in place.

Training continues, but the organisation has already trained sufficient staff to implement the new framework. It is anticipated that Horder Healthcare will go live with PSIRF in May 2024 following ICB sign off and after extensive internal communication to advise staff of the new changes.

The embedding of the National Safety Standards for Invasive Procedures (NatSSIPs) 2

We will work with our operating theatre teams to ensure that the principles of NatSSIPs 2 are embedded in operating policy and procedures.

Q1 (April - June) Update policy/Check knowledge and understanding of changes within policy

Q2 (July – Sep) Develop new paperwork to support updated World Health Organisation (WHO) check list and trial.

Q3 (Oct - Dec) Report on trial and make any further amendments/launch new paperwork.

Q4 (Jan – March) Audit new paperwork

So how did we do?

Having formed a NatSSIPs 2 strategy group which included our senior nurses and a nominated consultant surgeon, our local policy was updated to include the principles of NatSSIPs 2 and alterations to our WHO checklist were made. The changes were trialled across both our sites and a final version agreed and signed off.

Staff competencies were upgraded to support the changes.

Within both theatres a specific week was identified as NatSSIPs2 week, where local displays were in place. Communication to all consultants and staff was embedded.

Ongoing audit continues to monitor WHO, which at the time of writing shows good compliance.

Caring

Reduction in pain scores for patients undergoing Total Knee Replacements.

We will work with our patients/surgeons/anaesthetists/physiotherapists and nurses to work to improve pain scores for patients who have undergone total knee replacements.

Q1 (April - June) A review of current practices and review of pain audit methodology. Review current literature with regards to published research with regards to post arthroplasty pain. Agree multi-disciplinary team members to lead on project.

Q2 (July-Sep) Carry out new audit (which includes pain scores post discharge). Identify key objectives with project team and report progress to Quality Improvement Group.

Q3 (Oct - Dec) Develop standard post operative analgesia template for knee surgery.

Q4 (Jan - March) Re-audit patients having introduced new analgesic template.

So how did we do?

Our inpatient physiotherapy team at The Horder Centre carried out the pain audit. The results are shown below.

Pain audit summary

This audit details patient pain scores following knee replacement surgery at discharge, 72 hours post discharge and 2-3 weeks post-operation. Data was collected from December 2023 to February 2024 including a total of 315 knee replacement surgeries. The pain scale used was VAS 0-4.

The table and charts numbered 1-4 show a comparison between: inpatient pain regime, TTO's, consultants and anaesthetists.

As highlighted in table 1 and chart 1 the most commonly used analgesia forming part of an inpatient pain regime was Codeine. It was used 90% of the time and at the time of discharge it resulted in an average pain score at rest of 0.51, this being the lowest score when compared with all other analgesia. Codeine averaged a pain score of 1.49 on movement on discharge, however, it was Diclofenac and Naproxen that resulted in the lowest score for this, both scoring 1.46.

Table 2 and chart 2 display the prescribed TTO analgesia. Comparing pain scores at 72 hours post discharge, Naproxen again scored favourably. When ignoring the data for Celecoxib which was only prescribed as a TTO twice Naproxen resulted in the lowest average pain score both at rest and at movement when scored at 72 hours post discharge, scoring 0.67 and 1.80 respectively.

Table 3 and chart 3 display the results for each consultant. Consultant 10's surgeries resulted in the lowest average length of stay of 2.88 days, whereas the highest average length of stay was 3.46 days by consultant 7. Interestingly Consultant 10's patients at the time of discharge averaged the highest pain score on movement, scoring 1.65, therefore, it is not necessarily

lower reported pain scores that result in reduced length of stay and other non-pain related factors should be considered.

Table 4 and chart 4 show the results for each anaesthetist. Anaesthetist 19's patients averaged the lowest length of stay of 2.4 days in comparison to Anaesthetist 18 with the highest average length of stay of 5 days. It should be noted both were the anaesthetist for just 5 surgeries each. Although Anaesthetist 18's patients averaged the highest length of stay they actually averaged the lowest pain on movement at time of discharge scoring 0.8. It could be that non-pain related factors caused the increased length of stay or alternatively the low pain on discharge could be a result of the typical inverse relationship between length of stay and pain.

Considerations

Both Naproxen and Diclofenac resulted in lower pain scores in comparison to the other analgesia used. As these are two of the less commonly used analgesia it would be worth exploring this further. It is commonly seen during physio sessions that patients display significant improvement in pain, mood and knee function following Diclofenac. If the associated risks of Diclofenac limit prescription, then are there other analgesia options available with either similar mechanism of pain relief or method of delivery via suppository to aid absorption?

Limitations

Highlighting the limitations of this audit will hopefully enable improvement when designing similar future audits.

The accuracy of the data is low. The number or frequency of doses for each analgesia used was not consistently entered in the inpatient pain regime data. This resulted in low accuracy for pain scores on discharge, for example when analysing pain score on discharge for Tramadol the data may have included one off doses given on day 1 which will have had no impact on the pain score on discharge. Also, due to the typical inverse relationship between length of stay and pain scores instead of recording the pain score on discharge, it should be at a set time i.e. 48 or 72 hours post operation as the patient length of stay varied from 1 day to 11 days during this audit.

The subjective nature of the data makes it difficult to ascertain accuracy. Although the VAS pain scale was given to patients during scoring, it is not uncommon for patients to either under report or exaggerate their pain levels. With this in mind, the pain score on movement should have been assessed while the patient was moving, however, typically it was taken while the patient was at rest either in the chair or bed, thus limiting objective assessment. It can be seen during physio sessions a patient maybe struggling to weight bear and displaying a highly antalgic gait, but the pain score on movement provided during the morning handover may have been just 0-1. It could also be said that this audit allows for an element of bias when reporting the pain score on discharge as it is favourable for the pain score to be equal or less than 2 to enable discharge whereby pain is regarded as controlled.

The method and system used for inputting the data was manual input via Microsoft Excel, this unfortunately allowed more opportunity for human error and resulted in lots of errors that then required manual correction. Using a system like Microsoft Forms or similar may have been more suitable. Using a system of drop-down box options for inputting pain scores and analgesia used including the number and frequency of doses would be better. This would

reduce human error and better reports could be generated detailing more accurate relationships and trends between analgesia used and subsequent pain scores.

Table 1. Inpatient Pain Regime

Medication	Pain on discharge - rest	Pain on discharge - movement	Pain 72 hours post discharge - rest	Pain 72 hours post discharge - movement	Pain 2 - 3 weeks post discharge - rest	Pain 2 - 3 weeks post discharge - movement	Frequency of use	Length of stay (days)
Celecoxib	0.67	2.00	0.00	2.00	1.00	0.50	1%	3.00
Codeine	0.51	1.49	1.06	2.08	0.71	1.14	90%	3.11
Diclofenac	0.65	1.46	1.21	2.38	0.90	1.45	8%	3.25
Ibuprofen	0.58	1.63	1.39	2.39	0.58	1.21	9%	3.42
Naproxen	0.61	1.46	0.95	2.30	0.75	0.95	10%	2.76
Nefopam	0.53	1.50	1.14	2.13	0.77	1.18	82%	3.19
Oramorph	0.55	1.55	1.11	2.17	0.75	1.15	79%	3.13
Oxycontin	0.56	1.50	1.09	2.24	0.87	1.00	18%	3.13
Oxynorm	0.80	1.75	0.90	2.13	0.83	1.42	7%	3.57
Tramadol	0.55	1.56	1.14	2.21	0.80	1.37	15%	3.74

Chart 1.

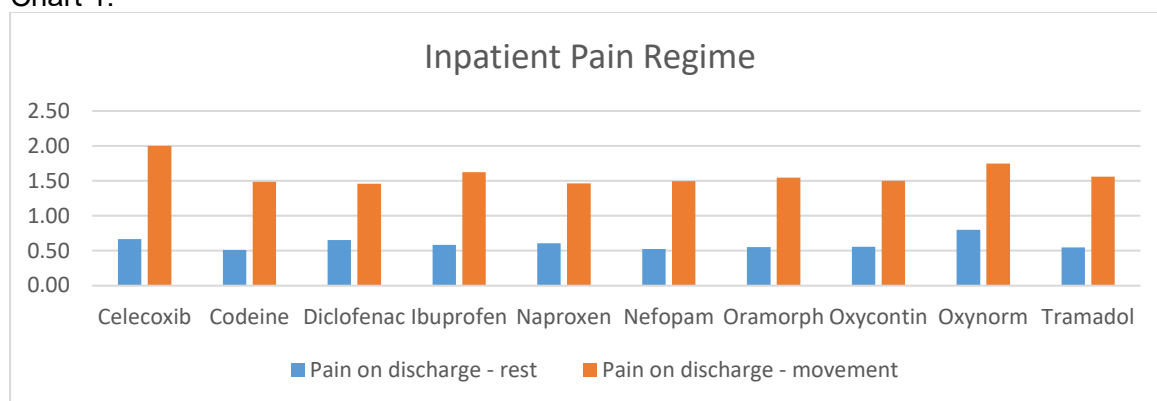


Table 2.

Medication	Pain 72 hours post discharge - rest	Pain 72 hours post discharge - movement	Pain 2 - 3 weeks post discharge - rest	Pain 2 - 3 weeks post discharge - movement	Frequency of use	Length of stay (days)
Celecoxib	0.00	1.50	1.00	1.00	1%	2.50
Cocodamol	1.17	1.83	1.38	1.14	3%	3.10
Codeine	1.07	2.04	0.65	1.08	75%	3.15
Ibuprofen	1.33	2.33	0.00	1.00	1%	3.00
Naproxen	0.67	1.80	0.60	0.88	4%	2.50
Nefopam	1.20	2.20	0.86	1.32	52%	3.17
Oramorph	1.01	2.17	0.73	1.10	36%	3.02
Oxycontin	2.00	3.00	1.80	1.60	2%	4.17
Oxynorm	2.00	4.00	2.00	2.00	1%	5.33
Tramadol	1.06	2.00	0.86	1.14	8%	3.42

Chart 2.

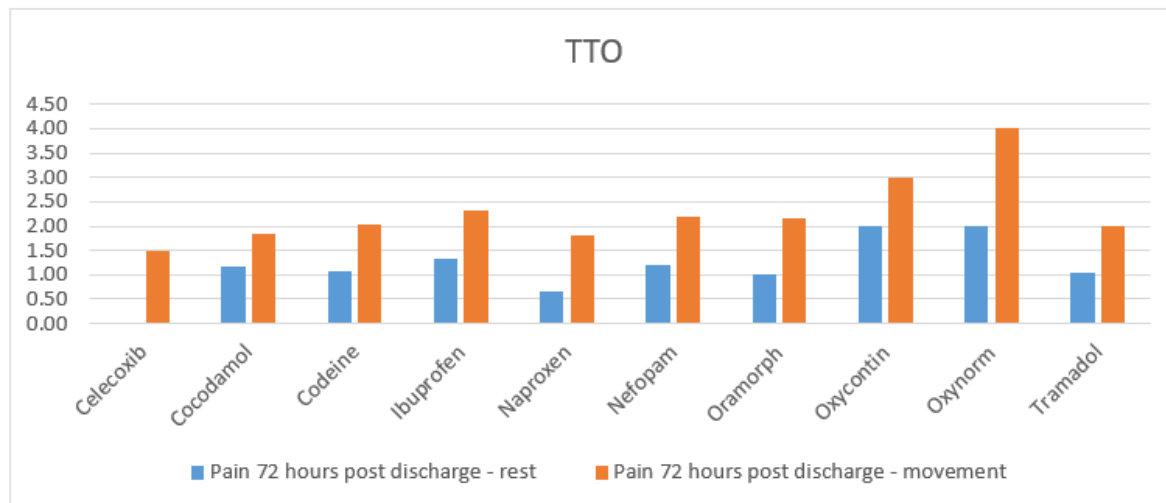


Table 3. Consultants

Consultant	Pain on discharge - rest	Pain on discharge - movement	Pain 72 hours post discharge - rest	Pain 72 hours post discharge - movement	Pain 2 - 3 weeks post discharge - rest	Pain 2 - 3 weeks post discharge - movement	No. of surgeries	Length of stay (days)
1	0.45	1.40	1.34	2.29	0.73	1.14	56	3.20
2	0.50	1.50	1.00	2.04	0.86	1.17	42	3.38
3	0.61	1.52	1.02	2.11	0.58	1.06	73	2.96
4	0.33	1.17	1.00	1.60	0.67	0.67	6	3.00
5	0.44	1.54	0.95	1.97	0.71	1.24	60	3.38
6	0.00	1.00	0.00	1.00	0.00	0.00	1	3.00
7	0.75	1.56	1.14	2.00	1.00	1.17	9	2.89
8	0.42	1.64	0.60	2.00	0.92	1.08	13	3.46
9	0.62	1.45	1.00	2.05	0.55	0.70	31	2.94
10	0.65	1.65	1.06	2.06	0.74	1.16	24	2.88

Table 4. Anaesthetists

Anaesthetist	Pain on discharge - rest	Pain on discharge - movement	Pain 72 hours post discharge - rest	Pain 72 hours post discharge - movement	No. of surgeries	Length of stay (days)
1	0.00	1.33	0.92	1.83	12	3.17
2	0.33	1.33			3	3.00
3	0.44	1.00	1.20	2.20	10	3.10
4	0.40	1.00	0.75	1.00	5	3.00
5	0.50	1.00	1.00	2.50	3	3.00
6	0.52	1.60	1.03	2.13	46	3.04
7	0.38	1.36	1.38	2.50	32	3.50
8	0.29	1.57	1.20	2.00	7	3.71
9	0.82	1.73	1.13	2.25	11	2.73
10	1.00	1.50	0.75	1.50	6	2.83

11	0.29	1.57	1.00	3.00	7	3.00
12	0.57	1.51	1.13	2.05	77	3.27
13	0.63	1.75	0.29	1.86	8	2.88
14	0.62	1.45	1.00	2.05	31	2.94
15	0.50	1.59	1.00	2.04	38	3.05
16	0.75	1.75	1.40	2.00	5	2.60
17	0.00	2.00			1	3.00
18	0.20	0.80	0.80	2.00	5	5.00
19	0.50	1.50	1.00	1.50	5	2.40
20	1.00	2.33			3	3.00

The results of this audit have been taken to the Medicines Management Committee which are now reviewing analgesia schedules. These will then be taken to Clinical Governance Committee for approval.

Responsive

We aim to reduce our length of stay for patients undergoing arthroplasty

Q1 (April – June) Review current processes against published Get It Right First Time (GIRFT) patient pathway. Review our current average length of stay (AVLOS), agree 24-hour pathway for hip arthroplasty. Ensure reporting of AVLOS occurs during operational and governance meetings.

Q2 (July – Sep) Share best practice pathway/identify patients suitable for pathway.

Q3 (Oct- Dec) Audit pathway and continue to audit AVLOS.

Q4 (Jan - March) Review patient experience and patient reported outcomes of those patients who followed early discharge pathway.

So how did we do?

Within our strategic objectives we aimed to reduce our length of stay (LOS) for patients undergoing total hip arthroplasty, aligning with recommendations set out within the Getting It Right First Time (GIRFT) '*Orthopaedic Elective Surgery Guide to delivering perioperative ambulatory care for patients with hip and knee pain requiring joint replacement surgery*' guidelines which were published in March 2023.

The project involved bench marking the patient pathway to a GIRFT exemplar and highlighted that the good practices in theatres, adopted when we participated in the '*Independent sector healthcare providers working in partnership with the Getting It Right First Time (GIRFT) Programme*' in 2021 have been maintained.

When the project commenced in Q4 of 2022, LOS for all hip patients was 2.47 days. With a trial of a short stay pathway with 2 consultants involved, alongside a variety of initiatives including 'patient expectation setting', early physiotherapy intervention, and amendment to the

VTE protocol which has enabled improved pain optimisation, the LOS has reduced to 2.09 days in Q1 of 2024.

As well as improvements to LOS, we have seen reduced catheterisation rates, improved bed management and fewer cancellations. We have not identified any increase in re-admission rates or reduction in patient satisfaction in response to the new pathway. The rehabilitation principles have been well adopted on the ward and has contributed to a reduced length of stay for patients undergoing total knee arthroplasty as well. LOS has reduced from 3.23 to 3.07 days in the same time period. The new medications prescribed for VTE prophylaxis has demonstrated further benefit by providing a cost saving, although there have been some medication errors with the differing medical management of patients on the ward. To overcome this, the VTE protocol is being adopted for all patients undergoing total joint arthroplasty.

It is anticipated that further improvement in the LOS for all patients can be achieved by all consultants adopting the short stay pathway and use of short acting nerve blocks to enable early mobility once transferred to the ward. The hip booklet has been reviewed and is currently going through the publishing checks. This document now serves as a 'Passport' to support patients at all points on their pre- and post-operative journey and encourages patients to engage with self-management. Accessibility to exercise videos has been improved with the inclusion of QR codes to access these links on our website. Additionally, it is hoped that a review of pharmacy and radiology hours over the weekend period can reduce LOS further.

Effective

To improve our digital agenda, we aim to formulate and commence work on improving our electronic patient record (EPR). We currently have very limited EPR. We will work with our IT partners to identify clear priorities and budget to remove our reliance on paper- led processes. The areas that we have already identified so far are:

- ePrescribing
- eObs
- electronic document management
- improved discharge summary process

Following implementation of a new clinical audit system in Q2/Q3 we aim to provide improved action plans from standard clinical audits and have the ability to clearly document any specific audits required to support our safety agenda.

So how did we do?

In the last year we have worked hard to understand our current status with how to move forward with our digital strategy. This has meant that we now fully understand our Patient Administration (PAS) systems capacity and the ability to link to appropriate electronic patient record modules and similar.

We have carried out analysis on our current PAS systems. On one of our sites the system will require an upgrade by 2026. Having carried out due diligence we have developed a roadmap to providing an updated PAS system across sites with EPR capability.

We have also agreed that we will still access single modules which are compatible with the PAS system rather than purchase one system to cover all aspects.

Several focus groups with end users have gone ahead and the appropriate PAS system of choice has been identified through a procurement process.

Further work is ongoing regarding the timeline required and the identification of set modules for EPR and E prescribing need to be identified.

A suitable digital solution for pre-operative assessment has been identified and the aim will be to go live with this in 2024/2025. We continue to access System One for our MSK work but are unable to extend this to inpatient records at this time. This objective will remain in place for the coming year.

Well-Led

Our objective to become one of the Sunday Times Top 100 Best Not for Profit Organisations will continue in 2023/2024. Our learning and development and leadership programmes continue to ensure our staff remain engaged.

We aim to:

- Ensure our diversity, equality and inclusion working group within Horder have a voice and influence the workplace.
- Ensure increased visibility of our leadership team across sites.
- Launch further wellbeing opportunities for staff e.g. Yoga/ PILATES
- Review our policies to ensure they are menopause and Infertility friendly.
- Provide access to menopause/well women clinics.

The Equality, Diversity and Inclusion Working Group has now been created, following the successful development and launch of the comprehensive face to face Equality, Diversity, and Inclusion workshop, built to enhance the current e-learning packages in place and provide a platform for healthy and vital discussion in this subject. Horder Healthcare have appointed a member of the Board to the group as the ED&I advocate for the organisation. The ED&I group are working hard to implement tangible and real-time events and factors to enhance our culture and create a healthy climate where diversity and individuality are respected and celebrated.

The launch of the Executive communication programme has seen more visibility across the organisation as well as open and transparent quarterly forums.

Yoga and Pilates classes are now accessible to all employees.

All policies have been reviewed to ensure inclusivity for all employees and an updated ED&I risk assessment has been included.

Horder Healthcare now has a dedicated menopause and women's health clinic available to all employees and their partners.

All the staff ~ doctors, nurses, health assistants, physios ~ couldn't have done anymore for me. Everyone was so kind & professional. Nothing was too much trouble. And, most importantly, my surgeon did an amazing job!

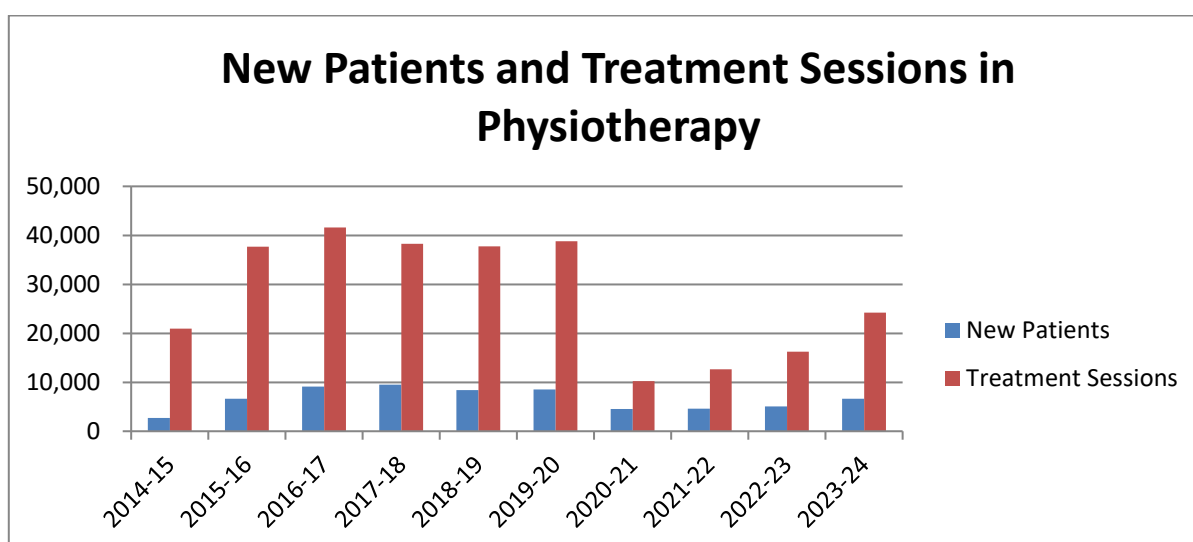
Source: Trustpilot

MSK Division

Activity

The recovery following the COVID-19 pandemic continues to affect Horder Healthcare's ability to provide physiotherapy interventions for people with musculoskeletal problems. The impact of a period of furlough during 2020 and the cessation of all but "streamed" classes through 2020 to late 2021 can be seen in the graphs below with a steady increase in patient interactions occurring since then.

Provision of classes continues to increase gradually but remains significantly reduced compared to pre-covid levels, while the number of 1:1 physiotherapy appointments has in the last year mainly been affected by staff vacancies. Since the pandemic, the ratio of the source of referrals has changed such that there has been a 5% reduction in referrals coming from GPs via Sussex MSK Partnership East (SMSKPE), down from 78%, with the swing mainly being made up by an increase in referrals for post-operative physiotherapy rehabilitation (now at 20%) with the remainder being self-pay or insured patients. Referrals from GP's via SMSKPE are at agreed levels in order to reduce waiting times. These are now at the lowest ever with an average waiting time for a routine appointment now at 4 weeks.

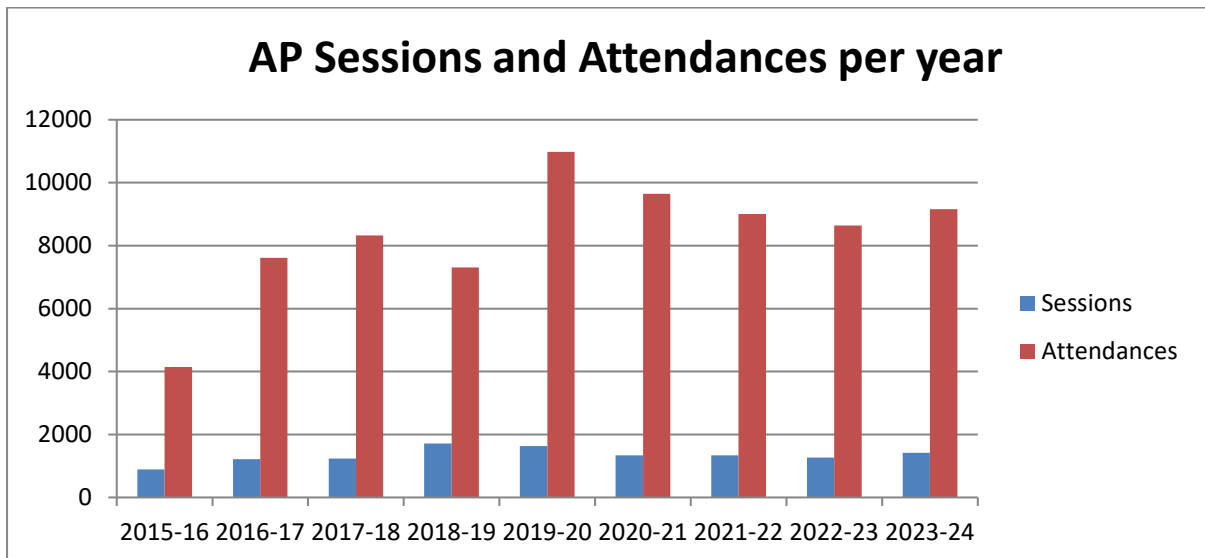


Advanced Practitioner Activity

The physiotherapy service provides Advanced Practitioners to SMSKPE to work at the interface between primary and secondary care, utilising advanced clinical reasoning skills and knowledge along with shared decision making and personalised care principles to agree the best management process for assisting patients with complex MSK problems. The service commenced in April 2015 with the number of patients seen steadily rising from just over 4,000 patients in 2015-16 to 10,982 patients in 2019/20. The COVID-19 pandemic also affected the provision of AP services with a small decrease in the number of clinics held during that period, but the main impact being in 2021 due to increased levels of sickness in the staff cohort and higher levels of missed appointments from patients.

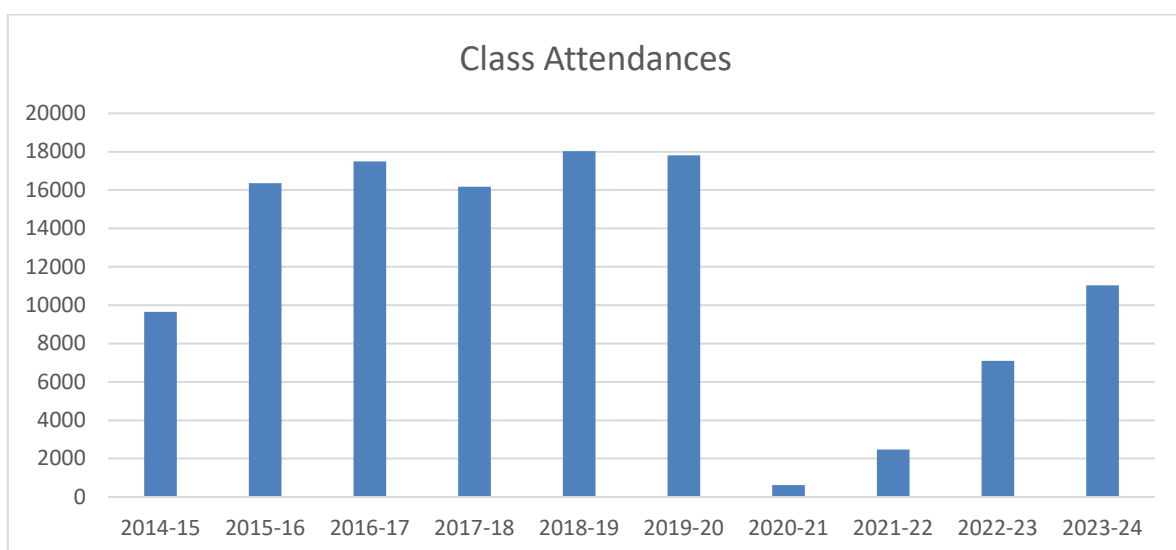
The implementation of First Contact Practitioners between late 2020 and 2023 also meant that clinician's time has had to be shared across two different roles, with the subsequent affect

being a slight reduction in the number of clinics able to be held, but patient attendances were appropriate for the number of clinics. The rollout and recruitment of that aspect of the service is now complete with the effect on clinics and patient numbers able to be seen in the graph below.



MSK Health and Wellbeing Classes

The number of people attending the Health and Wellbeing classes continues to be significantly impaired by COVID-19. All face-to-face classes stopped in March 2020, but “streamed” virtual classes had limited appeal until face-to-face classes were able to resume in September 2021. Since that time, the number of classes offered per week has gradually risen but attendance rates within them has been slow to increase. We now run the same number of classes as pre-pandemic, up to 63 per week, but with just over half the number of people attending compared to 2019-20.



First Contact Practitioners

Starting in September 2020, this service employs 20 expert physiotherapists to provide clinical capacity to work alongside local GPs in their practices. These First Contact Practitioners (FCPs) are managing patients presenting with undifferentiated and undiagnosed musculoskeletal problems where previously they would have been seen by a GP. This national programme has enabled the further development of the Advanced Practitioners but also the recruitment or promotion of nine band 7 clinicians to work in these roles. We provide to six local primary care networks in areas covering most of our catchment in East Sussex. In order to assure the quality and acumen of these clinicians they have had to complete their accreditation process as described in the Roadmap to Practice, published by NHS England, with all of our clinicians achieving this accreditation before the April 2024 deadline.

Quality

The key areas for MSK services chosen for development during 2023/24 were:

1. Clinical Effectiveness

To ensure a rigorous internal audit programme in place for MSK with the development of quality outcomes and shared learning.

The Horder Healthcare MSK Clinical Quality Group, chaired by Horder Healthcare MSK Clinical Quality Manager, continues to ensure robust governance and ongoing improvement is achieved for our MSK service. This includes:

- An ongoing MSK audit proposal and evaluation process
- Regular review of our clinician quality assurance process, ensuring each physiotherapist's practice is reviewed regularly by senior clinicians against agreed quality standards
- Ongoing review of MSK clinical outcome results
- Review of complaints and plaudits
- Planning of clinical training, educational events and development of clinical research

a. Clinical audits – internal and external.

- Audit of discharge letters and onward referrals: - completed
As part of auditing the service against the Chartered Society of Physiotherapy Quality Service Standards, an audit of post-discharge letters and onward referrals written by HH physiotherapists was undertaken during 2023.

A sample of 100 sets of notes was assessed against the CSP Standards. The areas that performed well were: patient details; a documented logical assessment that includes quality of life and screening for comorbidities and a self-management plan and advice on health behaviours. Recording of patient details on every page was not well undertaken and as a result the proforma used for writing letters has been adapted.

b. Measure Patient Rated Experiences (PREMs) – sampling complete.

- As part of the audit against the CSP Service Quality Standards, we undertook a snapshot audit of 100 patients assessing against six different quality standards. Patient feedback was undertaken during March 2024 but at the time of writing has not been analysed.
- The questions included: Do you feel your needs were met?; How good was your health professional at involving you as much as you wanted to be in decisions about your care and treatment?; Did you receive sufficient information about your condition or self-care that was easy to understand?; Have you been offered information by your health professional on factors such as physical activity/exercise, smoking cessation, healthy diet, healthy weight, alcohol consumption, mental wellbeing?; How good was your health professional at: Involving you as much as you wanted to be in decisions about your care and treatment?; Making you feel listened to?; Explaining things to you in a way you could understand?; Giving you enough time?; Treating you with care and concern?; and lastly how satisfied are you that your care was well coordinated/joined up with other departments/streamlined?

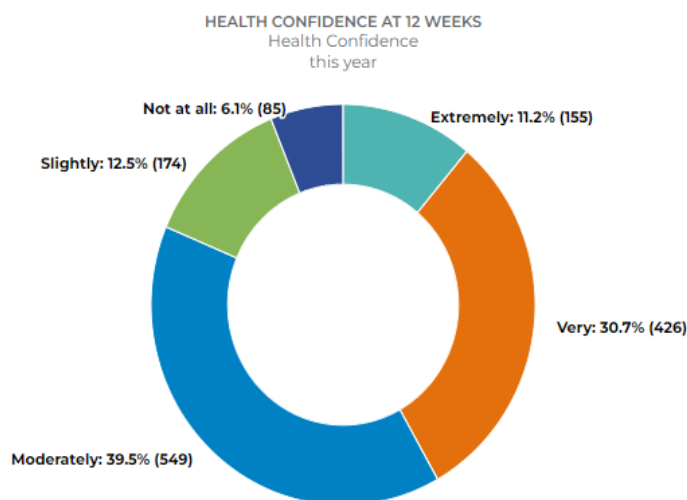
c. Patient Rated Outcome Measures – (PROMs)

- Since July 2022, Horder Healthcare has been included in a county-wide project to electronically collect PROMs data at specific time points from before the commencement of treatment up to 12 months after. This allows comparison between providers and within services as well as individual patients. The benefit of this method of collection is that it removes the bias inherent in the way it was previously collected by the clinician at the point of discharge. Various PROMs are collected, including the Patient Specific Functional Score (PSFS), EQ5D5L (for overall health), Numerical Pain Rating Score (NPRS), the Graded Rate of Change (GRoC), a Net Promotor score (NPS) and a Health Confidence score.
- This project has now been expanded to enable the identification of patients who may be at risk of experiencing health inequality and was a finalist at the Health Service Journal awards in 2023.
- The results obtained in the last 12 months have been interesting to review. The table below shows the average change of overall health and function (and number of respondents) for all patients who completed the questionnaires in the last 12 months. It is interesting to note that while the overall health (EQ5D) only improved slightly and then plateaued, their function (PsfsAverage) continued to improve, falling just short of what would be considered a significant change (improvement of 2). This may be a result of the low return rate (56-60%), high baseline EQ5D or unrealistic goal setting.

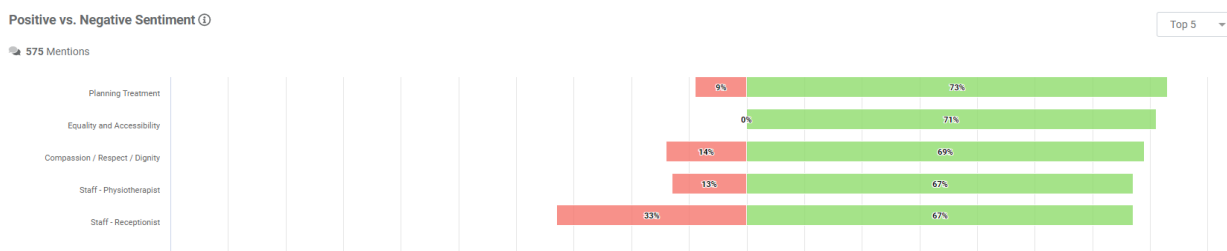
	EQ-5D 5L	PsfsAverage
Baseline	0.67 (7,983)	4.46 (7,969)
6 Weeks	0.70 (5,713)	5.08 (5,237)
12 Weeks	0.70 (4,793)	5.32 (4,468)

- These results contrast to the overwhelmingly positive results obtained when health confidence is measured after treatment. This measures how empowered patients are to manage their own symptoms and demonstrates that 81.4% of patients answering

the questionnaires are at least moderately, very or extremely more confident to manage their problem.



- When comments left by patients are analysed and themes established, it can be seen in the chart below that responses are overwhelmingly positive in five key areas of: treatment planning; equality and access; compassion/respect/dignity; physiotherapy staff and reception staff.



2. Physiotherapy Improvement Projects (PIPs)

Each year the service determines several projects that will be worked on throughout the year. This year the topics include:

- Physical Activity: this project was extended to be continued for another year. The focus has been on promoting physical activity amongst staff, with well-being stalls, physical activity challenges. This year the project team are working with HR and are currently working towards achieving the Bronze Well-Being at Work award.
- Research into Practice: to assist with the delivery of the research strategy, the Journal Club which was implemented last year is being further developed to create summary infographics and posters.
- Gaps in service: this group has a focus on the post-operative management of ACL patients, currently reviewing how the service is delivered. This project has also identified a need to review the current best practice clinical guideless for the management of osteoporosis and a staff training session is planned.

- **Health Inequalities:** In order to better understand the health needs of our local population this project group is working closely with Sussex MSK Partnership East. Care for Carer training has been organised and delivered for the team to better understand how the team can support our patients who care for others.
- **Post op Protocols:** To enhance the service delivery for post-operative patients, this project group has set about to review and update the post-operative protocols for outpatient Physiotherapy and ensure they are located on RADAR for ease of access and ensuring regular review.
- **FCP QI project:** The FCP's undertook a project to design and deliver an MSK presentation for High Wealds PCN for their staff learning event. This presentation can be adapted to include data for any PCN, and the plan of the project is to present at more learning events in the future.
- **Band 5/ 6 Training:** It was recognised a review of the support provided to Band 5 and 6 physiotherapists was required as a result of some gaps in their undergraduate experience as a result of the COVID-19 pandemic. As part of the project the team are developing a handbook which will support newly qualified physiotherapists, and implemented regular additional training which is led by Advanced Practitioners.

Outcomes from these PIPs are presented back to the team and wider organisation at our quality showcase each May and June.

3. Research Strategy, Project and Research Assistant

- a. It is said that a service that is involved in research gets better outcomes for patients. To that end, a research strategy was written with short-, medium- and long-term plans for the physiotherapy service. The team were asked for ideas to develop into research projects and links with external supports such as the Kent, Surrey and Sussex Clinical Research Network (CRN) and KSS Academic Health Science Network were established.
- b. We are very excited to be about to embark on our second piece of formal research ever conducted at Horder Healthcare where we will be undertaking a formal trial of a prognostic tool to help guide the management of patients with shoulder pain. This is a portfolio study, sponsored by Keele University under the auspices of the National Institute of Health Research (NIHR) which will collect and analyse patients for approximately 12 months.
- c. Fundamental to this strategy was the ability to provide some dedicated time to enable progress. To achieve this, the Kent, Surrey and Sussex CRN have agreed to provide HH with £10,000 funding support for 0.2wte band 5 physiotherapist as a Research Assistant to drive forward the research strategy. A business case was written, and the money was agreed and awarded in March 2023 and again in March 2024.

4. Support for Colleagues to Undertake Higher Degrees

The need to develop and further our clinicians' knowledge has resulted in us supporting some to undertake higher degrees (MSc). We currently have one colleague soon to finish her MSc in advanced physiotherapy with two others soon to graduate having achieved sponsorship from NHS England (NHSE) to support them to become accredited Advanced Practitioners.

Three other colleagues have been accepted to start their NHSE sponsored studies in September 2024. One of the FCPs is also undertaking an MSc.

A second equivalent route to become an accredited Advanced Practitioner is to collate a portfolio of evidence of your work to be assessed by a university and is equivalent to an MSc. We currently have four of our existing Advanced Practitioners pursuing this portfolio route to Advanced Clinical Practice accreditation.

5. Student Placements

In response to local and national shortages in placement capacity for undergraduate and postgraduate students, the MSK physiotherapy team have increased the number of clinical educators and revamped the placement model which allows us to double our student capacity. Trial of the new model has been successful, with students feeding back that they felt safe and supported whilst on placement, and their educators were of high quality. The new model includes a 'flexi day' which allows students to spend time with a range of clinicians such as AP's, FCP's and surgeons and engages them in departmental projects. These experiences were positively welcomed by our students and has resulted in the development of resources for our clinical team as well as some local population analysis which will enable us to continue to develop suitable services that meet the needs of our patients.

6. Higher Education Involvement

A number of the MSK team have been invited to present within university programmes in the last year. Five different members of the team have lectured at several different universities, including St George's University of London, Kingston University and University of Brighton. This has involved discussing topics such as study skills, behaviour change, pain management, clinical assessment skills, clinical reasoning, and research projects. Additionally, staff have been invited to be examiners within these programmes, reflecting the high standards of practice we have within Horder Healthcare.

Each member of staff, whatever their role, was polite and smiling. They also were very smart in their appearance. Those I spoke to give clear instructions and thanked me.
My consultant was very accurate, caring and knowledgeable. He checked that I understood what he said and what the operation entailed.
The after care has been exceptionally brilliant. I can't fault them in any way.
Not that I wish to have more operations, but should I need any, I will ask to go to the Horder Centre.

Source: Trustpilot

Safety

Infection Prevention and Control (IPC)

Horder Healthcare (HH) is an independent healthcare provider that routinely undertakes elective admissions. HH considers that Infection Prevention and Control is a key element of patient safety and an important indicator of the quality of services provided by our hospitals. As such, we aim to operate with a zero-tolerance objective to prevent and eliminate all avoidable infections. To facilitate this, we have established a robust pre-admission screening process for all our patients in line with NHSE protocols. We also provide all colleagues with annual mandatory training in Infection Prevention and Control and Hand Hygiene.

Antimicrobial Stewardship

The appropriate use of antibiotics is critical to effectively treat infections, protect patients from harm caused by unnecessary antibiotic use, and combat antibiotic resistance. Antibiotic stewardship programs can help clinicians improve clinical outcomes and minimize harms by improving antibiotic prescribing.

HH recognises the importance of prudent antibiotic usage and has committed to review its usage through the audit process on a quarterly basis. Initial findings have shown good compliance with our antibiotics policy across the organisation with a few individual exceptions. Measures have been put in place to address any non-adherence to the policy and this will be led by the Head of Clinical Services at TMC and will be following up at the MAC and Governance meetings. Findings from the audit are discussed at the Infection Prevention Committee, Governance and MAC meetings. Both sites have been encouraged by IPC to take part in national and global events to raise awareness of antimicrobial resistance and on World Antimicrobial Awareness week IPC works with the pharmacist to raise awareness of antimicrobial resistance amongst our staff and patients. The Infection Prevention and Control Nurse Specialist (IPCNS) reviews the use of antibiotics when undertaking RCA's. The cases are discussed with our Microbiologist to ensure prudent and accurate use of antibiotics for our patients.

Infection Rates

We are very proud of our low infection rates and participate in the reporting of a number of mandatory Healthcare Associated Infection (HAI) statistics to UK Health Security Agency (UKHSA) on a monthly basis. In 2023, this was submitted directly to UKHSA with a minimum data set, which included NHS number, date specimen taken, date of admission and date of birth only.

Current HAI data submitted to UKHSA is for bacteraemia (blood stream infections):

- Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia
- Methicillin Sensitive Staphylococcus aureus (MSSA) bacteraemia
- Escherichia coli (E coli) bacteraemia
- Pseudomonas bloodstream infections
- Klebsiella species bloodstream infections

Other mandatory organisms reported to UKHSA are:

- Clostridium difficile infection
- Carbapenem Resistant Enterobacteraciae Organisms
- COVID -19
- Other alert organisms such as measles etc.

We also submit data on Catheter Associated Urinary Infections (CAUTI).

It is difficult to benchmark for HAls against other healthcare organisations in the independent sector as UKHSA have up to now only published experimental statistics for these healthcare providers. UKHSA also note that comparison across organisations is problematic, as they do not consider the variable sizes and patient population of groups seen in each facility.

Table of identified reportable bacteraemias and other organisms across HH in 2023/2024.

Organism	Horder Healthcare total reported
MRSA bacteraemia	0
MSSA bacteraemia	0
Pseudomonas bacteraemia	0
Klebsiella species bacteraemia	0
Escherichia coli (E coli) bacteraemia	0
Clostridium <i>difficile</i> infection	0
COVID-19	3
Other reportable infections	0
CAUTI -catheter associated urinary infections	1

All episodes of infection are investigated thoroughly to ensure that where areas of practice are identified that could be attributable to the infection occurring, we learn from these and instigate changes to reduce the risks of infection occurring again. Outcomes of all investigations are presented for review and discussion at the Infection Prevention and Control Committee (IPCC) and Clinical Governance Committee to ensure that shared learning takes place.

Surgical Site Infection (SSI) Surveillance

Horder Healthcare also participates in submitting voluntary surgical site infection surveillance rates for three categories of surgery:

- Total hip replacements
- Total knee replacements
- Breast surgery

Post discharge surveillance is undertaken for all these patients with the aim to capture ≥75% of patients through completion of post discharge questionnaires surveillance. Since Q4 in 2023 all infections are logged onto RADAR.

SSI Rates for 2023/2024

The table shows numbers of identified reportable SSI for 1st April 2023-31st March 2024:

Procedure	Number of Cases	SSI reported (Not including patient reported)	%Rate per 1000 bed days
Total Hip Replacements	1151	3	2.6%
Total Knee Replacements	1247	3	2.4%
Breast Surgery	285	6	21.05% *

* TMC figure includes cosmetic breast procedures which is not included in the National figure hence a higher rate.

Reported surgical site infection summaries:

Total knee replacements:

Patient 1 – 69-year-old male post left total Vanguard knee and patella replacement on 08/03/24. Presented 25 days post op with ongoing oozy wound. Swab taken and moderate growth of Staphylococcus aureus and Streptococcus dysgalactiae isolated. Treated with IV antibiotics. No relevant patient factors. At the time loban incise drapes were not in use and skin prep was not in line with NICE guidance. This has since been put in place. Patient recovered. **Superficial Infection**

Patient 2 - 69-year-old male post right complex primary knee replacement on 05/07/23. Presented 25 days post op with offensive discharge from wound. Managed conservatively due to no redness or inflammation. Patient afebrile. PICO dressing applied and following discussion with consultant oral antibiotics were prescribed. Swab isolated growth of Staphylococcus aureus. Following review 3 days later the patient was admitted for DAIR procedure. Patient was high risk due to pre-existing medical conditions; Rheumatoid Arthritis on immunosuppression therapy and eczema, dry and flaky skin and long ITU admission for COVID in 2022. This patient may have benefitted from suppression therapy pre-operatively due to existing skin condition. Patient recovered. **Joint infection**

Patient 3 – 76-year-old female post left total knee replacement with patella on 07/03/24. Presented 2 weeks post-surgery to clinic with wound oozing with small amount of pus and wound slightly opened post clip removal. Swab taken and skin and enteric flora isolated. This was treated by the consultant as superficial infection with oral antibiotics and monitoring. Review 6 weeks post op and wound fully healed. No obvious cause. **Superficial Infection**

Total Hip Replacement:

Patient 1 - 76 year old female post left total hip replacement on 28/02/23. On 02/03/23 Patient called ward several times post discharge for information on mobilisation and pain. On 03/04/23 patient advised us that she had been admitted to Haywards Heath due to low grade infection. Consultant liaised with hospital and patient was transferred back to our care. Distal end of wound was red and discharge present and patient was pyrexial. Wound swab taken and Moderate growth of Staphylococcus aureus isolated. Patient taken back to theatre and wash out performed. IV antibiotics given. Micro advised earlier action, i.e. review +/- oral antibiotics may have limited this to a superficial incisional SSI as 2 weeks elapsed between the patient's first call with pain and fever and subsequent admission to PRH. Reviewed 4 months post-surgery and wound healed. **Deep Incisional infection**

Patient 2 - 82 year old female post right total hip replacement on 31/10/23. 15/11/23 patient had bleed and patient attended local A&E. Presented to A&E again with large bleed on 17/11/23. Transferred from A&E to HH via ambulance. Risk factors- low haemoglobin post operatively. Managed conservatively initially but was taken to theatre on 25/11/23 for evacuation of haematoma and washout. Specimens taken and Enterobacter cloacae/ Staph aureus/Finegoldia magna isolated from joint fluid. Patient developed thrombocytopenia post washout- impression due to IV teicoplanin. Was transferred to local trust for Haematology management. Recorded preoperatively that patient had BCC removed from scalp on 21/10/23- not healed. Donor site on left thigh not healed. Documented that consultant was aware and was happy to proceed. This may have contributed to **joint infection**.

Patient 3 - 64 year old male post right Corail Pinnacle uncemented hip replacement on 11/01/24. 05/02/24-admitted from Conquest Hospital following admission for wound infection (25 days post op). Treated with IV antibiotics prior to transfer to Horder. Right hip washout on 08/02/24. Treated with IV ABX and PICO dressings. On discussion with the surgeon on 27th March, his description of the operative findings suggests that although there was a superficial abscess confined to the subcutaneous soft tissues, there was extension to the deeper soft tissues (fascia and muscle layers) meaning this was a deep incisional infection. Although it is not a definitive cause, skin prep was not in accordance with NICE guidance for this procedure and the patient had a higher than recommended alcohol intake that may have affected wound healing. Wound fully healed. **Deep Incisional infection**

To support our existing measures in reducing infection within Horder Healthcare, in line with NICE guidance, loban impregnated incise drapes and Chloraprep skin prep was introduced into the orthopaedic theatres. We have seen a reduction in the deep incisional and joint infections. Pre-assessment department has been working with patients on good hand hygiene and wound management.

Breast surgery:

Patient 1 - 34 year old female post bilateral reduction mammoplasty. Was seen in outpatients by RMO on 29/04/23 due to yellow exudate and smell. Wound swab isolated Staphylococcus aureus. Patient was afebrile and redness was noted at T-junction. Commenced on oral antibiotics. Iodine and tape to wound. Reviewed on 06/05/23 by RMO wound still oozing but redness resolved. Wound healed **Superficial Infection**

Patient 2 - 30 year old female post bilateral breast reduction 24/08/23 presenting to outpatients with increased redness, pain and swelling on 08/09/23. Wound swab isolated Staphylococcus aureus. Oral antibiotics prescribed. Wound healed. **Superficial Infection**

Patient 3 - 51 year old female post bilateral mastopexy on 03/10/23. Presented to outpatients on 25/10/23 with minimal pus, pain, redness and swelling with symptoms starting on 15/10/23. Heavy growth of Pseudomonas aeruginosa. Reviewed by consultant. Wound now healed. **Superficial Infection**

Patient 4 - 50 year old female post bilateral breast augmentation on 12/12/23. On 25/12/23 was admitted to partner NHS hospital where large haematoma was evacuated. Was discharged on 27/12/23. Presented on 27/01/24 with further swelling of right breast. Under ultrasound guidance 650mls of turbid fluid aspirated. Staphylococcus aureus isolated from fluid. Treated with IV antibiotics initially and then a further oral course. Discharged home 28/01/24. Issue of seroma has resolved. **Infected seroma**

Patient 5 - 44 year old female post right DIEP on 17/02/24. Presented to outpatients on 23/02/24 with redness, smell noted at the umbilical wound. Wound swab isolated Staphylococcus aureus. Course of oral antibiotics given and the wound was healed by 11/03/24. **Superficial**

Patient 6 - 49 year old female post bilateral skin sparing mastectomies and DIEP reconstruction on 28/04/23. Presented to Frimley Park A&E on 07/05/23 with fever, nausea, rigors and mild erythema and oozing from abdominal wound. Admitted for IV antibiotics. Had ultrasound guided drainage of the infected seroma. Swab and abdominal fluid isolated Escherichia coli. No obvious cause identified. **Deep Incisional infection**

In order to reduce the amount of potential infection for our patients the preassessment team have been working hard to educate the patients on good hand hygiene and wound management. This patient group frequently have to manage their own wounds and can often be non-compliant with consultant instructions leading them to have issues with their wounds. Several consultants had now added pre-op body washing to the surgical regime to reduce the microflora on the skin pre-surgery. We will continue to review practices and strive to reduce infection within this group of patients.

Performances and Audit

A key element of the Infection Prevention and Control (IPC) strategy is the IPC link program. IPC link colleagues are an integral part of the organisation and key to ensuring evidence-based practice is embedded throughout the hospital. Each clinical area has a link IPC member, who assists in the monitoring of standards and supports the IPC strategy for maintaining our high standards, to prevent infections occurring where possible.

IPC links are allocated protected time each month to audit compliance to IPC standards using the IPS Quality Improvements Tools. These tools offer a valid and standardised approach to compliance monitoring, as they have been peer reviewed and are based on best practice guidance such as EPIC 3 guidelines (Loveday et al 2014). Horder Healthcare has an average score of 98% compliance for IPC standards across the organisation. These environmental and clinical audits are discussed on a quarterly basis at the IPC Link meeting and any issues escalated to the IPCC and Clinical Governance meetings. All non-compliances require an action plan overseen by the Head of Department.

COVID-19

During 2023/2024 we followed national guidance in line with the NHS and were no longer COVID testing patients. Instead, we adopted an approach of all patients being risk assessed on admission for respiratory symptoms. If found to have respiratory symptoms they would be isolated and reviewed by the surgeon and anaesthetist and assessed to check their suitability for having surgery on the day. Surgery would be postponed if patient not safe to proceed.

IPC was critical in supporting the changes and for ensuring both patient and staff safety was maintained throughout.

This included:

- COVID-19 Management Policy was reviewed in line with the National IPC manual. This policy changed to have guidance on respiratory infections and precautions not just COVID.
- All practices continued to be reviewed and standards were maintained throughout in line with national guidance. These were reviewed frequently to ensure they were being maintained. HH adopted the National IPC manual to support IPC practice
- FIT testing was maintained for all new clinical staff and FIT testers received training in May 2023 to deliver FIT testing within HH.
- Staff were encouraged not to test for COVID but to observe for respiratory symptoms and to remain off work until symptoms resolved. Any staff member who did test positive for COVID was advised to stay off work for 5 days as per the National guidance
- Screening for COVID now takes place using a Respiratory Risk Assessment and only symptomatic patients are screened using LFT's if necessary
- Established contact was maintained with UKHSA for support should the need arise.
- Staff continued to be encouraged to participate in the national COVID-19 vaccination programme.

Vaccinations

All staff were encouraged to ensure they took up the opportunity for both Covid 19 booster and influenza vaccinations. 125 vouchers were made available for staff to obtain the seasonal influenza vaccination, as this service is not available via the OH provider. 83 vouchers were used by staff but no clear numbers of staff who took the flu vaccine are available as many staff obtained their vaccines independently at GP surgeries.

The changing guidance posed us with challenges throughout the year as we continued to work throughout the COVID-19 pandemic, but throughout we maintained the highest of infection

prevention and control standards as evidenced by the extremely low infection rates reported. Our practices will continue to be aligned with national guidance.

AMS stewardship

As part of the organisation’s commitment to antimicrobial stewardship we took part in the Point Prevalence survey in Sept /October 2023

PPS 2023

- This survey is the sixth national point prevalent survey (PPS) on healthcare-associated infections (HCAI) and the third national PPS on antimicrobial use (AMU)
- This PPS is the first post-COVID survey and will provide important information on prevalence of HCAI and AMU following the pandemic.
- Overall, 124 Trusts/ independent sector providers contributed to the 2023 PPS with data on more than 56,000 patients.
- The point prevalence survey was conducted between 18 September and 30 November 2023.

Aims of the survey

- To estimate the total burden (prevalence) of HCAI and AMU in acute-care hospitals, community Trust sites and mental health sites.
- To describe patients, invasive procedures, infections (sites, microorganisms and markers of antimicrobial resistance) and antimicrobials prescribed (agents, indications) by patient demographics, admitting specialties or healthcare facilities
- To describe key structures and processes for the prevention of HCAI and antimicrobial resistance at the hospital and ward level in English hospitals;
- To disseminate results to those who need to know at local, regional, national levels:
 - to raise awareness and development of relevant local and national interventions
 - to train and reinforce surveillance structures and skills;
 - to identify common problems and set up priorities accordingly;
 - to evaluate the effect of strategies and guide policies for the future at the local, national and regional level (repeated PPS);
 - to provide a standardised tool for hospitals to identify targets for quality improvement 22 patients from HORDER HEALTHCARE met the criteria for inclusion in the Point Prevalence Survey.

Hospital	Total (N)	HCAI (n)	HCAI (%)	AMU (n)	AMU (%)	CVC (n)	PVC (n)	Urinary catheter (n)	Intubation (n)
The Horder Centre	19	0	0	5	26.3	0	8	1	0
The Mcindoe Centre	3	0	0	2	66.7	0	0	0	0

Future Planning

As activity continues to change and as new challenges are identified, the established Infection Prevention and Control team remains an essential part of Horder Healthcare. 2023/2024 has seen the profile of IPC raised across the organisation as the IPC Specialist Nurse has endeavored to promote all national and worldwide IPC days at Horder Healthcare. This has

ensured that vital IPC knowledge is shared with patients and staff alike. A key focus of IPC is sustainability and therefore 2024 has seen us look at products to help us align with the sustainability agenda. Housekeeping and theatres looked at a new cleaning fluid that would help to ensure a higher level of disinfection across all areas cleaned and would see a reduction in the need for other more harmful cleaning products. We have looked at the use of reusable tourniquets in departments and this is currently ongoing, with departments trialing the product. Within the theatre department we are looking at reducing the use of the infectious waste stream, as most of this waste is appropriate for the Tiger waste stream. When a confirmed infection is present then the infectious waste stream will be used. This changeover will occur in Q2 of 2024.

ANTT

As part of the IPC plan, the aim was to introduce ANTT (Aseptic Non-Touch Technique) into the organisation and to achieve Bronze Accreditation. In Q4 2023 due to our progress we decided to extend our timeframe and to work hard with staff and aim for Gold Accreditation for end of Q4 2024. To achieve this, the ANTT eLearning package was rolled out to ANTT champions within relevant departments with a view to them undertaking a baseline audit of ANTT knowledge and practice.

In February 2023, the eLearning package was then rolled out to all relevant clinical staff with a view to them completing their competencies. To date the majority of staff have accessed and completed the eLearning. The ANTT champions with the support of the IPCNS will continue to embed the ANTT knowledge to ensure this knowledge is retained and a further ANTT audit to identify areas of focus for the months ahead. For 2024, the ANTT eLearning will be mandatory to revisit and to support this process.

Wound Management

As part of our training with staff we have carried out regular dressing updates supported by the companies that provide our dressings. To enable nurses to deliver better wound management the IPCNS has attended online training with the Society of Tissue Viability and this information has been shared with staff. All staff have been given information from the Society of Tissue Viability regarding ongoing training they can access free of charge and further free wound care training accessible via our dressing companies.

I recently had a mole removed. My GP referred me to the McIndoe Centre. I was seen within one week of being referred.

The treatment I received was first class. Efficient, painless, and no problems with the wound. Highly recommend.

Source: Trustpilot

Adverse Events

Over the past year, Horder Healthcare has consolidated the learning from incidents and encouraged a clearer pathway of shared learning throughout the organisation. This has been led by a transition to Radar risk management software for the reporting and triangulation of incidents.

Incidents are reviewed by the relevant department lead and learning from the investigation is implemented in an achievable timeframe.

Incidents are discussed at weekly departmental Hub meetings, weekly incident review meetings, the quarterly Patient Safety & Quality Improvement Committee and Morbidity & Mortality meetings. Incidents are scrutinised at the quarterly Clinical Governance Committee meetings. Any trends are therefore identified quickly, and steps made to reduce risks to patients.

Horder Healthcare reports on a set of key performance indicators to our NHS partner organisations and we believe that the results reflect the high level of care given to our patients.

Patient Mortality

There have been two incidents of patient mortality outside 48 hours of surgery during this period. One patient passed away 15 days post right total knee replacement surgery of a coronary artery thrombosis. A second patient passed away 6 days post left total hip replacement surgery of a medical condition deemed unrelated to the patient's surgery. Although both patients died in the community, once aware of the incidents a full documentation review was carried out to understand any further learning.

Duty of Candour

A culture of openness and honesty is well-embedded practice within Horder Healthcare and staff are encouraged to apologise if a mistake is identified. As part of this process, we ensure that the person affected has an opportunity to discuss what went wrong, how we can help them to cope with any harm caused and what we will do to prevent it happening again. Any learning following a thorough investigation is shared with the patient, or their nominated representative and any feedback is acted upon.

The clinical governance team monitor duty of candour to ensure that the requirements have been fulfilled for incidents where it is required. To support members of staff to understand the duty of candour, policies and standard operating procedures are available alongside targeted training on an individual basis.

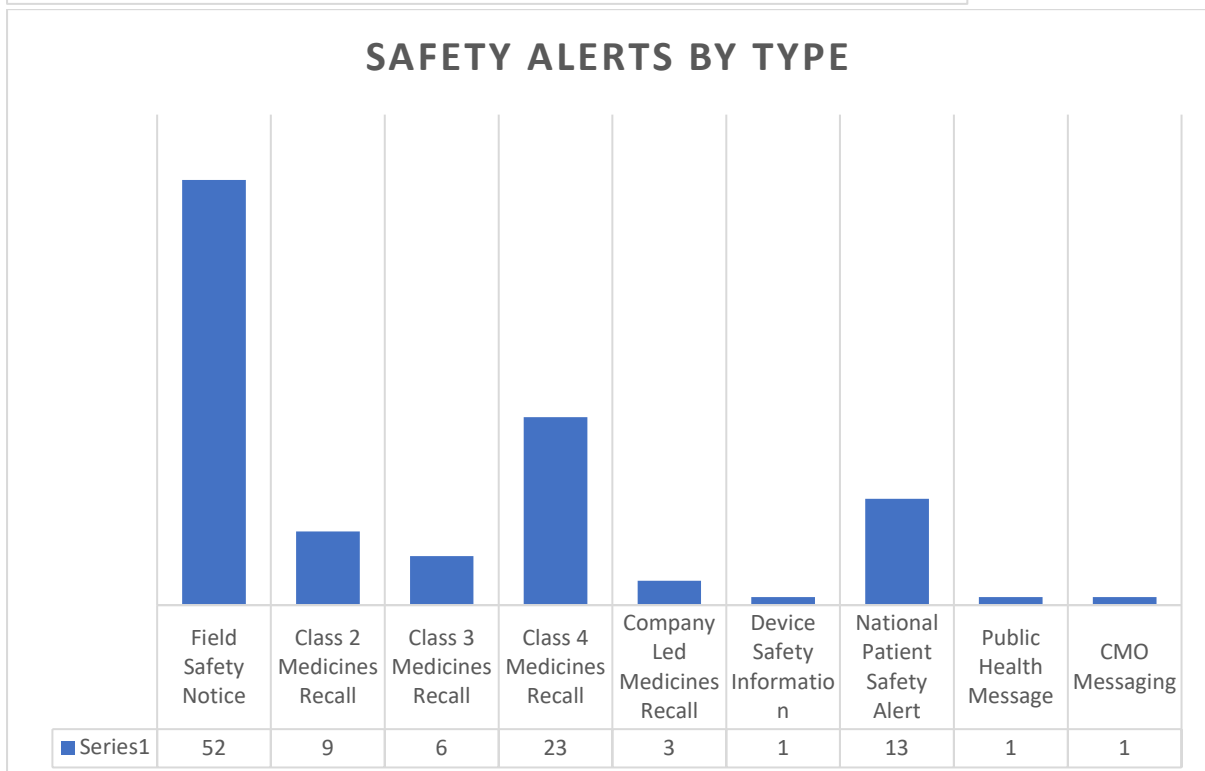
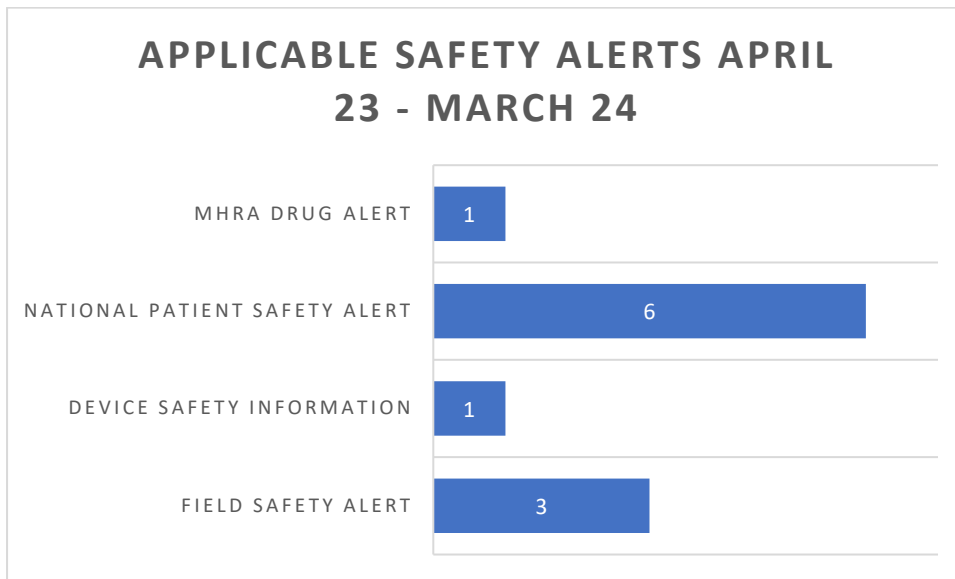
Safety Alerts

The Central Alerting Service (CAS) alongside other select organisations, send a variety of different alerts that are received by the clinical governance team and distributed to the appropriate department leads. The Clinical Governance team works with departments to confirm whether the alert is applicable within their area and then collates all responses to

ascertain the impact of the alert within the organisation and confirms any required actions have been undertaken.

National Patient Safety Alert (NatPSA) delivery is coordinated by a relevant executive team lead in line with the NHS England provider process requirements to ensure coordinated change throughout the organisation.

There were 109 safety alerts received within Horder Healthcare between April 2023 and March 2024. The below graph demonstrates how many of these alerts were applicable. The alerts requiring action all have been completed in line with the requirements of alert.

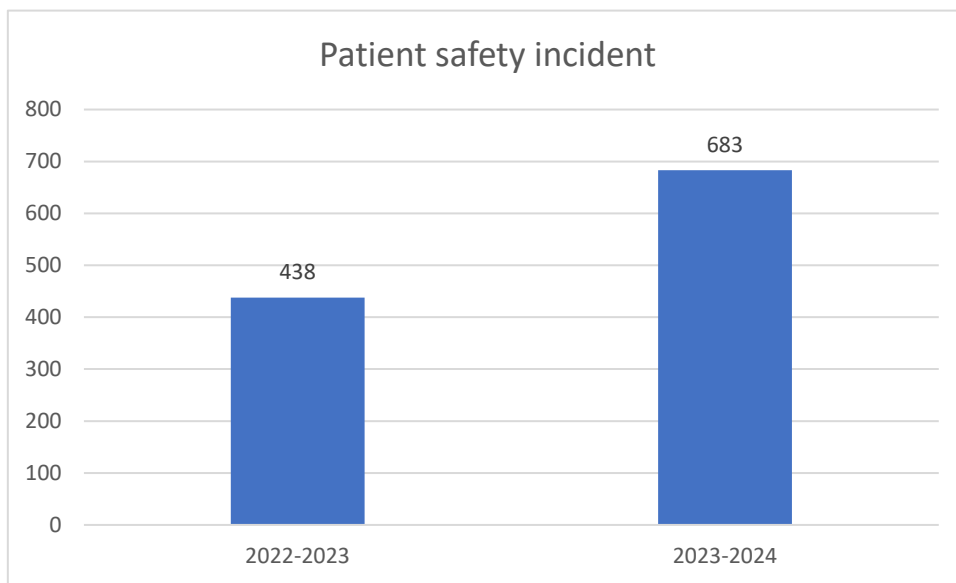


Incident Reporting

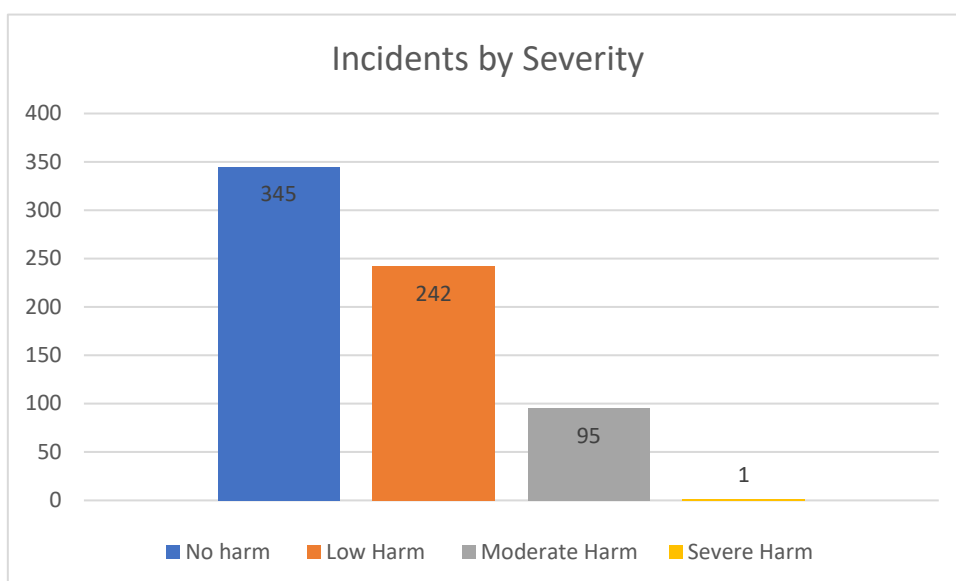
Patient Safety

Patient safety remains a key priority of Horder Healthcare. All staff are actively encouraged to report both actual and near miss incidents in order to learn and minimise risk whenever possible.

During the period April 2023 to March 2024 there were 1,128 incidents reported on our Incident Management Systems. This figure is inclusive of all Horder Healthcare facilities, The Horder Centre, The McIndoe Centre and Outreach Centres. Of the total number of incidents reported, 683 of these were patient safety incidents, this is an increase from the number of incidents reported within the same timeframe the previous year.



When the patient safety incidents are reported, a harm level is assigned to each incident.



Serious incidents are fully investigated using Root Cause Analysis (RCA) methodology and treated under statutory duty of candour. This includes regular contact and follow up with the patient or relatives. The findings of appropriate investigations are shared with the respective departments through clinical governance processes via the Clinical Governance Committee and Medical Advisory Committee.

There were five Serious Incidents reported by Horder Healthcare during this period:

1. 8696 – Patient suffered a cardiac arrest during surgery, requiring the patient to be transferred to an NHS facility for treatment. Patient made a full recovery.
2. INC-104 – Patient required surgery following a fall they sustained whilst an inpatient on the ward.
3. INC-451 – After a routine follow up x-ray a small screw was detected underneath the femoral component, imbedded within the cement. No surgical follow up required.
4. INC-299 – Patient sustained a spiral fracture after they fell on the ward as an inpatient.
5. 8773 – It was identified post-surgery that the incorrect side femur component had been used on the patient (left instead of right). No surgical follow up required.

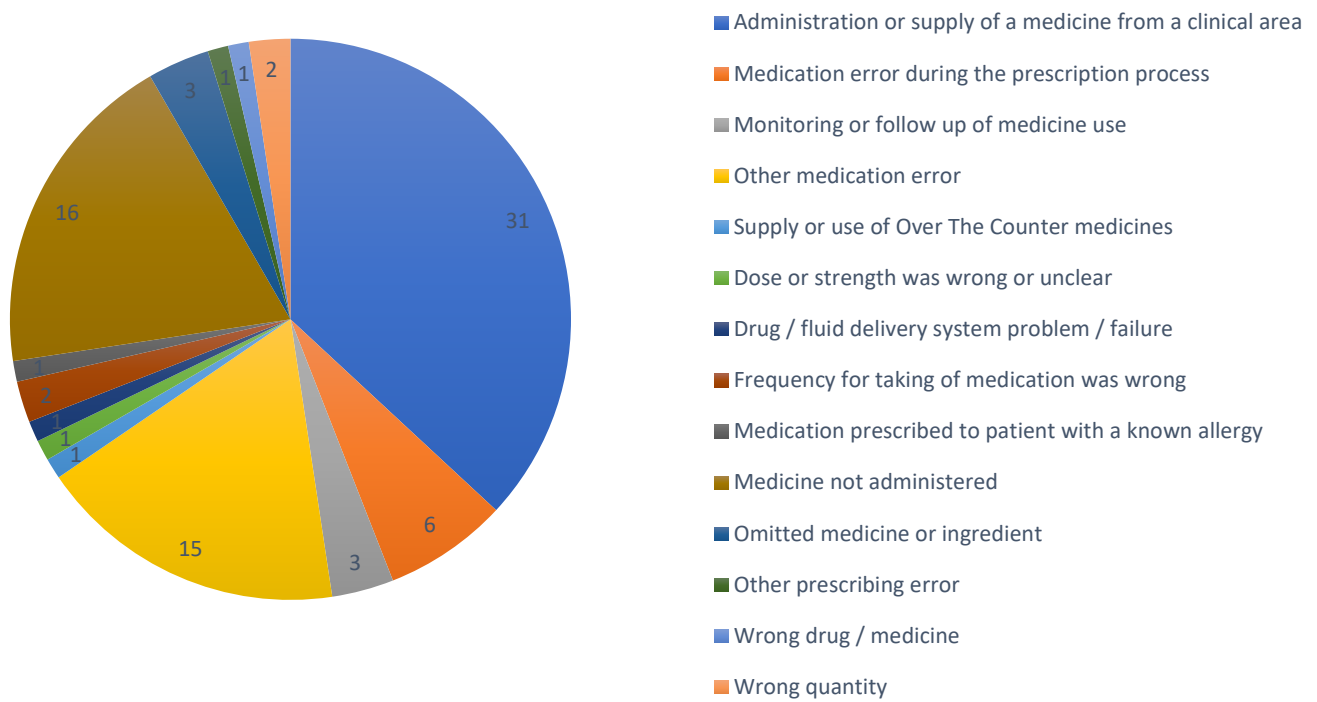
These five Serious Incidents calculates to 0.333 per 1000 bed days for 2023/2024.

Year	No of SI's	Bed Days	SI's per 1000 Bed Days
2019/20	5	14540	0.344
2020/21	5	10691	0.468
2021/22	3	15707	0.191
2022/23	5	16114	0.31
2023/24	5	14995	0.333

Medication Incidents

There were 84 medication incidents reported during the period from 1st April 2023 to 31st March 2024. Of these, 83 caused no harm and 1 was recorded as causing low harm. The incident resulting in low harm required additional monitoring following the medication incident.

Medication Incidents by Adverse Event

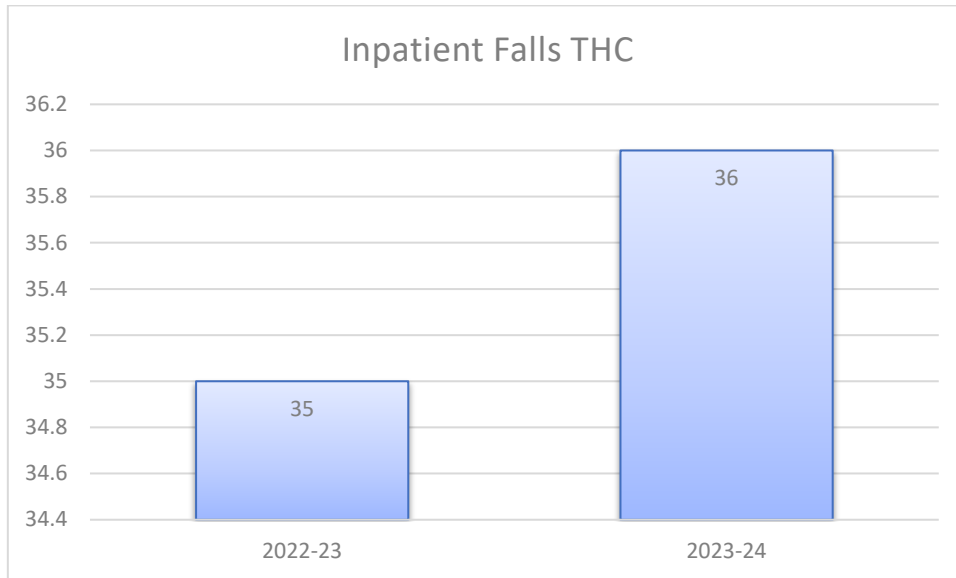


Patient Falls Report 01/04/23 – 31/03/24

Inpatient Falls

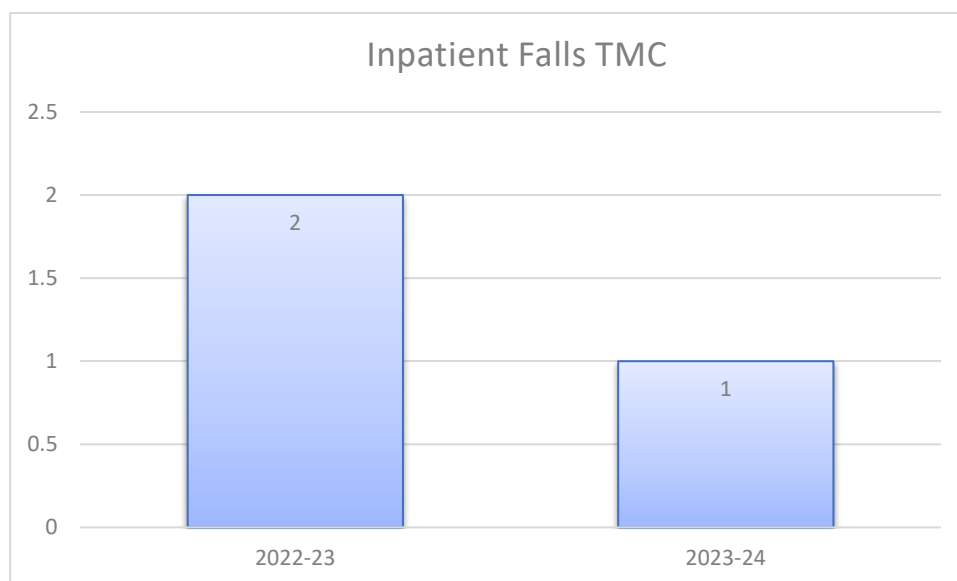
THC

There was a total of 36 inpatient falls during the reporting period. This equates to a patient falls rate of 3.13 per 1000 bed days. This is an increase from the previous year where there were 35 inpatient falls, where the rate was 2.99 falls per 1000 bed days.

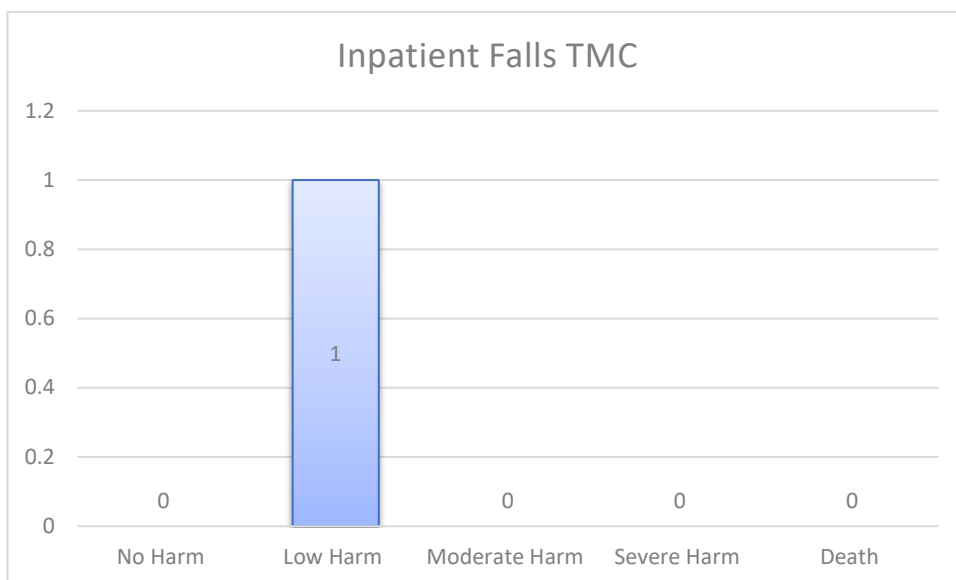
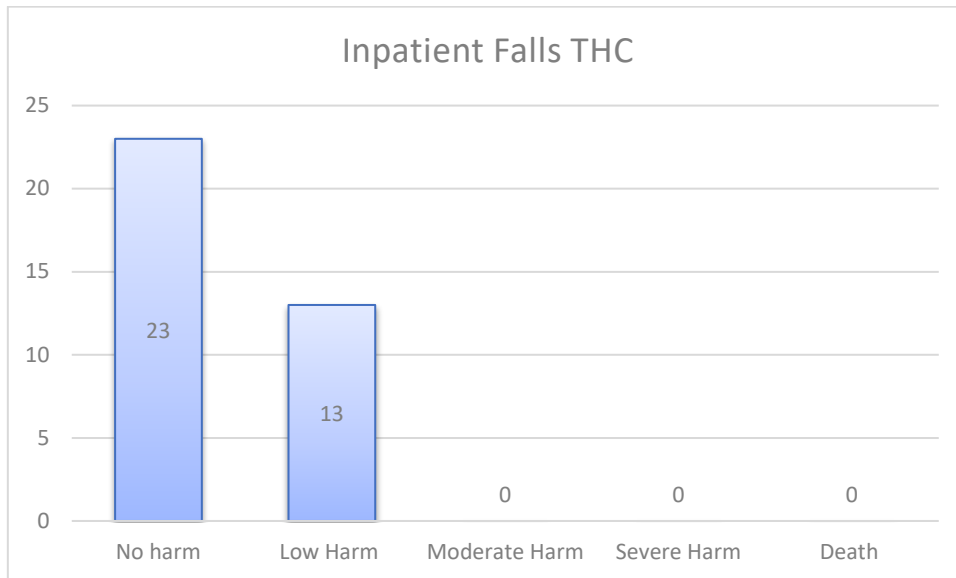


TMC

There was 1 inpatient fall during the reported period. 2 inpatient falls were reported in 2022-2023.



The graphs below show the severity of harm of the inpatient falls at both THC and TMC.



Outpatient / Day Case Falls

THC

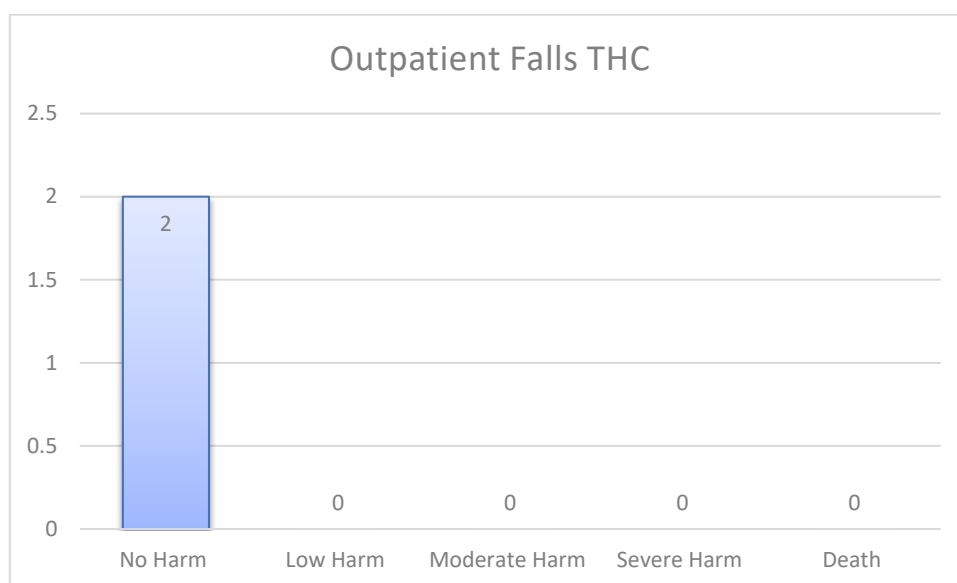
Out-Patient Falls

There were 2 outpatient falls for 2023-24. A reduction of falls in this department, with 3 falls reported the previous year in 2022-23.

Day-case Falls THC

There were 0 day-case patient falls reported for 2023-24. 2 were reported in 2022-23.

The graph below shows the severity of harm of the out-patient/day-case falls at THC.



TMC

Out-patient Falls TMC

There were no outpatient falls reported during 2023-24.

Day-case Falls TMC

There were no day case falls reported during 2023-24.

The risk of falls is continually monitored by clinical staff and processes are reviewed by the network of falls champions within the hospital. The falls steering group meet every 3 months to discuss and review any processes that may help to reduce the risk of falls in hospital both to the patients and staff.

A review of all falls in the hospital are undertaken and any learning from the incidents is carried forward and shared to relevant staff members.

Planned actions for the reporting year:

- Review falls risk assessment currently being used at THC.
- To source supplier for individual patient whiteboards.
- To review information about falls prevention in hip and knee guides given to patients who are having major knee/hip surgery.
- To issue 'get up and go' falls prevention leaflet at pre-assessment.

Within the reporting year, the safety huddle continues to take place daily providing the MDT on the ward a place to discuss any risks to patients and staff, not just falls. It continues to promote discussion about all patients on the ward. All patients who are identified at being at higher risk of falls are first highlighted at pre-assessment which is communicated to the ward. Coloured magnets on the main patient white board and outside patient rooms are used to highlight those who are at higher risk of falls or who have had a fall as an inpatient. These

magnets can also be used to highlight any patients who are currently presenting with post-operative delirium or confusion; any patient who the physio team have deemed high risk of falls following mobility assessment post-op and considerations to patients who are restricted in their weight bearing as per post-op instructions. There has been particular focus on assessment of postural hypotension and ensuring more vigilance around changes in lying/standing blood pressures. This is reviewed daily to encompass any changes that may occur in patient presentation.

The falls policy has been reviewed and updated. The new falls policy encompasses 3 newly updated post-fall checklists:

- Post-fall checklist for use on Dufferin ward, day surgery and pre-assessment
- Post-fall checklist for use in out-patients and out-patient physiotherapy department.
- Post-fall checklist for use in HH Outreach sites.

The new policy promotes completion of an After Action Review (AAR) ideally within an hour of the incident occurring (up-to a maximum 4 hours from initial incident). Staff are encouraged to attach the AAR to Radar when reporting the incident.

In addition, as part of updating the falls policy, a new Multifactorial Risk Assessment was created and has been trialled by the nursing team since January 2024.

New individual patient whiteboards are currently on order and should be delivered at the end of April 2024. The new whiteboards incorporate a traffic light system to determine how much assistance the patient may need with their mobility. This provides a visual that stands out to the patient and provides more clarity to both patients and staff about a patient's mobility thus, helping to reduce the number of falls on the ward. There is also more room on the new individual patient whiteboards to write so that key information can be highlighted and communicated.

The current total hip and knee replacement guides for patients are being reviewed. Within the new guides that are being developed, there is information on general falls prevention and also falls prevention advice within our hospital environment. Due to inclusion of this information, issuing the 'get up and go' leaflets will no longer be necessary. Once the new individual patient whiteboards arrive, we will be discussing the boards with patients at pre-assessment so we can familiarise them at that stage and educate them more about falls prevention as an inpatient.

We continue to:

- Use non-slip socks, ensuring that these are changed every 3 days if a patient becomes an extended stay. This is to ensure that the slipper socks in use are still effective and the grips are not worn.
- Prehabilitation classes are still being promoted to patients pre-operatively before they come in for their hip or knee surgery, to help strengthen and to educate patients on safe mobility and transfers post-operatively.
- The previous falls prevention signage used still remains in place.

Planned actions moving forward:

- To implement new individual patient whiteboards which includes a traffic light system.
- Embed new post-fall protocols, documentation and after action reviews within clinical departments.
- Finalise new hip and knee guides incorporating new falls prevention information.

Resuscitation Update (2023/24)

Resuscitation (Resus) training compliance across all levels has steadily improved through the year owing to better capacity availability since the relaxation of COVID-19 restrictions, as well as the organisational culture that strongly supports and encourages adherence to mandatory training. Resus audits continue to be undertaken as per schedule, with any subsequent learns being captured and actioned accordingly.

Unannounced quarterly emergency scenarios are conducted as scheduled, as they form part of staff training and development, alongside ad-hoc announced emergency scenario training planned particularly to address identified concerns from previous resus incidents.

Following the purchase of resus defibrillators and resus trollies in the previous year, the resus trolley checklists have been updated to align with the equipment changes. Further, the trollies have been equipped with the latest Resuscitation Council UK (RCUK) quick reference handbook so to enable quick access to resus guidelines.

The Resus Committee continues to meet on a quarterly basis; included in the meeting agenda as of this year, has been the in-depth review and discussion of resus-related incidents or complaints for all hospital sites. This serves the opportunity to share learns and collectively discuss, mobilise and implement necessary actions.

A key focus into the new year (2024-25) is the full introduction of ReSPECT form to replace DNACPR form across all Horder Healthcare sites - [ReSPECT for healthcare professionals | Resuscitation Council UK](#):

'ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices. Such emergencies may include death or cardiac arrest but are not limited to those events. The process is intended to respect both patient preferences and clinical judgement. The agreed realistic clinical recommendations that are recorded include a recommendation on whether or not CPR should be attempted if the person's heart and breathing stop'.

Health and Safety

We continue to see a mature health and safety culture within the organisation. This is demonstrated by the continued positive engagement in health and safety audits, risk assessments and commitment to H&S representative and committee meetings.

Colleague representatives have continued to recognise and manage the hazards and their associated risks within their individual teams as identified through regular departmental audits.

The Health and Safety Advisor who joined Horder Healthcare at the end of February 2023 has focused on standardising the department representatives' approach to H&S and their role that they play, as well as, providing coaching in bitesize sessions and on the job, ensuring that all departments have a colleague representative in place.

As well as focusing on the accuracy of audits, the Health and Safety Advisor reviewed the audit questions and from January 2024, the H&S Audit has been moved onto the RADAR system, improving overall visibility of compliance statistics and required actions.

The Estates team continue to manage facilities in house, with the support of key external specialist contractors for fire and water services.

The following contractors continue to be retained for specialist services:

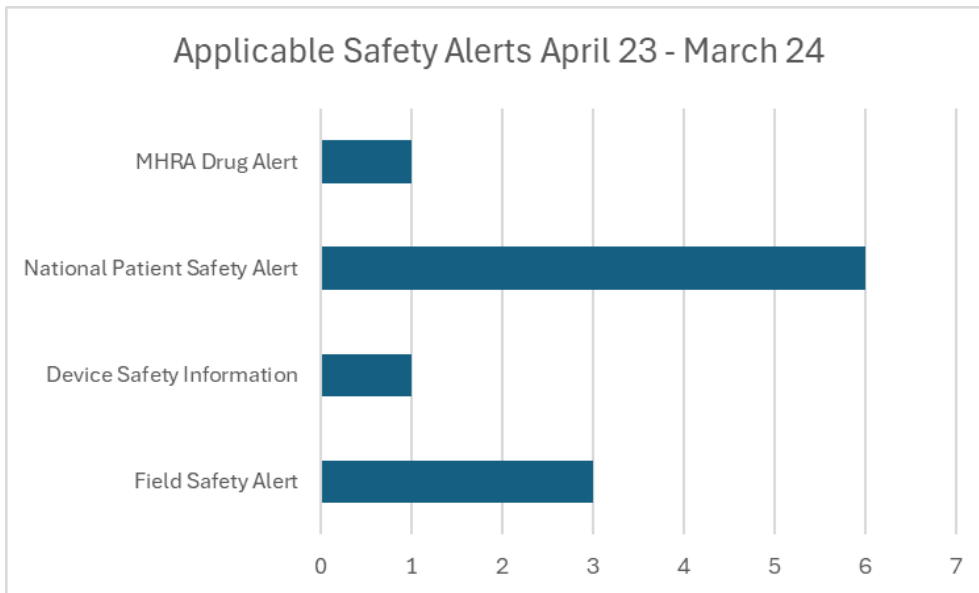
- Concept Water Services are retained to maintain water quality services. They provide six monthly tests for legionella and pseudomonas
- Pro-Economy maintain the mains water which is treated with copper and silver
- Crays Fire maintain and service all fire safety equipment on a six monthly and annual basis.
- Pickerings carry out the servicing of the lifts on a six monthly basis.

The Estates team continue to focus on ensuring statutory compliance and best practice. They are working on improving reporting to provide more focused oversight on H&S matters.

St George's Trust continue to manage the servicing of the majority of medical devices across the organisation (with the exception of devices under separate SLAs). Quarterly medical device meetings are held cross-site with representation from St Georges to discuss all aspects of medical devices including training, risk assessments, safety alerts and incident reporting.

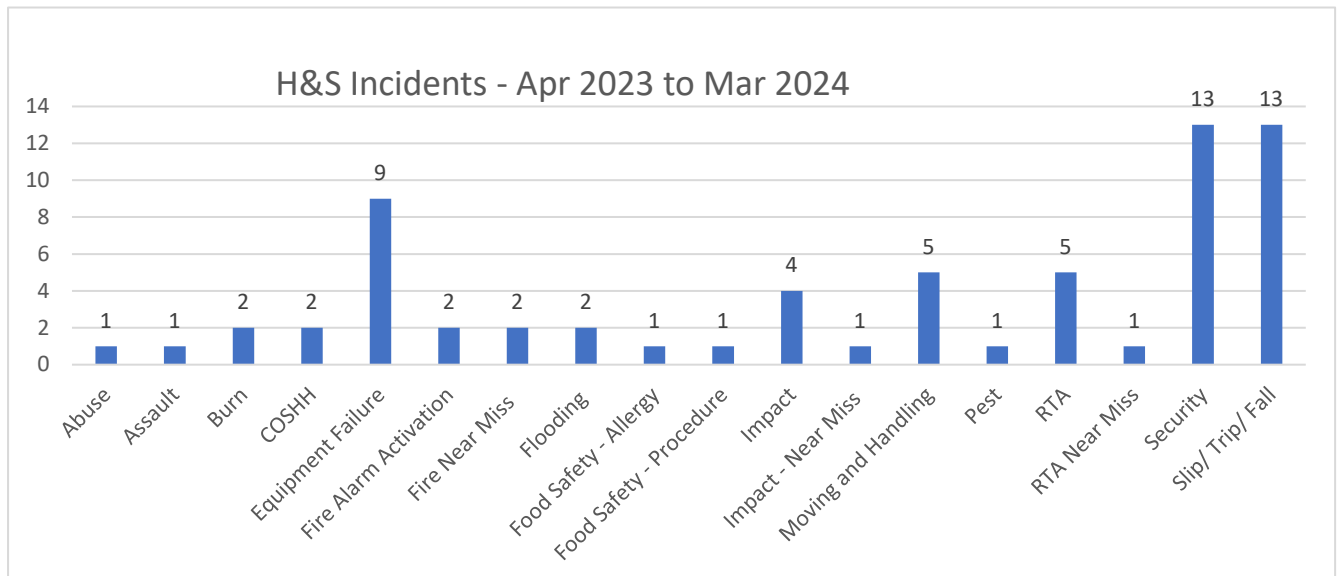
Safety alerts are managed within the RADAR system at Horder Healthcare. Reports are produced and discussed within the Health & Safety and Medical Device Committee meetings.

There were 109 safety alerts issued between April 2023 and March 2024, of which 11 were applicable to Horder Healthcare.



All the actions associated with the applicable alerts have been completed within the timeframe set out in the guidance.

There were 66 Health & Safety incidents reported and investigated (excluding sharps injuries and patient falls which are reported separately). Below is a graph showing the number of incidents reported in each category. These were presented at the Health & Safety representative and committee meetings as well as in Governance reports. Lessons learnt were shared with all departments across the organisation as appropriate. Additionally, any medical device incidents were discussed via the Medical Devices Committee Meeting.



Fire Safety

Horder Healthcare operates comprehensive systems of fire safety management. A system of evacuation at all HH sites, involving fire marshals sweeping the building to provide assurance that everyone has left the building in a fire emergency, is in place.

There was a complete review of the Fire Policy and centre fire action plans, and all marshals were asked to attend refresher sessions as part of their on-going training. As part of this review, the fire zones were reviewed to improve marshal coverage for holidays and absence, with improved co-operation cross departmentally. Fire drills have been carried out in all HH managed sites and any learnings have been applied.

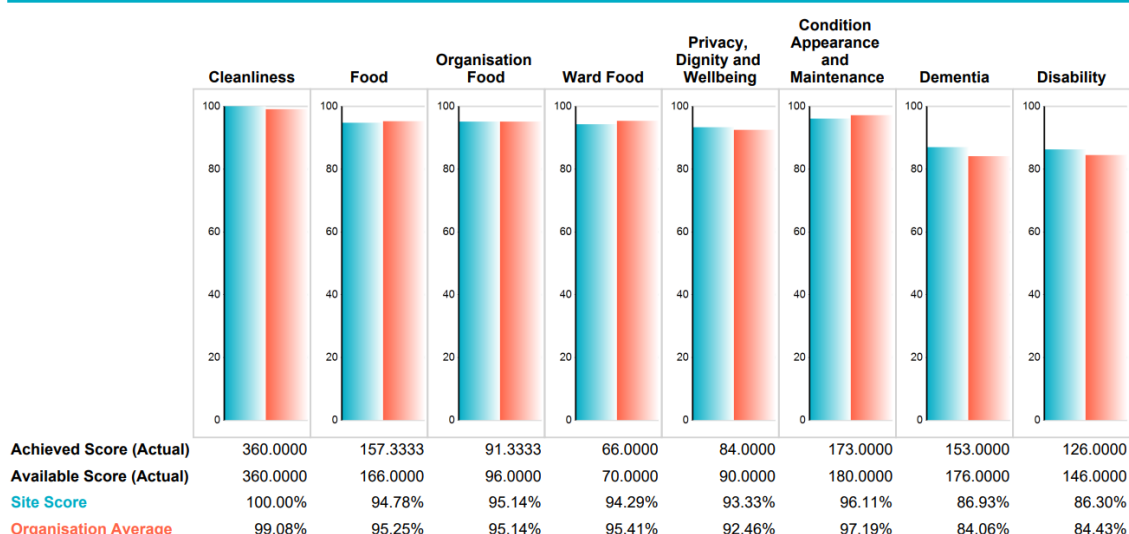
The required active fire precautions that detect and operate in the event of a fire, including fire alarm systems, emergency lighting systems and firefighting equipment have all received their respective statutory service and checks. Departmental fire safety checks were reviewed and documentation simplified with daily/ weekly and monthly checks being completed within each department, either by the designated Health and Safety representative or by the daily fire marshal, therefore removing a single point of dependence. All staff receive fire safety training as part of their induction programme together with an audited mandatory annual update via e-learning.

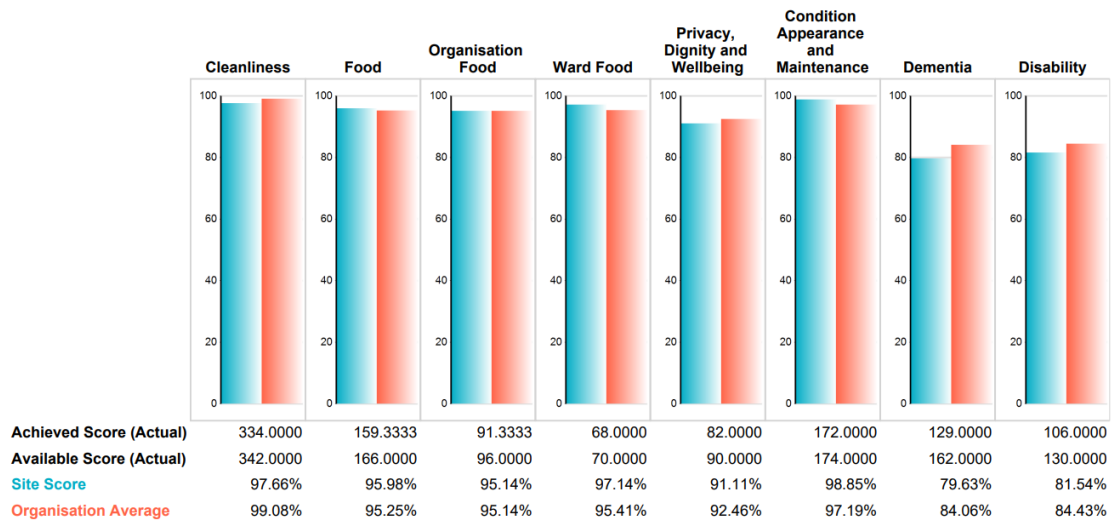
Environmental and Waste Management

The Patient-Led Assessment of the Care Environment (PLACE) is an assessment completed within Horder Healthcare annually as part of internal quality inspections. This was undertaken in 2023 and the tables below shows the results. Patients and volunteers undertake the PLACE assessment.

An action plan has been developed to address the findings. The Head of Corporate Support Services leads on the inspection and collation of the results and actions.

THE HORDER CENTRE- Collection: 2023





Horder Healthcare medical gases are maintained by HAC technical gas services, who provide 24-hour call out services with four planned maintenance visits per year.

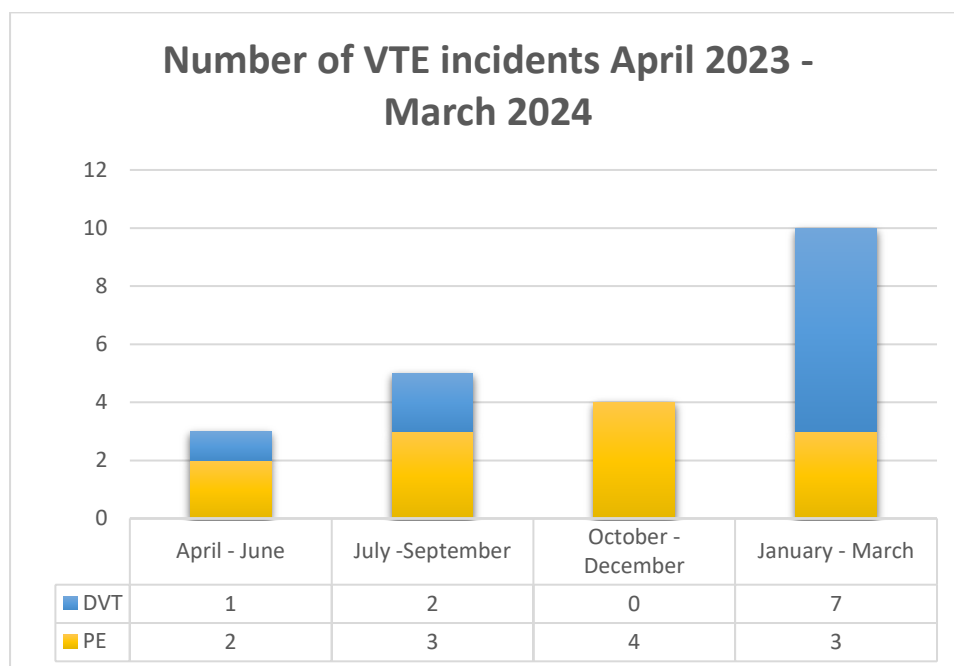
Our SLA partner for clinical waste disposal, Albus Environment have continued to support us with no reported problems.

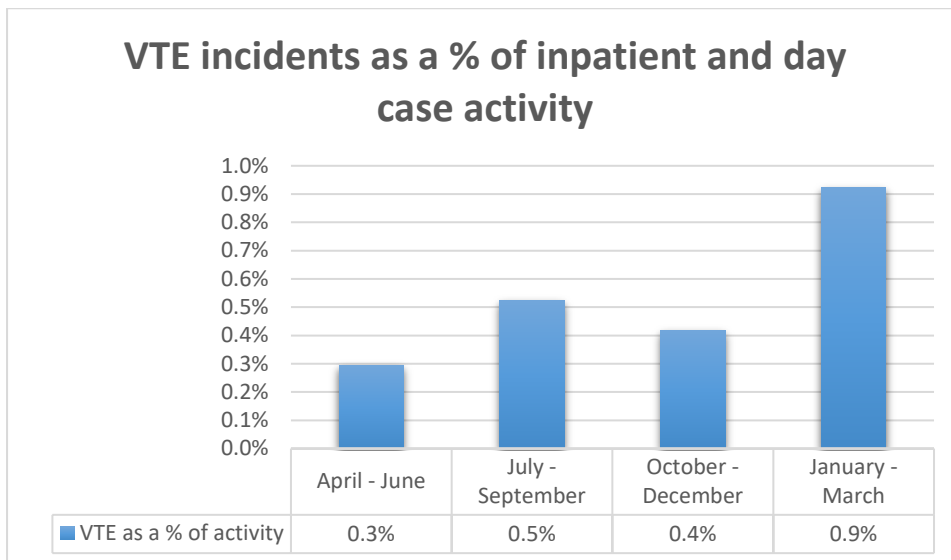
The general waste and dry mixed recycling collection contract with Biffa has continued successfully without any issues affecting our site services and likewise the confidential waste disposal contractor S4B have continued collections efficiently throughout 2022. There have not been any incidents reported from our third-party waste collection contractors or any internal incidents for this period.

Venous Thromboembolism (VTE)

In March 2023, The Horder Centre (THC) maintained its VTE exemplar status after successful revalidation. The Horder VTE Lead (THC Ward Manager) continues to contribute to the VTE Specialist Network (VSN), formally the National Nursing and Midwifery Network (NNMN), for VTE Prevention in England, whose aim is to provide nursing and midwifery leadership and innovation in VTE prevention nationally. The VSN have recently introduced 4 Specialist Interest Groups (SIG) covering Education, Advanced Clinical Practice, Anticoagulation Management and Lower Limb Immobilisation to advance the specific area with knowledge, expertise and education. The VSN are going to be hosted by a group called “Patient Safety Learning”, a charity set up to pull together learning from patient safety incidents nationally and internationally.

THC VTE team continue to meet on a two monthly basis to review any VTE episodes and discuss and review any changes to policy or national guidance to ensure best practice. Any learning is shared with staff, the Patient Safety & Quality Improvement Committee and subsequently the Medical Advisory Committee (MAC), involving consultants and clinical staff across both sites with practice reviewed and altered as required.





Similar to the previous year, there has been a higher prevalence of VTE incidents in the second half of this reporting year compared to the first 6 months, with a significant increase of reported DVT incidents. The number of reported PEs remain constant at 12, whilst the number of DVT incidents have increased from 4 the previous year to 10 reported DVT incidents this year. The rise in DVT incidents may be due to an increase in the reporting of incidents post discharge and improved follow up. All VTE events undergo an in-depth investigation to identify if any were preventable.

The VTE policy was previously changed to reflect weight based chemical prophylaxis for joint arthroplasties and an audit is currently in progress to capture any complications associated with the increase in dosage for those over 100kg. It is being reviewed further to reflect a change with the type of direct oral anticoagulants used for total knee replacements.

Further changes to the VTE policy have been made in quarter 4 and in the coming year a change in protocols have been made to use one preferred oral medication rather than several types, reducing the risk of confusion or inappropriate use of medication.

Clinical Coding

The coding of diagnoses and procedures carried out on both NHS and private patients at The Horder Centre, as well as NHS patients at The McIndoe Centre, is processed internally by the coding department using ICD-10 5th Edition and OPCS-410. Procedures for private patients at The McIndoe Centre are coded using CCSD codes as appropriate.

Horder Healthcare submits Payment by Results (PbR) data to SUS+ for NHS patients at both The Horder Centre and The McIndoe Centre.

Audit of standards

Auditing of standards is essential to provide assurances that standards are being met and maintained. The regular internal auditing schedule of standards, whereby another coder recodes notes and the results are compared, is carried out quarterly. Any discrepancies are reviewed at the monthly coding meeting to identify trends and establish any learning needs.

Where trends are identified a program of training will be introduced to relevant areas. Further audits throughout the year will ensure the areas of poor compliance will have been addressed and corrected and that standards have been reached and maintained at expected levels. This will ensure consistency of coding and adherence to National Coding Standards. External Auditors also undertake reviews of our coding to assess and ensure standards are maintained.

Training

Our Clinical Coders are both completing external training and are studying towards the National Clinical Coding Qualification (UK) (NCCQ). Clinical coding also forms part of the clinical staff mandatory training program to ensure that all relevant patient information is captured and recorded within their medical records, this ensures that comprehensive and complete coding can take place.

Effectiveness

Internal Audits

Within Horder Healthcare (HH) there is an overarching quality and effectiveness audit schedule. The audits undertaken include statutory, contractual and local audits. The below specified audits are discussed within the quarterly Patient Safety & Quality Improvement Committee meeting, and audit reports are included within the monthly and quarterly governance reports.

Any outcomes or actions identified are discussed with relevant teams and, where appropriate, escalated via the Patient Safety & Quality Improvement Committee to the hospital specific Clinical Governance Committee.

The Clinical Governance Committee meets quarterly to review the governance report and monitor the effectiveness and quality of clinical care within HH facilities. It seeks to identify actions required to address areas of poor outcomes and bring about continuous quality improvement as part of the audit cycle. Where audits have been undertaken and the results demonstrate good compliance, these results are shared with teams to provide assurance that processes and procedures are effective and being adhered to.

The following formed part of HH's internal audit programme in the reporting year 2023-24:

Pharmacy - A robust audit schedule of pharmacy policy and procedure includes controlled drug prescribing and administration, drug storage and security, prescribing and management and take out medication. THC's audits are in line with its Service Level Agreement (SLA) with Maidstone and Tunbridge Wells NHS Trust, with additional local medication audits for quality in place. TMC's controlled drugs audit is undertaken by Queen Victoria Hospital in line with the SLA and with some additional audits in place.

Clinical - In 2021, a comprehensive clinical audit schedule was introduced. The audit schedule is a fluid document which is open to change, dependent on audit results, new services and other needs identified via many different sources – such as incidents, complaints, NICE and other audit results.

Clinical and medication audits include:

The Horder Centre

THC	Q2 2023	Q3 2023	Q4 2023	Q1 2024
Medicines management				
M2 – Controlled drugs - Pharmacy (THC)	100%	100%	100%	100%
M3 – Controlled drugs - Clinical areas (THC)	98%	95%	97%	95%
M4 – Oxygen prescribing (only completed where used)				66%
M5 – Safe & secure storage of medicines	99%	99%	97%	99%
M6 – Medicines reconciliations	99%	92%	92%	96%
M8 – Drug fridge audit	95%	91%	90%	100%

M9 – Medicines management	100%	97%	96%	98%
M10 – Prescribing of medications – drug chart	90%	92%		
M11 – FP10	86%		100%	
M12 – TTO prescribing	88%	95%	100%	91%
Clinical				
C1 – Acute kidney injury (AKI) (only completed for applicable cases)	100%	100%		100%
C2 – Discharge audit	99%	100%	100%	99%
C3 – Pain	96%	100%	100%	97%
C4 – VTE	98%	97%	98%	97%
C5 – WHO observational	99%	97%	100%	New audit introduced
C6 – WHO documentation	100%	100%	100%	
C7 – Blood transfusion (only completed for applicable cases)	91%	90%	90%	85%
C8 – Braden	100%	100%	100%	100%
C10 – Falls	88%	99%	90%	80%
C11 – MUST	95%	100%		100%
C12 – NEWS2	95%	100%	100%	94%

The McIndoe Centre

THC	Q2 2023	Q3 2023	Q4 2023	Q1 2024
Medicines Management				
M4 – Oxygen prescribing (only completed where used)		100%	100%	89%
M5 – Safe & secure storage of medicines	95%	77%	100%	98%
M8 – Drug fridge audit	78%	86%	100%	100%
M9 – Medicines management	100%	100%	100%	96%
M10 – Prescribing of medications – drug chart	94%	85%	100%	100%
M12 – TTO prescribing	100%	100%	100%	100%
Clinical				
C1 – Acute kidney injury (AKI) (only completed for applicable cases)	100%			
C2 – Discharge audit	97%	97%	97%	100%
C3 – Pain	75%	99%	84%	99%
C4 – VTE	97%	98%	98%	100%
C5 – WHO observational	97%	100%	97%	97%
C6 – WHO documentation	98%	97%	95%	100%
C7 – Blood transfusion (only completed for applicable cases)				

C8 – Braden		100%	100%	
C10 – Falls	100%	100%	100%	
C11 – MUST	95%		99%	100%
C12 – NEWS2		100%	100%	100%
C14 – TMC WHO observational (Minor operations)	100%	100%	86%	87%
C15 – TMC WHO documentation (Minor operations)	100%	100%	96%	98%

Documentation – Within the audit schedule are several different documentation audits. These were developed in line with guidance from many different sources, including NMC, GMC, GDPR Policies and National Data Guardian for health & social care. Documentation audits include:

- D1 – Nursing record keeping

The audit schedule ensures we capture ongoing meaningful data in line with mandatory requirements and localised need to enable continuous review and quality improvement of our clinical standards for all of our service users.

The above audits are mirrored across all sites (unless the audits are specified in a facility SLA) to ensure that robust and evidence-based practice is instilled across HH. Additionally, by undertaking mirrored audits at both HH inpatient facilities, this enables us to share learning and improvements in practice.

Audit findings and associated action plans are shared with relevant groups (e.g. VTE). This ensures that trends, improvements in outcomes, and sharing of best practice is established with monitoring measures to ensure that any learning is fully implemented.

New Audits in 2023-24

New internal audits have been set up in the reporting year 2023-24. In some cases, audits may be used to monitor a particular trend or concern that has become apparent. Audits are also used to monitor outcomes and identify any complications associated with changes in procedure. In the year 2023-24, the following audits were commenced:

- Urine retention
This audit was set up in December 2022 in response to a high number of inpatient catheterisations noted via incident reporting. The results from this audit were shared at the Patient Safety & Quality Improvement Committee on 2nd February 2024. No concerns were raised in response to the audit findings, so the audit was not continued although incidents raised relating to urine retention will continue to be monitored in the usual way.
- VTE audit of patients over 100kg
As part of the VTE exemplar group, King's College Hospital reviewed two RCAs which were completed in response to two patient deaths from VTE related incidents in 2022. As a result of this review, THC introduced a change in procedure which meant that

patients over 100kg were given a higher dose of VTE prophylaxis. This audit was therefore implemented in February 2023 to review the outcomes of this measure.

- **Duty of candour**
An audit has been drawn up to provide clarity on how effective HH staff are at completing duty of candour. The aim of this audit is to identify any areas of learning that will need to be implemented to meet the engagement requirements of the Patient Safety Incident Response Framework (PSIRF) which we will be required to move to in Spring 2024.
- **Pain on discharge**
The nursing and inpatient therapy teams at THC introduced the pain on discharge audit in November 2023 to monitor for any trends that may lead to a more comfortable and satisfactory recovery and improve current management of pain for our patients.
- **NatSSIPs KPI**
The National Safety Standards for Invasive Procedures (NatSSIPS) version 2 was released in January 2023. In response to the updated standards being introduced in the theatre departments, the NatSSIPs KPI audit was introduced to replace the WHO documentation and observational audits in place previously.

The results from the new audits will be shared with the Patient Safety & Quality Improvement committee and any areas of improvement will be raised with the relevant departments.

Health & Safety - Health & Safety audits are completed on a quarterly basis for all departments at all sites within Horder Healthcare. Health & Safety audits are not completed using the RADAR system that automatically prompts the auditor and their line manager if it has not been completed. Audit completion is overseen by the H&S Advisor who liaises with the Health & Safety reps and reports on audit stats and non-completion via the Health & Safety Committee.

Infection Control – The audit schedule includes the infection control audits which are based on the Infection Prevention Society. The audits are completed by relevant clinical and non-clinical departments. The results from the audits are discussed at the Infection Control link meeting and the results are escalated to the Infection Prevention and Control Committee meetings. Non-compliance generated and action plan that is overseen by the relevant Head of Department. The Infection Control audit list includes:

- IC18: Clinical Uniform
- IC4: Departmental Waste handling and Disposal
- IC6: Environment - Clinical Room
- IC5: Environment - Dirty Utility
- IC32: environment – Theatre
- IC31: Environment - Consulting Rooms-Treatment Areas – Gym
- IC7: Environmental - In Patient Bedspace
- IC9: Environmental - Nurses & Public Reception Areas
- IC30: Environmental - pantry
- IC29: Environmental - kitchen & pantry
- IC8: Environmental - Store Room
- IC10: Environmental - Store Room

- IC11: Environment – Vehicles
- IC12: Equipment - General Personal patient equipment
- IC13: Equipment – Specialist
- IC3: Hand Hygiene Facilities
- IC1/2: Hand Hygiene Observational Clinical & Non Clinical
- IC23: Infection Prevention & Control Competency - porters
- IC24: Isolation
- IC19: Linen
- IC28: Non Clinical IPC Risks
- IC14: Peripheral Vascular Device Insertion
- IC15: Peripheral Vascular Device - Continuing Care
- IC17: PPE
- IC26: Scrubs Procedures
- IC16: Sharps
- IC20: Specimen Transportation
- IC25: Theatre - SSI Care Bundle
- IC21: Urinary Catheter Insertion
- IC22: Urinary Catheter Daily Care

NICE

NICE publications are reviewed within the senior nurse monthly meeting and disseminated to relevant departments and clinicians. The results of such are then included within the individual site Clinical Governance meetings for noting and discussion. Any potential change of practice is then minuted through Clinical Governance.

I attended the McIndoe Centre for a double cataract operation under Damian Lake. The service received was excellent from start to finish. The nursing staff were truly empathetic, I was kept informed every step of the way, and the surroundings were very comfortable. The operation was a great success!

Source: Trustpilot

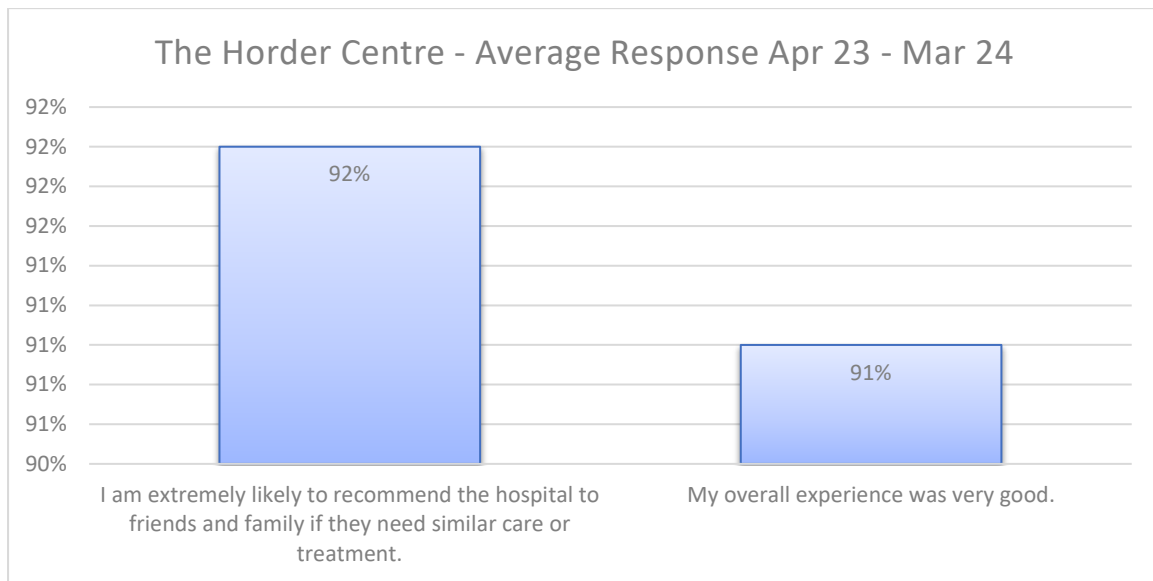
Caring

Patient Satisfaction

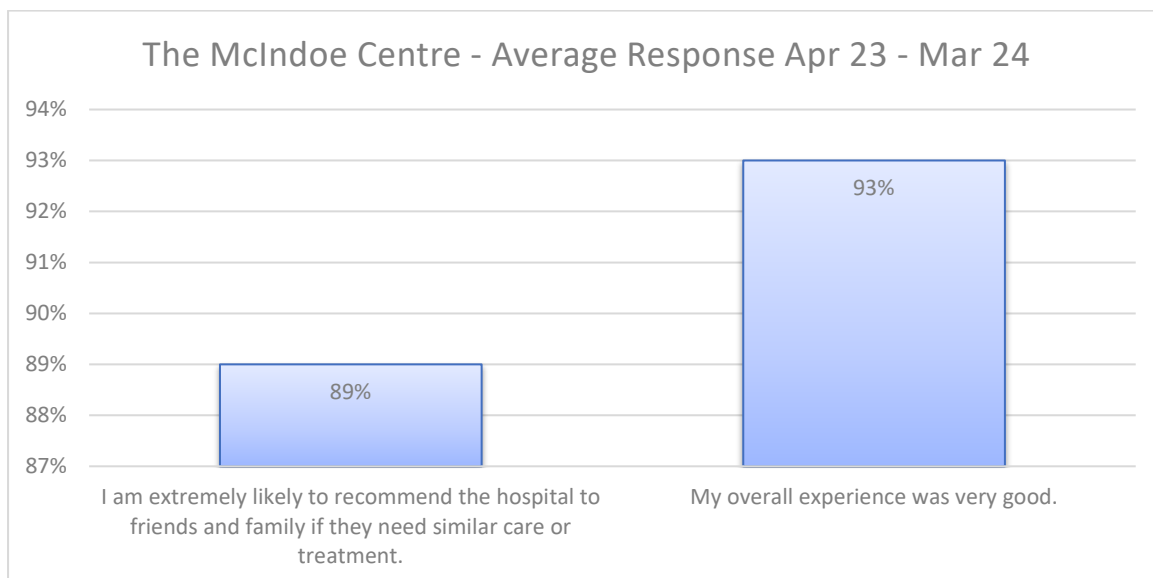
Patient Satisfaction Questionnaire (PSQ)

For the period April 2023 to March 2024, Horder Healthcare received 4,005 completed PSQs. This represented 54% of the combined total of inpatients and day-case patients.

At The Horder Centre, 63% (2458 responses/3874 total patients) of inpatient and day-case patients completed and returned their PSQ. The chart below shows the average combined response from day-case patients and inpatients to the overall satisfaction questions.



At The McIndoe Centre, 44% (1547 responses/3467 total patients) of inpatient and day-case patients completed and returned their PSQ. The chart below shows the average combined response from day-case patients and inpatients to the overall satisfaction questions.



We are still monitoring patient comments on the returned PSQs. We have categorised the feedback by the following criteria:

- Site general
- Nursing & patient facing staff
- Pain
- Discharge
- Patient rooms
- Food
- RMO/Pharmacist
- Consultant/Theatre
- Information/Admin

The Heads of Clinical Services are advised monthly of all comments and calls to action. These are disseminated to the relevant Heads of Departments to action.

The 'site general' and 'nursing and patient facing staff' scores have been consistently high across both sites during the past year. The areas where patients have commented that there was an opportunity for improvement are 'RMO/Pharmacy' and 'Pain'.

Friends and Family Scores - Outpatients

Horder Healthcare participates in the NHS friends and family test (FFT) which was introduced in 2013 and is an important opportunity for patients to give feedback on the services that provide their care and treatment. The FFT asks patients whether they would recommend hospitals to their friends and family if they needed similar care or treatment. This means every patient can give quick feedback on the quality of the care they receive during their hospital visit, giving hospitals a better understanding of the needs of their patients and enabling improvements.

The number/percentage of patients who participated in the FFT whilst visiting the Outpatients department, and who said they 'were very likely' or 'likely' to recommend the hospital to their friends and relatives was:

The Horder Centre - 95%. 265 patients completed the survey.

Complaints

Horder Healthcare has a comprehensive complaints process and acknowledged 100% of all complaints within two working days. In accordance with our process, we also responded to 100% of complaints within twenty working days or ensured that the complainant was informed of a new response date if we were unable to achieve this.

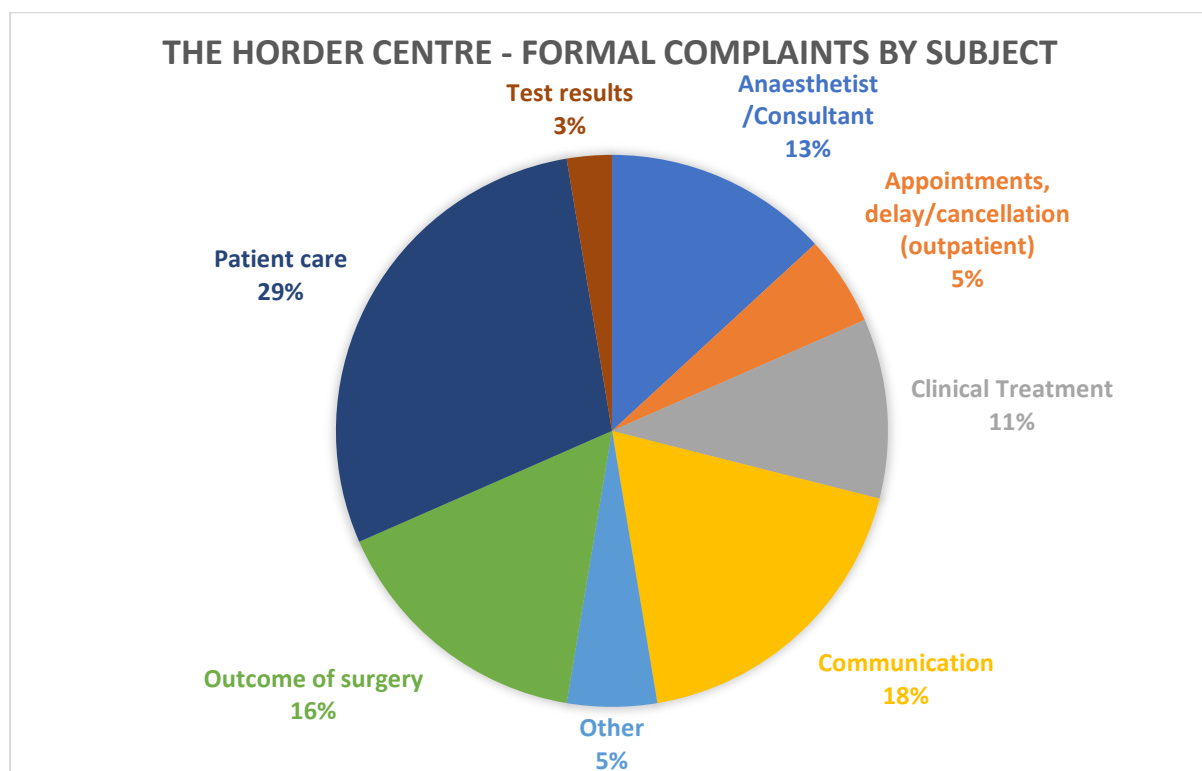
Our complaints are reported, reviewed and managed internally by the Governance Team. This ensures consistency and effective timescale management are adhered to. The complaints are then investigated by the Head of Clinical Services (HoCS) responsible for the relevant hospital. The HoCS then ensures the appropriate Heads of Department, within their clinical teams, carry out a thorough investigation and, with the support of the Governance Team, will

provide a detailed response to the patient. All complaints are reported and scrutinised by the Clinical Governance Committee.

Complaints that come from NHS patients are reported on a monthly and quarterly basis to the relevant Commissioner and may be scrutinised externally.

Between April 2023 and March 2024 Horder Healthcare received 38 formal complaints.

The Horder Centre received 36 formal complaints.



The chart above shows the formal complaints received at The Horder Centre by subject. The highest reported subjects of complaints were:

Patient Care

- Patients have complained about the post operative care they received on the ward.
- Patients were unhappy with the care they received following a fall on the ward.
- Patients felt they were let down by the discharge process.

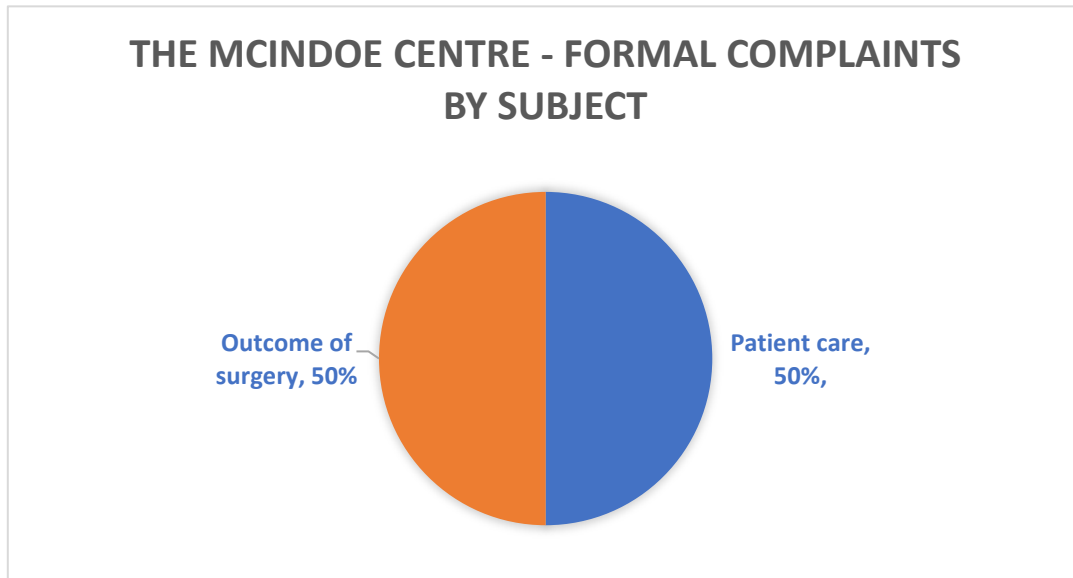
Outcome of Surgery

- Patients felt that their surgery was not carried out to an acceptable standard.
- Patient felt there was a complication due to the surgery.
- Patients have continued to suffer with pain after the surgery.

Communication

- Patient's surgery was cancelled at short notice.
- Patient was unhappy with the communication they received regarding being discharged.
- Patient unable to access test results that were requested.
- Documentation sent to the incorrect GP.

Between April 2023 and March 2024, The McIndoe Centre received 2 formal complaints.



The 2 reported subjects of complaints at TMC were:

Outcome of Surgery

- Patient raised concerns regarding the outcome of surgery, and the follow up care they received.

Patient Care

- Patient was unhappy with the post-operative care they received at the follow up appointment.

Litigation

Between April 2023 and March 2024 Horder Healthcare received 8 potential patient claims. The Horder Centre received 7 potential claims and The McIndoe Centre received 1 potential claim. All these potential claims relate to clinical negligence/poor outcome of surgery and have been directed to the relevant consultants and insurers.

Responsiveness

Patient Forums

We have held 2 face-to-face patient forums in the last year.

On 21st February 2024 a virtual patient forum was held at The McIndoe Centre. Attendees included 3 Board non-executive members, the Head of Clinical Services, Ward Manager, Guest Services staff members and 6 patients.

A summary of feedback was shared with the audience including the following “You Said We Did” items.

Your Feedback

The McIndoe Centre
HORDER HEALTHCARE

You said:

- ‘Visiting times are too restricted’
- ‘Facilities in patient rooms need updating’
- ‘More car parking spaces for patients’
- ‘Too much paperwork issued to patients’
- ‘The long wait between arrival and surgery time’

We have done:

- Visiting hours increased to all day (morning to 7pm)
- Installed door hooks, shower caddies, shelves in all bathrooms, wall clocks. In progress, improvements on accessibility for wheelchair users. Planned; update of furniture in rooms.
- Sought additional car park space for staff just outside the hospital, thus freeing up space in main car park.
- We are embarking on a digital transformation programme that will help reduce paperwork usage within and outside the organisation.
- Notice information alerting patients of possible wait times, in Pre-assessment and on the Ward. Plus, staff giving regular updates on waiting times.

A patient experience discussion was then held and the following minuted.

a) What worked well: Positive feedback from all 6 patients stating some of the following:

- ‘Amazing experience due to exceptional staff care’,
- ‘All staff and after care fantastic’,
- ‘Care for father who has dementia was personalised – process well explained and treated with respect’,
- ‘Well worth a long drive for, even when delayed getting here, staff were still accommodative’
- ‘Hospital carries a great reputation and it’s true’
- ‘Felt part of the staffing team, as if they were my friends’.

b) Areas for improvement:

- Review mattresses as the particular one used had a ‘dip’ which can be uncomfortable, however discomfort negligible.
- Offer ophthalmic surgery patients some sort of pre-med, otherwise natural anxiety does drive the BP upward which could result in surgery cancellation.
- TMC car-park signage not clear from main entrance.
- 3-way payment system can be tedious, time consuming and sometimes confusing.

- Vegetarian food options limited – post operatively was offered either jacket potato or sandwich only.
- Incorporate a post DIEP ‘what to do’ leaflet at discharge so to guide patients on dos and don’ts.

C) What factors influenced your decision to choose TMC for your healthcare needs?

- Recommendations
- Reputation

d) What channels do you find effective when receiving information?

- Email
- Provide patients with a choice of options that are safe.

On 4th November 2023 a face-to-face patient forum was held at The Horder Centre. The attendees included 1 non-executive Board member, Head of Clinical Services, Private Patient Liaison Lead, Head of Governance and Risk, Ward Manager, 7 patients and 1 relative.

A summary of the current response rate from Patient Satisfaction Questionnaires (PSQs) was shared with a summary of both good and negative themes.

a) What worked well:

- ‘my experience was amazing – it was like staying in a hotel’
- ‘pain was well controlled and food was really good’
- ‘readmitted following a fall at home and received amazing support while I was in – staff even arranged for his dog to come in and visit’
- ‘prehab physio classes really helpful.’
- ‘Group physio during recovery really good.’
- ‘all the staff were honest with their explanations you could ask anything if they didn’t know they would find out for you.’
- All patients agreed that this was similar for all in attendance.
- Patient with autism had experienced two admissions. On the second admission a patient passport had been utilised which allowed her stay to go more smoothly.

b) Areas for improvement:

- ‘the food was almost too much when you are recovering.’
- ‘It would be great to be able to access hydrotherapy at THC or locally.’
- ‘Physiotherapy guidance needs updating’.
- ‘No one can prepare you fully for the pain experienced post knee replacement.’
- ‘It would be good to know how to manage sleep and positioning after discharge.’
- ‘Advice about pillows and relaxation exercises would be helpful.’
- A further discussion was held regarding the aim of Horder to use patient safety partners in the future. This was to allow patient involvement in all aspects of patient safety.

Fundraising

Horder Healthcare Bursaries

We continue to provide travelling surgical bursaries, introduced in 2018 for trainees in orthopaedic higher specialist training. The Training Programme Directors of Health Education Kent, Surrey and Sussex (HEKSS) are responsible for awarding the bursaries, which are open to London and Kent, Surrey and Sussex (KSS) trainees.

Three bursaries were awarded in 2023. The Horder Healthcare Gallannaugh Bursary was awarded to support a fellowship at the Flinders Medical Centre in Adelaide, to gain experience in upper limb surgery and two Horder Healthcare Bursaries were awarded. The first to support a hip and knee fellowship to gain experience into robotic-assisted arthroplasty at the St John of God Hospital in Western Australia; the second to support a hand and wrist fellowship at The Sydney Hospitals.

Aesthetic Fellows at The McIndoe Centre

The McIndoe Centre supports at least three NHS Trainee Doctors per year (on a four-monthly rotation programme) by providing a funded training opportunity in plastic surgery, mainly focusing on aesthetic surgery. This is aimed at benefiting the trainees by awarding them a much wider training experience within the plastics specialty, particularly as there are much fewer opportunities to gain aesthetic surgery training within the NHS.

Trainee Nurse Associates (TNAs)

Horder Healthcare is currently supporting three TNA's through charitable funds, all are undertaking a foundation degree with the University of Brighton.

Volunteers

Our volunteers add exceptional value to all areas they support in our organisation. Over the last year we have invited back volunteers to a range of departments including patient chaperone, administration, café and grounds. Our patient and customer experience has greatly improved through the volunteer services and we cannot convey the gratitude we have for their time and experience.

I had a hip replacement done in February 2023. It was obviously daunting however all the staff at the Horder Centre were caring, helpful and very professional. From the nursing staff, theatre staff, the surgeon and anaesthetist team, the physios right through to the tea ladies and porters the care and support I was given was outstanding. I was actually sad to say goodbye! Thank you all so much.

Source: Trustpilot

Websites

Our websites provide visitors with a seamless journey, ensuring swift and effortless access to vital patient service information and health and wellbeing resources.

Our library boasts an array of informative blogs, covering topics that address patient needs and promote our hospital services. From discussing common health conditions and treatment options to offering practical tips for maintaining wellness, these educational resources empower readers to make informed decisions about their health.

Consultant-led videos enable an invaluable perspective on procedures and treatments, and Physiotherapist-led instructional videos demonstrate various exercises and techniques crucial for pre and post-surgical care. These videos not only educate patients, but they are designed to build trust and confidence in their healthcare journey.

We also implemented a responsive search function on The Horder Centre website in 2023, designed to seamlessly connect visitors with relevant consultants and the array of treatments they offer. Introducing this intuitive feature and updating all consultant profiles, as we did to The McIndoe Centre the previous year, enhances user navigation and facilitates informed decision-making, further solidifying our commitment to delivering unparalleled online healthcare experiences.

Mr Andrew Skyrme
Consultant Orthopaedic Surgeon

Professional profile
Mr Andrew Skyrme FRCS (Tr. & Orth.) is a leading Consultant Orthopaedic Surgeon specialising in hip, knee, and foot and ankle surgery. He joined The Horder Centre, Conisborough, in 2004, and is the Chairman of The Horder Centre, Orthopaedic Medical Advisory Committee.
Mr Skyrme trained at Guy's Hospital, London, and qualified with a First-class degree in Radiological Sciences and an MRCS in 1992. He completed his higher surgical training at the Royal College of Surgeons of England and became a Consultant Surgeon in 2003.

Hip Surgery
Mr Skyrme completed a specialist hip arthroscopy fellowship at the internationally renowned (Walter Reed) Spine, in 2003. Here, he studied under Dr William Hickey, who is one of the world's leading experts in hip surgery. Mr Skyrme was trained under Mr Hugh Acland, considered one of Europe's leading minimally invasive hip surgeons. Mr Skyrme specialises in the latest techniques in complex hip surgery, particularly the use of minimally invasive hip surgery (MIS), day-case hip surgery and enhanced recovery hip surgery. From 1 April 2021 - 31 March 2022, he performed 348 hip procedures*. As one of the leading experts in hip surgery, he has published extensively in his field. Mr Skyrme strongly advocates some less-invasive techniques and provides early mobilisation in all patients. This, combined with optimising pain relief, helps to achieve an early return to function following hip replacement surgery.

Knee Surgery
Mr Skyrme performs a large number of knee replacements and knee arthroscopic surgeries annually. Between 1 April 2021 - 31 March 2022, he performed 170 knee procedures*. He also works with the Football Association and the local premiership club and has operated on premiership footballers with sports-related injuries. He is trained on the Robotic Surgical Assistant (ROSA) knee system (Oxford Smart) and the Personal knee, which is a patient-specific arthroplasty.

Foot and Ankle Surgery
Mr Skyrme also performs foot and ankle procedures. He has published extensively in this field, particularly in foot/ankle surgery. He is a member of the British Foot and Ankle Society and has secured international recognition in foot/ankle pathology. Mr Skyrme's clinical research has been published in various peer-reviewed journals, and subsequently, he became an Associate Editor of the Journal of Bone and Joint Surgery in 2013. Furthermore, he is the joint author of the book, 'Common Spinal Disorders Explained'. He is passionate about helping young surgeons and was the Royal College Tutor for Eastwood Clinical Centre Hospital from 2008-2012.
*National Joint Registry data

New clinic in Brighton
Outpatient appointments with Mr Skyrme are now available to self-pay patients visiting to see, wait for hip and knee conditions from our new outreach clinic in Brighton - every other Monday from 10am to 5pm. A Friday clinic is also available.

Speciality
Foot & Ankle
Hip
Knee

Current memberships
Royal College of Surgeons
British Foot and Ankle Society
The British Hip Society

Medical enquiries

Treatments

- Hip Revision Surgery
Orthopaedic surgery
Find out more
- Knee Arthroscopy
Orthopaedic surgery
Find out more
- Knee Replacement (total)
Orthopaedic surgery
Find out more

Hip Replacement (total)
Orthopaedic surgery | NHS, Self-Pay, insured

Medical enquiries

What is a hip replacement?
During the hip replacement, the hip socket (acetabulum), a cup-shaped base in the pelvis, and the "ball", which is the head of the long bone (femur), are being replaced with an artificial hip joint. The artificial hip joint is made of metal, plastic, ceramic, or a combination of these materials. This is done so the bone will grow into the artificial joint and be held firmly in place.
During the operation, the two parts of your hip (the femur and acetabulum) are replaced with an artificial surface. These artificial pieces (the prostheses) are designed to last the lifetime of the patient and to last a long time.

What does the operation involve?
Your surgeon will make an incision on the side of your hip to remove the damaged ball and socket. They will insert an artificial joint made of metal, plastic, ceramic, or a combination of these materials. This is done so the bone will grow into the artificial joint and be held firmly in place.
The hip replacement operation usually takes an hour to 90 minutes. Your anaesthetist will discuss with you the various anaesthetic techniques that are available.

What complications can happen?

A Patient's Guide to Total Hip Replacement

Hip replacement alternatives
There are some alternatives to help manage pain and discomfort associated with arthritis.
Standard painkillers such as paracetamol and anti-inflammatory painkillers such as aspirin can help control the pain.
Surgery is an alternative to help manage pain and discomfort. Some people may choose to have joint replacement surgery. This involves replacing the damaged joint with an artificial joint. This can help reduce pain and improve mobility. Some people may choose to have joint replacement surgery. This involves replacing the damaged joint with an artificial joint. This can help reduce pain and improve mobility.

Enhanced recovery programme
Having an operation can often be a stressful and uncomfortable event. Sometimes, however, it can be an essential step to an enhanced recovery programme. This can help people recover from their surgery faster and get on with their lives as quickly as possible.
Our Enhanced Recovery Programme aims to ensure that patients:
- have the best possible pain relief during their operation
- have the best possible care during their operation
- have the best possible care after their operation.
Research has shown that patients who participate in an enhanced recovery programme have a faster recovery and a shorter hospital stay.

Consultants that perform this procedure

- Mr Simon Woodhouse
Consultant Orthopaedic Surgeon
See profile
- Mr Simon Pearce
Consultant Orthopaedic Surgeon
See profile
- Mr David S. Johnson
Consultant Orthopaedic Surgeon
See profile

E-Newsletter

Every month, we distribute The Horder Centre e-newsletter to more than 7,100 subscribers, and The McIndoe Centre e-newsletter to more than 4,700 subscribers. This comprehensive snapshot provides insight into the latest developments and initiatives within each hospital and across Horder Healthcare. Each month, we highlight a procedure as part of our treatment focus, shine a light on the work of one of our consultants, share our latest inspiring patient story, explore a range of healthcare topics via our blogs and divulge one of our nutritious recipes.

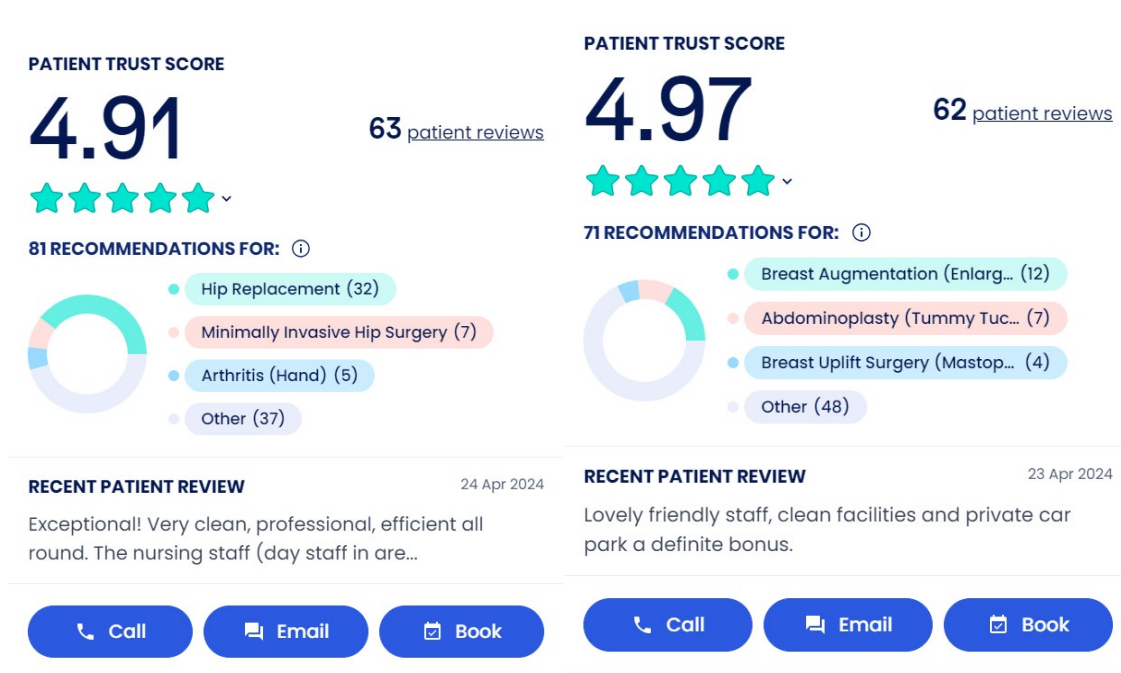
Social Media

The Horder Centre and The McIndoe Centre engage with their followers on various social media platforms, including Facebook, Instagram, X, and LinkedIn. Our Consultant in the Spotlight feature highlights the expertise and accomplishments of our consultants, demonstrating the high calibre of care available. We also share inspiring patient stories, each serving as a poignant testament to the transformative impact of our expert care. We raise awareness about important healthcare services and initiatives through relevant awareness days and our blog posts serve as a trusted resource for our online community. We recognise the power of video content in engaging audiences and have produced a variety of compelling videos, including consultant Q&A clips that provide viewers with direct access to expert knowledge.



Doctify

In 2023, we partnered with review platform Doctify to gather patient feedback. A benefit of switching from our previous provider, Trustpilot, to Doctify is that patients now have the choice to leave a review for specific consultants as well as our hospitals, The McIndoe Centre and The Horder Centre. The Horder Centre currently holds a 4.91 star rating and The McIndoe Centre currently holds a 4.97 star rating.



E-magazine

The Horder Centre was proud to release the latest edition of its private services e-magazine, complete with a new directory that showcases our world-class consultants. The comprehensive guide details how self-pay patients can access our outstanding orthopaedic services, including hip and knee replacement, bypassing the current waiting lists on the NHS.

The McIndoe Centre was proud to release the latest edition of its comprehensive guide, complete with a new directory that showcases our world-class consultants. The guide is designed for readers who are considering treatment with The McIndoe Centre and provides details of the hospital's private services and outstanding facilities.



Hip and Knee Books

We are committed to providing our visitors with the best possible resources to aid in their recovery and overall well-being. Patients can take advantage of our comprehensive hip and knee recovery booklets, which will guide them through their entire joint replacement journey.

Under the supervision of surgeon, Mr Andrew Skyrme and his team, the treatment for my hip replacement was superb. After 3 days, I left the hospital and after 4 weeks, walking unaided with no pain whatsoever. Extremely happy with the outcome and pass my thanks on to the whole team.

Source: Trustpilot

Leadership

Recruitment and Retention

We have continually reviewed and developed our recruitment and retention strategy to ensure that it remains attractive, equitable, diverse and inclusive to all potential candidates and current employees. We continue to use recruiting platforms that offer a high-volume of reputable and high calibre candidates, such as LinkedIn and Indeed, and have taken a proactive approach in reaching out to future talent directly rather than waiting on applicants to apply to open roles. This in turn has helped improve our time to hire within several areas of the business.

Following the reworking of our online application forms, streamlining required information, we saw a dramatic increase in applicants and positive conversion rate from source to application, which has sustained itself throughout the year. We also reviewed our screening process and no longer require video calls prior to shortlisting, creating a fairer process for all, and removing any risk of unconscious bias judgement being made.

We have recruited further overseas nurses, all of whom have successfully settled into their nursing roles and are continuing to develop their skills and knowledge within the organisation.

We continue to engage with the local communities and have attended university, DWP and school careers fairs to advertise our roles; our purpose as an organisation; and the opportunities we can offer when building a long-term career.

As part of our ongoing commitment to improving our retention rates in all areas of the organisation, we are continuing to review our pay offerings, identifying and addressing disparities and ensuring that we remain competitively aligned to market.

Human Resource (HR) Strategy

The HR strategy focuses on organisational development through engaging, valuing and leading our people. This strategy continues to develop and focusses the team on not only attracting the best candidates and engaging and motivating training colleagues but also on retention and key HR metrics, including turnover, engagement and leadership, as well as reducing sickness across the organisation to address any areas of concern. Internal communications have been embedded across the organisation to enhance engagement from all colleagues. The comprehensive and inclusive communication strategy from the executive team remains a focus to ensure all colleagues receive open and transparent information, as well as giving them the opportunity to ask any questions they may have.

Development and Training

The Training and Development functions have continued the strong trends from last year, continuing to explore and utilise funding streams to develop staff across the organisation. Alongside the leadership offerings, the department has embedded a Mental Health Advocacy in the Workplace offering, alongside securing funding to launch ILM Level 3 Management Training in addition to Awards in Education and Training, both offering excellent opportunities for colleagues to expand their knowledge base and increase efficiencies and effectiveness across all areas of the business.

The previously launched development programmes of ELEVATE and ASCEND continue to provide excellent opportunities for staff to explore their skills within their own personal and professional development areas. Both programmes have seen great feedback from delegates, with measured career velocity progression for many delegates! These programmes have been enhanced this year with the addition of RISE. A programme specifically designed to focus on colleague engagement. The pilot of this programme began at the end of 2023, concluding in early 2024.

The annual training calendar of course requirements continue to be reviewed on an annual basis to ensure alignment to national requirements, with the most recent addition to the calendar being the Oliver McGowen Learning Disability and Autism training programme. Horder Healthcare is delighted to now have secured the final element of the Oliver McGowen training provision, with the implementation of the face-to-face training requirements, which will be provided by the Royal Mencap Society.

City and Guilds

HH's City and Guilds (London) approved Training Centre promotes lifelong learning and development throughout clinical (and in some cases non-clinical) departments by providing inspirational assessment and teaching methods. It creates a calm, relaxed learning environment to meet the individual needs of those we support in our hospitals. It facilitates learners to develop the skills and knowledge required to deliver excellent standards of care across a broad range of healthcare environments.

In line with its aspirations for expansion, several colleagues are currently working towards achieving their IQA status, which will allow the organisation to support more colleagues with their development in-house.

In addition, the release of the new National Minimum Standards for the Care Certificate will result in the organisation supporting a new pathway of development for all Care Assistants and associated roles. These changes will require non-registered clinical colleagues to undertake an accredited Level 2 qualification to perform within their roles. Training Centre staff are working hard to complete a comprehensive review of requirements for all current and future staff, to ensure the National Minimum Standards are met.

Colleagues' Well-Being and Occupational Health

Colleague health and well-being remains a focus at Horder Healthcare and is visible through a variety of means. This includes reviewing our family friendly policies; implementing a sports and social committee; signing the workplace menopause pledge and accessing a women's health clinic as well as a dedicated employee menopause clinic. There is also a day-to-day commitment to staff wellbeing, and freshly made healthy meal options are provided on site at both hospitals as well as a free gym membership at The Horder Centre. All colleagues go through a pre-employment health screening process with our occupational health providers, and support continues to be made available during employment with our occupational health provider. Immunisation clinics will continue at The Horder Centre to ensure staff can access these easily. We also offer a health care plan that gives colleagues access to an employee assistance programme (EAP) and includes six free counselling sessions, as well as full medical cover. Horder Healthcare continues to operate a well-being programme to help with

mental health issues, with Mental Health 1st Aiders, Mental Health Advocates and Speak up Guardians available to ensure there are multiple layers of support.

Appraisals

We are excited to launch Perform, the organisation's new and interactive appraisal system in July 2024. Moving from paper-based appraisals and reviews to an online system will allow for better year-round engagement from both management and employees and ensure that individuals and organisational goals are aligned and sustained throughout the year. The system will not only report on real time data, from training completed to progress reporting per objective, but align to our overall objective of creating more relatable, engaging and conversive discussions between management and employees.

Sickness Absence

Following the reviewal of our Supporting Attendance policy, as well as ongoing support and management Return to Work training from our People Advisors, we have seen a positive decrease in Occupational Health referrals. The HR team continue to be committed to working with employees on both short-term and long-term absences to assist with a positive return to work experience.

Revalidation

Our revalidation process is robust, and all clinical colleagues are up to date with their revalidation.

Information Management Technology & Business Intelligence

Information Technology

At Horder Healthcare, we're committed to our IT principles, emphasising cloud first and internet accessible systems, while exploring the integration of AI technologies. We continue to invest in refreshing our hardware on a regular basis, with a quarter of our computers replaced this year. This ensures that our infrastructure remains up-to-date, secure and fit for purpose.

Projects

This year we've achieved significant milestones with our key projects. Our key accomplishments include the implementation of SMS patient reminder notifications, which has led to a significant decrease in appointment 'did not attend' rates. Additionally, we've enhanced our electronic referral system (ERS) to ensure high levels of security and adhere to best practices. We've embarked on our infrastructure refresh across our two hospitals, resulting in a reduction of our carbon footprint and the streamlining of equipment resources.

Cyber Security

Horder Healthcare maintains its commitment to robust cybersecurity measures by consistently investing in external penetration and vulnerability testing, and promptly addressing any identified issues. Furthermore, in alignment with the NHS Data Security Protection Toolkit (DSPT), we have consistently met standards as set out by the NHS, ensuring the protection of patient data and organisational assets.

Business Intelligence

Horder Healthcare (HH) has recently been commended on its quality of data submitted to Private Healthcare Information Network (PHIN). Our commitment to improved data quality is aimed at enhancing data quality and submissions, not only to PHIN but also to the NHS. We remain dedicated to maintaining the highest standards in data accuracy and transparency, ensuring that our contributions positively impact healthcare standards.

Quality Priorities Identified for 2024/2025

The identification of priorities to improve the quality of what we do at Horder Healthcare is key to our strategic intent of being outstanding in all that we do. This year we will continue with the work that we started in 2023/2024 but having reflected on incidents and culture within our organisation we have chosen to focus on particular themes as shown below. We will continue to view these under the Care Quality Commission headings of safe, caring, responsive, effective and well led as these provide a broad base to build upon, knowing that these endorse our strategic principles and support us in achieving our objectives.

Strategic principles:

Patients: we place our patients at the centre of everything we do.

People: we recruit, develop and support talented individuals.

Purpose: we engage with our community and help it to prosper.

Supporting the specific objectives of:

- Delivering outstanding care.
- Employer of choice.
- Strengthening the community.

The key quality priorities identified for 2024/2025 are:

Safe

Embed Patient Safety Incident Response Framework (PSIRF)

Having received sign off from the Integrated Care Board for our PSIRF plan and policy we will embed the new learning responses. We aim to:

- Update all staff affected by PSIRF including Board Members.
- Provide further 'in action' training for staff when using new learning responses e.g.: After Action Reviews.
- Carry out thematic quarterly reviews as per PSIRF plan
- Provide a monthly patient safety update for all staff
- Introduce Patient Safety Partners to Governance meetings and safety reviews.
- Ensure submission of all patient safety events to the NHS 'Learning from patient safety events' (LFPSE).

Caring

Reduction in pain scores for patients undergoing Total Knee Replacements.

We will continue to work with our multidisciplinary teams to carry on the work commenced in 2023/2024 to ensure that new analgesia strategies are commenced and audited.

Discharge planning.

Following the feedback from patient forums we will improve our patient information to include further guidance on the following:

- Use of pillows and relaxation techniques
- Information on falls at home
- Further physio techniques
- Medication on discharge

Responsive

We aim to reduce our length of stay for patients undergoing arthroplasty

We will continue the work from 2023/2024 on the reduction of length of stay for patients undergoing joint arthroplasty. We aim to extend the learning from our hip arthroplasty pathway to our knee arthroplasty pathway.

Improvements in Clinical Audit

The new enhanced audit module on Radar has already been trialled with our Health & Safety audits being solely completed electronically in Quarter 1 2024. This is already streamlining the reporting of the audit compliance and giving us new insights into improvement areas.

Further work is going ahead to review all clinical, medicines management and infection control audits prior to moving them online to ensure they are still relevant, up-to-date and in line with national guidance.

This will allow an improvement in reporting of all outcomes of audit and will link action plans to risk management as and when necessary.

Introduction of ReSPECT form to replace Do Not Administer Cardiopulmonary Resuscitation (DNA)CPR forms.

In consultation with our patients and staff we aim to introduce the ReSPECT form to replace the DNACPR forms. The process is intended to respect both patient preferences and clinical judgement. The agreed realistic clinical recommendations that are recorded include a recommendation on whether or not CPR should be attempted if the person's heart and breathing stop

Effective

Digital Agenda

During 2023/24 we identified the need for an upgraded Patient Administration System (PAS). Once in place we will then be able to move forward with our clinical digital strategy. Our aim will be to move to a complete electronic patient record (EPR.)

Within Quarter 1&2 of 2024/2025 we are committed to:

- Introduce electronic patient record for pre-operative assessment
- Allow patient portal for patient information pre-operatively
- Review the ability to move to electronic consent
- Move to electronic collection of Patient Reported Outcomes Measures (PROMs)
- Review modular options for ePrescribing/eObs/Inpatient medical records

Well-Led

Our Objective to become one of the Sunday Times Top 100 Best Not for Profit Organisations will continue in 2024/2025.

To continue to improve colleague engagement to enable a high performing culture where people are recognised for their contribution and encouraged to develop through the learning and development programmes that Horder Healthcare have to offer we will concentrate on the projects below:

ED&I

Continuing with our diversity, equality and inclusion working group to ensure that all colleagues and patients within Horder have a voice and influence in the workplace, ensuring the Board are aware of any changes that may be implemented as a result of the ED&I projects.

Freedom to Speak Up

To introduce Freedom to Speak up partners across the organisations, these partners will champion the freedom to speak up Guardian to encourage and support Horder Healthcare to continually build a healthy culture, where all colleagues feel safe

Gender Pay Gap

To align pay across the board to ensure the Gender Pay Gap is addressed and colleagues pay and reward are visible and addressing any anomalies with pay.

Great Place to Work

Great Place to Work team have begun rolling out engaging initiatives, accessible to all employees. Offering Swap Shops, Book Swaps, and a Book Club, as well as competitions open to all staff. They are currently working on projects for the summer period, as well as an annual employee event. Meeting on a regular basis, the aim of the working group is to encourage and develop a cross-departmental social culture and to break down walls between teams, offering diverse, inclusive, and fun activities for all.

STATEMENT FROM THE CHAIRMAN OF THE BOARD

I have enjoyed reading this year's Quality Account and in particular the detailed work that has gone in to improving safety processes and standards and optimising effective pain relief. I feel proud to chair an organisation which puts patients at the centre of all it does; which is constantly seeking to learn and improve; and which fosters an open and supportive culture.

Whether I am attending a patient experience group, observing practice in our operating theatres, chairing a board meeting, or walking through one of our hospitals or outreach centres I am impressed by the blend of professionalism, friendliness and care which I see. This same blend is evident in this excellent report.

Susan Sjuve

Chair, June 2024.