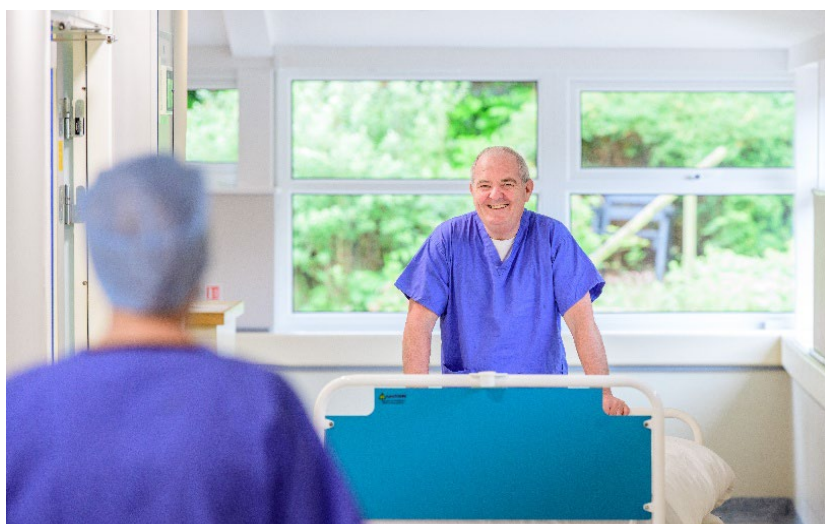


HORDERHEALTHCARE

Quality Account 2025



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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

3434

Day cases

2921

Outpatient appointments

55513

Employed colleagues.

546

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, over the last two years we have introduced and embedded a new patient safety system (PSIRF), which forms the bedrock of our patient centred approach.

Now we have the bedrock, we can look at innovations which will further enhance the patient experience. In this year's quality account, you will find the example of a new, minimally invasive technique for reducing knee joint pain, the arthrosamid injection, as well as plans to extend our successful women's health service. You will also see our commitment to continuing the reduction in the length of stay for arthroplasty patients.

However, we are also mindful that innovation must be evidence driven, and you will see a focus on improved clinical audit alongside proposals to grow our healthcare research programme which is being driven by our excellent physiotherapy team. This, in turn, is underpinned by our ongoing commitment to transparency. To this end, we are reviewing our informal complaints process to ensure that complaints are handled appropriately from the outset, minimising unnecessary distress for our patients.

Finally, our commitment to our patients is matched by our commitment to our staff. In this year's quality account, you will see evidence of the range of initiatives we have introduced to support equality, diversity and inclusion, alongside a focus on staff mental and physical wellbeing.

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 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).

So how did we do?

Overall the process of launching and embedding PSIRF has been successful and positively embraced by all key stakeholders, including Horder Healthcare staff and Board Members. The Sussex Integrated Care Board (ICB) signed off the PSIRF plan (Patient Safety Incident Response Plan – PSIRP) in October 2024, following which the plan was officially launched across the organisation.

During the course of the year a variety of PSIRF learning response methods have been used effectively;

- 72 hour Senior Reviews undertaken by senior staff member(s) set out to review a next-steps plan and determine investigation type following a moderate to significant harm incident.
- Thematic reviews have been undertaken in response to medication related errors, falls and skin blister incidents.
- Several After Action Reviews (AARs) conducted soon after events so to identify successes and areas for improvement.

The full rollout of PSIRF has also shown the need for more staff being trained and support on the application of learning response methods. Particularly, the training requirements have weighted more on the AAR facilitator training, so to enable and/or enhance colleagues abilities to conduct AARs effectively and in a psychologically safe space - promoting a “just culture”. AAR conductor training has been explored and will be implemented in Q1 2025.

There has been an update of the Infection Prevention and Control (IPC) and Venous Thrombosis Event (VTE) incident investigation templates, moving away from the Serious Incident framework methodology to a systems approach as recommended by PSIRF. The revised templates are in use and have already proven a more comprehensive investigation style.

Learning from events and sharing of learning is a key part of PSIRF, and one that is being carried out. Several initiatives that promote sharing of learnings have been introduced, and these include:

- ‘The Friday Round Up’; utilisation of the Hospital leadership and safety huddles to communicate and discuss learns from events. A summary of these events is also emailed to all staff across the organisation.
- Safety Loop; a reflective approach to learning that periodically necessitates the monitoring and evaluation of progress linked to changes implemented in practice. The safety loop is displayed in relevant departments, serving to share learning and to prompt on changes being introduced as a result of the event.
- Patient Safety Incidents are being submitted to the national Learning From Patient Safety Events (LFPSE) database which purports to having a centralised digital platform that supports learning from events, sharing of insights and improvement strategies, benefiting healthcare providers nationwide.
- A staff newsletter on patient safety is currently in planning stages with an aim to publish the first newsletter in July 2025 along with the introduction of a shared learning forum to support staff engagement and organisational learning.

We are in the process of recruiting a second Patient Safety Partner to Horder Healthcare. However, it is recognised that the role and responsibilities of Patient Safety Partners needs strengthening within the organisation, so to appropriately engage the Partners and realise the benefit from their invaluable input.

Caring

Reduction in pain scores for patients undergoing Total Knee Replacements (TKR).

We will continue to work with our multi-disciplinary teams (MDT) 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

So how did we do?

There have been considerable achievements towards meeting this objective, driven by enhanced collaborative working and the efficacy of pain management initiatives introduced.

We have now completed the audit which had varying degrees of success. It is noted that due to the subjective nature of assessing pain the accuracy of the data is low. However our usual regime of Codeine which was prescribed to 90% of our patients did score well at rest but on movement Diclofenac and Naproxen scored better than Codeine.

This indicates that non-steroidal anti-inflammatory drugs (NSAIDs) are more effective when patients are mobilising. We have in the past been reluctant to prescribe NSAID's because of the gastric side effects. We are now introducing medications such as Naproxen and Celecoxib with addition of a Proton Pump Inhibitor (PPI) as we explore the relationship between NSAIDS and effective pain relief and mobilisation.

Historically Codeine has always been the choice of pain relief but also has its own detrimental side effects which we know from the patient forum is not well liked by our patients. We have reviewing the use of Dihydrocodeine as an alternative but again this is not suitable for some of our patients. Adequate pain relief will always be difficult to determine as one size does not fit all.

Although the results were not specifically conclusive it has made us review how we prescribe and in many ways administer pain relief with a more open mind to different types of medications and regimes that are related to individual patients and their needs. This is reflected in the Patient Satisfaction Questionnaire (PSQ) results that have seen pain related comments reduce month on month. The area that we are now reviewing is the information we give our patients on how best to take pain medication after discharge as it is likely that the correct regime is as important as the correct type of medication as well as managing expectation. We have just completed the total hip replacement (THR) booklet which includes this information and will update the TKR books soon. We will continue to monitor over the next 12 months to try and find a more effective way of collating this data via the TKR length of stay audit information which in line with the THR length of stay indicates that early mobilisation helps with managing post-operative pain, relieving stiffness and swelling early in the recovery phase.

- We continue to inform patients of post-operative pain at the pre-assessment stage in order to help manage expectations.

- If a patient's pain management is likely to be more complex post-operatively, this is highlighted at pre-assessment and brought to the MDT meeting (which occurs every Monday) so that patient care and management is discussed and planned prior to the patient coming in for surgery.
- We continue to encourage patients to use ice therapy post-operatively and where possible use our physiolab machines to help reduce swelling and pain post-operatively.
- We continue to review patient's analgesia daily including the addition of anti-inflammatories where appropriate. Each patient has an individualised pain regime suited to them.
- We continue to monitor and re-assess pain levels whilst patients are on the ward, ensuring that pain is well controlled prior to patients discharging. Any issues with pain management are discussed within the MDT and highlighted at the safety huddle.
- Nursing staff now carry out the post-op call for TKRs which is carried out 2 – 3 days post-op (instead of guest services staff) to review patient and provide clinical support where applicable.
- Inpatient therapy team continue with 3 week follow up tele-clinics for patients who have undergone TKR or revision TKR and have not been referred for outpatient physio. Physio and medical needs can be highlighted at this point if a patient has any other concerns. This tele-clinic has also helped to highlight possible VTE incidents post-op.
- We have included a pain chart in the new hip and knee guides so that patients and nurses can utilise the chart to help them better understand what medications to take, frequency and dosages etc.
- The pain chart has been updated and is now being used with good effect – much simpler and easier for patients to understand. The pain chart is available for patients to look at and understand pre-operatively.
- We have included information in the new hip and knee guides about non-pharmacological techniques to help with pain.
- If patients have had to wait longer than half an hour for pain relief, this is now highlighted in the daily safety huddle to help monitor and so that nursing staff can support one another and action any concerns raised. The other consideration is timings of different medications and safety around administration.

Overall, improvement in pain scores have been noted since the incorporation of these initiatives. Progress continues to be monitored and evaluated so to promote a culture of continuous improvement.

So how did we do?

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.

So how did we do?

The positive effects from the changes made to the hip arthroplasty pathway continue to be realised. This has really helped us to manage bed capacity which previously was at the limit by the end of the week (mainly Fridays), thus occasionally resulting in patient cancellations because we did not have the bed capacity. We strive for day 1 discharges following total hip replacements (THRs), unless the patient is not appropriate for day 1 discharge owing to medical or social reasons. The new THR patient guide includes the day 1 discharge process in order to clarify this plan from the onset.

Some patients have requested to go home on the same day of surgery (day 0), and where appropriate, staff have facilitated this successfully ensuring that the discharge is safe. Day 0 discharges are also mentioned in the new THR guide so that if patients would aspire for this, they are aware to speak to the pre-assessment team before their surgery. For patients on this pathway, the admission and theatres times are carefully coordinated in order to allow for sufficient recovery time before discharge.

Physiotherapists shift times were changed during the course of the year, as part of a trial to help improve length of stay for THRs; the impact of this change indicates varying levels of success and continues to be monitored. Barriers noted have included the length of time that it takes for anaesthetic block to wear off (thus limiting physio activity), the ordering of theatre lists that causes delays in patients returning to the ward from theatre and other complexities encountered post operatively.

For total knee replacement (TKR) patients, there is a gradual and yet steady shift to discharging patients on day 2 post-operatively rather than day 3. This is likely due to patients having better pain regimes which enables them to progress with physio and mobility sooner.

An audit to review early discharge plans was undertaken in-year by a physiotherapist colleague. 100 TKR patients were reviewed post-discharge for this audit: 78% were NHS patients, 13% were Self Pay Private Patients and 9% were Insurance Private Patients. The audit identified barriers to day 2 discharges for TKRs, the most prominent reasons for not going home on day 2 were found to be:

- Private Patients expect to stay in for 3 nights and opt to stay in despite being medically and physio fit for discharge.
- Patients choosing to stay another night despite being physiotherapy and medically fit for discharge. Patients not being physio fit for discharge by day 2.
- Patients not being able to go home due to social reasons e.g. lack of family support until day 3 or no available transport home due to expectation of going home on day 3.

Recommendations from the audit on how improvements can be made for TKR patients moving forward (in attaining the day 2 discharge plan):

- Set out the discharge plan clearly and communicate it to all key stakeholders, including the surgical teams, the bookings team, pre-assessment team and the ward staff.
- Ensure discharge plans are clear for the patient throughout their journey:

- Patients deemed potentially fit enough for day 2 discharge could be routinely prepped for a day 2 discharge
- Patients that are potentially fit enough for day 2 discharge are educated appropriately so that they ensure that they have support and transport organised from day 2 post-op.
- Patients choosing to stay another night when they are medically and physio fit potentially should not be given the option to stay? Perhaps if they choose to stay an extra night, this could be chargeable?
- On day 0 of the TKR patient pathway, ensure that:
 - Post-operative 'knee talk' initiated
 - Post-op maintenance and bed exercises are taught
 - Encourage to Stand & Walk
 - Occupational therapy equipment given out
 - Discharge planning to ensure that everything is in place for a day 2 discharge

There was acknowledgement that this audit could be improved by adopting a more qualitative approach in understanding more explicitly the individual reasons for not going home on day 2. This, together with the recommendations set out above, will support the drive to gain better achievements towards this objective. This objective remains active and will be carried forward into the next year's objectives.

Improvements in Clinical Audit

The new enhanced Audit module within the Risk Assessment and Decision Aid Recording (Radar) digital tool has already been trialled with our Health & Safety audits being submitted and completed electronically in 2024. This is already streamlining the reporting of the audit compliance and giving us new insights into improvement areas.

So how did we do?

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 improvements and efficiencies in reporting of all audit outcomes. In addition, will enable the seamless linkage of action plans to risk management and/or incident reporting where applicable.

In the interim, clinical audits are located on a SharePoint page but are gradually being transitioned to RADAR. As well as sharing audit data, there is an enhanced emphasis for teams to provide assurances on any areas requiring improvement and actions being taken to address these. This will be fed into compliance meetings for assurances of improvement initiatives and to monitor any themes and trends from data analysis which may require a thematic review, linking in with the PSIRF framework.

A CQC Quality Statement audit is currently in progress for areas to self-assess against the Quality Statements outlined in the CQC framework. Action plans will be created against areas requiring improvement which will be presented at clinical leads and team meetings for assurances of improvement plans and to identify any barriers where additional support may be required. A peer review of this self-assessment will be undertaken 6 monthly, supporting an objective review of the findings.

Any new clinical audit proposals are presented at the Patient Safety and Quality Improvement Committee for discussion and approval prior to implementation to ensure governance processes are adhered to and that appropriate operational processes are in place.

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.

So how did we do?

The ReSPECT form (Recommended Summary Plan for Emergency Care and Treatment) is designed to guide clinical decision-making in emergencies where a person cannot express their wishes. It provides a summary of a person's preferences for care and treatment, alongside clinical recommendations. This approach has been found to be more person-centred, promoting better and proactive communication regarding one's emergency care and treatment preferences.

The ReSPECT form was launched in February 2025 across the organisation; prior to which, awareness of this change and what it means was widely communicated to key internal and external stakeholders. Further, the Resuscitation Policy was updated to reflect the change and the Resus Council UK (RCUK) was informed of the transition from DNAR CPR to ReSPECT form decision. The effects of the change will be monitored via the Resuscitation Committee meeting platform.

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

So how did we do?

Great progress has been achieved on the organisation's digital agenda:

The project on the digitisation of pre-operative assessment processes was successfully completed in 2024, and the system being used is called LifeBox. Benefits of this change have

started being realised including a reduction in any delay in triage, improved access and convenience for patients, better data quality and efficiencies in resource allocation. We continue to monitor and evaluate the LifeBox tool, committing to make necessary improvements or adjustments as we progress.

The process to electronically collect Patient Reported Outcome Measures (PROMs) data was commenced in September 2024, using the My Clinical Outcomes (MCO) system. The process is now embedded. This system is envisaged to ensure better data accuracy and completeness, provide efficiencies, as well as enhance benchmarking analysis.

Further work is ongoing regarding the timeline required and the identification of set modules for e-modular options for electronic prescribing and electronic patient record system. This objective remains active and will be carried forward into the next year's objectives.

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 equality, diversity (ED&I) 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.

So how did we do?

Our ED&I working group continue to meet every 6-8 weeks to ensure that all colleagues and patients within Horder Healthcare 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. Using the data taken from the colleague survey and the accessibility audits carried out across all of the HH locations, the focus was on raising awareness and ensuring that policies were updated to reflect support services for both colleagues and patients that are available. As well as policies, letters to patients were reviewed and amended to make it clearer that a patient can request reasonable adjustments prior to attending their appointments if needed. Signage was changed on all toilets that are unisex to show they are accessible to all. In addition, concerted efforts have been placed in ensuring we adopt best practices for delivering safe, inclusive and effective care for individuals who have hearing, vision or dual sensory loss.

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

So how did we do?

The Freedom to Speak up programme has been reviewed with the Head of Governance and Risk in view to increase the membership and to ensure that all colleagues and patients feel encouraged to speak up at any time. The programme's aim continues to be one that supports a safe and open culture in which colleagues feel confident and protected when raising concerns about patient safety, workplace culture or unethical practices.

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.

So how did we do?

We are pleased to report that our latest gender pay analysis reflects a significant improvement, with results showing a positive shift for women within our organisation. This progress is a direct outcome of our commitment to ensuring fairness, equity, and transparency in our remuneration structures.

Key Initiatives Driving Improvement

Several strategic initiatives have contributed to this advancement, including:

1. **Review of Senior Management Remuneration Packages:**
We have undertaken a comprehensive review of senior management remuneration to ensure that pay structures are competitive, equitable, and inclusive. This has helped to bridge any historical gaps and provide equal opportunities for women in leadership roles.
2. **Departmental Pay Scale Alignment:**
A thorough evaluation of pay scales across all departments was conducted to identify disparities and implement necessary adjustments. By aligning compensation frameworks, we have reinforced consistency and fairness in remuneration across different roles and levels within the organisation.
3. **Commitment to Pay Transparency:**
We have strengthened our pay transparency policies, fostering an environment where employees have confidence in the fairness of our reward system. Regular pay audits and data-driven assessments help us proactively address any discrepancies.
4. **Leadership Development and Career Progression:**
To support long-term gender pay equity, we have introduced initiatives aimed at empowering women in their career progression. Leadership training programs, mentorship schemes, and sponsorship opportunities have been put in place to promote female talent into senior positions.

We will continue to monitor and review our pay structures and policies to sustain this momentum and uphold our commitment to fair pay for all.

Actions Moving Forward:

Studies show that the gender pay gap starts when women reach childbearing age and continues to increase towards retirement age.

To address these key factors Horder Healthcare has:

- Reviewed all pay scales and individual pay, removing pay discrepancies or reducing the pay gap where highlighted during our analysis.
- Further developed our women's health service, with the introduction of the Women's Overall Wellbeing health check, including menopause management, breast checks, bowel cancer screening, mental health assessment, cardiovascular risk testing.
- Introduced several family-friendly policies, including paid emergency dependency leave, flexible working and paid carer's leave.
- Continued to recognise long serving women in the workforce with our Long Service Award initiative providing additional annual leave.
- Continued to advocate for females experiencing peri-menopausal and menopausal symptoms through signing the Workplace Menopause Pledge, offering Menopause awareness sessions and continually reviewing our Menopause policy.
- Launched an Equity, Diversity and Inclusion working group to ensure that we recognise, celebrate and support all employees as part of our ongoing commitment to remaining and growing as an equitable and supportive workplace.
- Achieved the Bronze Award 'Wellbeing at Work' in recognition of our commitment to fostering a healthier and happier workplace.

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.

So how did we do?

We continue to work on the Ageing Healthy Programme rolled out in year, with follow-up challenges taking place in March 2025. These challenges were rolled out as part of an educational and interactive programme to provide informative suggestions as to how our employees can improve their fitness and age healthily going forward.

The Great Place to Work team met to discuss the upcoming months and initiatives, and currently have the below planning in place:

- Tonbridge Dragon Boat Race – 7th September 2025.

Sign up forms have been shared, and employees are currently in the process of confirming their place/interest in the event. Horder Healthcare will be sponsoring the event, helping to promote the organisation via:

- Horder Healthcare logo featured on all event promotional materials
- Logo inclusion in social media event graphics
- Enhanced visibility across our marketing campaign

Book Club

Reminders continue to be sent out to encourage more members, and the current team continue to meet regularly to discuss the books and upcoming selections. There is a great cross-department group, which is helping to support our aim as a working group to create a more social culture.

Winter 2025

The team will be working to support local charities to collect warm supplies and clothing to donate out into the local community.

Christmas Market – following feedback from the Christmas Market in 2024, we will be looking for alternative options and stall holders to encourage more uptake.

Christmas Raffle – following the success of the Christmas Raffle in 2024, the team will begin working on the initiative sooner to generate bigger prizes and will also hold the raffle on the day of the company Christmas Lunch to ensure that we maximise the number of participants.

Throughout the whole process of consultations, pre op medical & admin, my hip replacement revision procedure & post op care & physio, my experience of the Horder Centre has been that I could not have wished for anything better! Thank you for your first class care & attention

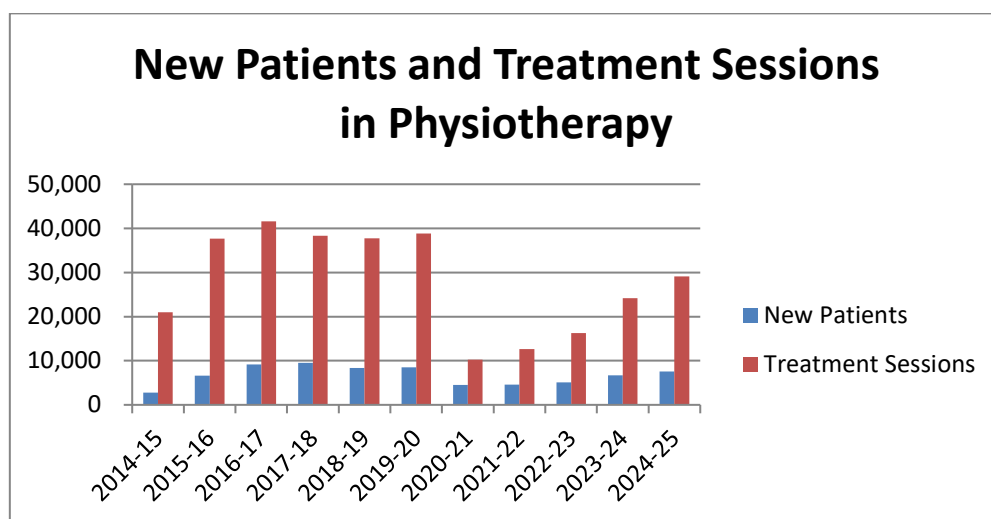
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MSK Division

Activity

The recovery following the COVID-19 pandemic is progressing with a gradual improvement. Horder Healthcare's ability to provide physiotherapy interventions for people with musculoskeletal problems continues to improve. 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.

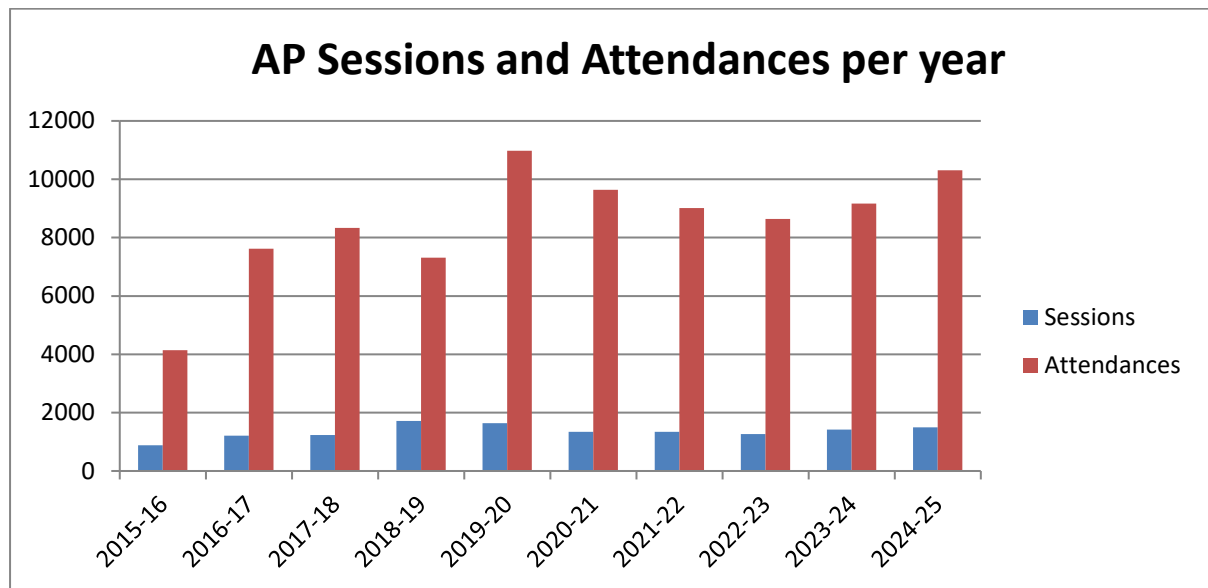
Provision of classes continues to increase gradually but remains reduced compared to pre-COVID levels, while the number of 1:1 physiotherapy appointments has mainly been limited by a combination of vacancies, the expansion of the number of clinicians working as First Contact Practitioners and the number of colleagues on study leave to pursue higher degrees. In the last 12 months, the number of referrals received has increased by 50 per month compared to the long term average of 687, while the ratio of the source of referrals has moved closer to the long term averages from the post-COVID ratios. There has been a slight increase in the ratio of referrals received for privately insured, self-pay and post-operative patients with a slight reduction in the ratio of referrals received from East Sussex MSK Partnership (ESMSKP, formerly SMSKPE) although all volumes are higher than the long term average. Referrals from GP's via ESMSKP are at agreed levels in order to reduce waiting times. These are now at the lowest ever with an average waiting time for an appointment now at 5 weeks.



Advanced Practitioner Activity

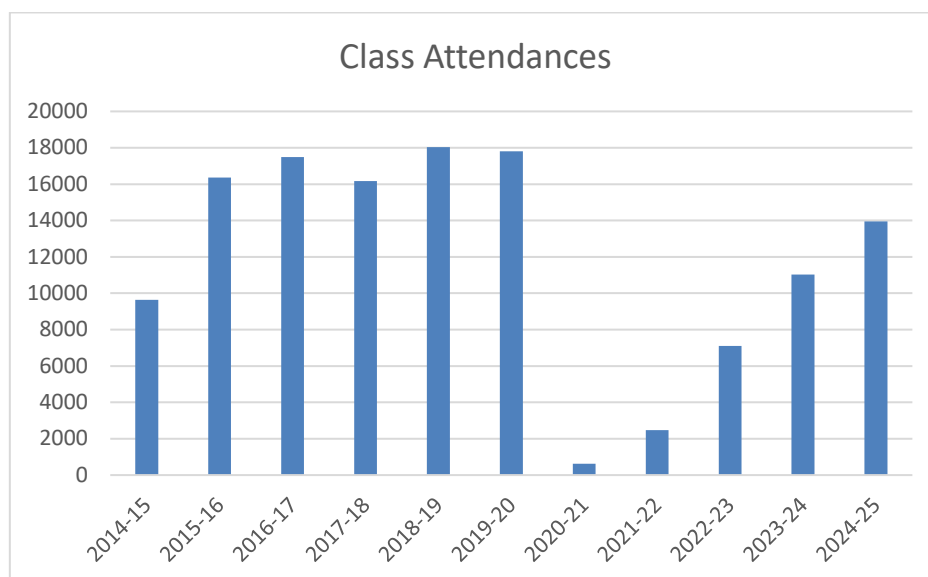
The physiotherapy service provides Advanced Practitioners (APs) to ESMSKP to work at the interface between primary and secondary care, utilising advanced clinical reasoning skills and knowledge along with shared decision making and personalised care principles to agree the best management pathway for assisting patients with complex MSK problems. The service commenced in April 2015 and was successfully re-tendered in 2024 resulting in the name change described above. The COVID-19 pandemic in 2020, with subsequent staff and patient illness in 2021, as well as the rollout of First Contact Practitioners (FCP) between 2020 and 2024 impacted on the provision of AP services. The last 12 months has seen an increase in

both the number of clinics and volume of patients seen by the APs with higher levels of efficiency achieved.



MSK Health and Wellbeing Classes

The number of people attending the Health and Wellbeing classes continues to grow significantly as we recover from the COVID-19 pandemic. 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 as has the number of clients attending. With the recent addition of Pilates classes in Eastbourne we now run more classes per week, up to 65 per week, than before the Pandemic.



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. 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 2024/25 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:

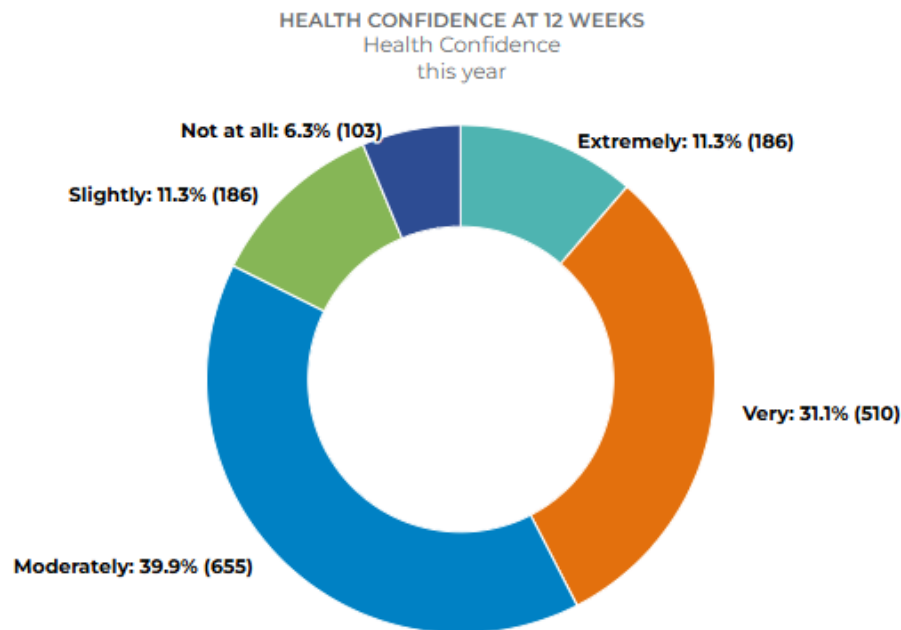
- An ongoing MSK audit proposal and evaluation process
 - Regular review of our clinician quality assurance process, ensuring each physiotherapist's practice is reviewed regularly by senior clinicians against agreed quality standards
 - Ongoing review of MSK clinical outcome results
 - Review of complaints and plaudits
 - Planning of clinical training, educational events and development of clinical research
- a. Measure Patient Rated Experiences (PREMs).
- 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 in January and February 2025 and for the first time also included the Friends and Family Test (FFT).
 - Response rate was 67%, with responses from THC, Seaford and Eastbourne.
 - Friends and Family test showed 99% positive response with 89% of patients reported being highly likely to recommend Physiotherapy to their friends and family.
 - 100% respondents reported feeling involved in their care, being supported to self-manage and that their Physiotherapist was good at listening.
 - 99% of respondents felt they were given enough time and that the Physio was good at explaining.
 - 94% of respondents felt their care was well co-ordinated.

b. Patient Rated Outcome Measures – (PROMs)

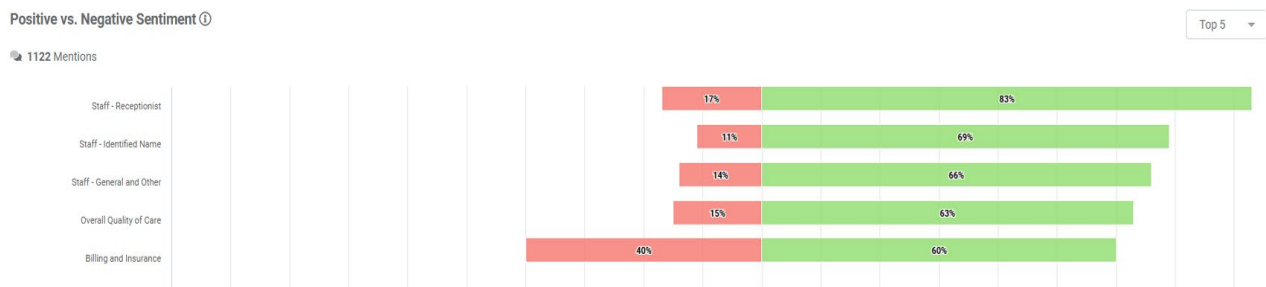
- Since July 2022, Horder Healthcare has been included in a county-wide project to electronically collect PROMs data at specific time points from before the commencement of treatment up to 12 months after. This allows comparison between providers and within services as well as individual patients. The 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, but unfortunately completion of surveys has been very poor (range: 13.6-52.3%).
- 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 at commencement of treatment and 6 and 12 weeks after, 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 short of what would be considered a significant change (improvement of 2). This may be a result of the low return rate, high baseline EQ5D and function or unrealistic goal setting.

	EQ-5D 5L	PsfsAverage
Baseline	0.67 (3,967)	4.58 (3,968)
6 Weeks	0.71 (1,894)	5.26 (1,265)
12 Weeks	0.72 (1,607)	5.49 (1,032)

- 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 82.3% (up from 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 three main themed areas: Staff, Quality of Care and Billing/Insurance.



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:

- Gaps in Service:** The focus on this project has been Osteoporosis signposting options to support our patients with self-management and delivery of training to the Physiotherapy team. The project is developing signposting resources to help patients with self-management options. Training has also been undertaken on analysis of running.
- Physical activity:** This group has continued to deliver the staff wellbeing events, including Horder Olympics and Healthy Aging. We have seen staff engagement increase with each activity, which has helped to achieve the Well Being at Work, Bronze award. We are now working towards Silver. We are also investigating project ideas to help our patient population be more active and reduce sedentary time. We have submitted 2 abstracts for consideration of the 2025 CSP conference.

- **Health Inequalities:** As a continuation of the 2024 project, having identified contributing factors to health inequalities, the project has focussed on collating information on transport options to help attendance at appointments. The project team has contributed to the review of the MSK referral and self-referral forms. The Care For Carer's team presented Horder Healthcare with an award for our work to address health inequalities.
- **Research:** To assist with the delivery of the research strategy and build on our team's research acumen, the Journal Club which was implemented last year has been expanded to find the best evidence to answers specific clinically based questions by critically appraising a number of journal articles and present the information in a poster format for wider consumption. Undergraduate Physiotherapy students have also been contributing as part of their placements.
- **PROMs/PREMs:** This project has been working towards the aim of optimising the online portal of collecting patient outcome and experience data. The project is investigating barriers to its use for both patient and staff and contributing to the ESMKS digital PROMS and PREMS steering group.

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. This strategy will be reviewed and updated in 2025. Links with external supports such as the Kent, Surrey and Sussex Clinical Research Network (CRN) (Now SE RDN) and KSS Academic Health Science Network and the East Sussex Healthcare NHS Trust R&D department were established.
- b. The Physiotherapy team have just completed recruitment for patients to participate in a formal, NIHR sponsored research project investigating a tool to help guide patients with recovery from shoulder pain. Called PANDA-S, this has been supported by Keele University and is only the second time that Horder Healthcare has been involved in such a formal study.
- c. Fundamental to the 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, March 2024 and again in April 2025.

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 having completed their MSc's with sponsorship from NHS England (NHSE) to support them to become accredited Advanced Practitioners. Three further Advanced Practitioners have been accepted onto this sponsorship route to complete their MSc's with another of the FCPs 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. Four of our existing Advanced Practitioners have received this accreditation with a further 3 currently undertaking the process.

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. The trial of the new model was 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 again 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.

My experience at the Horder Centre was excellent. Everyone I met there was so friendly and helpful, nothing was too much trouble. I cannot thank everyone enough for the excellent care I received.

Source: Doctify

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 at TMC. Measures have been put in place to address any non-adherence to the policy and this was led by the Head of Clinical Services at TMC and was followed up at the MAC and Governance meetings. We have seen a slight improvement with the consultant who is non-compliant and his use of antibiotics post operatively has reduced from 7 days to 2 days. We will continue to work to address this. Findings from the audits 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 IPC patient investigations. The cases are discussed with our Microbiologist to ensure prudent and accurate use of antibiotics for our patients. To support us as an organisation with Antimicrobial Stewardship, we have added this as one of the four areas of focus for our 3 year IPC strategy. We have utilised the NG15 baseline audit to identify any areas of non-compliance and set up a plan to address these non-compliances.

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 2024, this was submitted directly to UKHSA with a maximum data set, which included NHS number, date specimen taken, date of admission and date of birth only and we have a record of 100% completeness of the data on the UKHSA website.

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 Enterobacteriaceae 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 HAs 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 2024/2025.

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	0
Other reportable infections	0
CAUTI -catheter associated urinary infections	0

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 and during 2024/2025 IPC infections have been reviewed using the PSIRF(Patient Safety Incident Framework) model.

SSI Rates for 2024

Table shows numbers of identified reportable SSI for 2024 (01/01/24-31/12/24)

Procedure	Number of Cases	SSI reported (inpatient and patient reported)	Rate	National Rate NHS Hospitals England
Total Hip replacements	1180	4	0.33%	0.7%
Total Knee replacements	1293	8	0.62%	0.9%
Breast surgery	394	4	1.01%	2.0%

Reported surgical site infection summaries:

Total knee replacements:

Patient 1 – 61-year-old female post right total knee replacement on 06/09/24. Presented 5 days post op with haematoma. Initially managed with conservative treatment. On D34, pus identified in wound. Swab and tissue taken and moderate growth of Enterococcus faecalis, scanty growth of Staphylococcus aureus, light growth of Clostridium perfringens and a light growth of Finegoldia magna isolated. DAIR (debridement and Implant retention) performed on D35 post original surgery. Treated with IV antibiotics. The following patient factors were noted-potential non-compliance with BOMSS (British obesity and metabolic surgery society guidelines) following bariatric surgery in 2013, low Hb pre-operatively requiring oral iron and high BMI. There was not compliance with temperature monitoring every 30 minutes during the intraoperative period as per NICE guidance. This issue has been fed back to theatres and addressed at the morning huddles. Compliance monitored during notes reviews. Patient recovered. **Joint Infection**

Patient 2 - 80-year-old male post L Oxford knee to left total knee replacement plus patella 04/10/24. 12/11/24 - (D40) Presented to A&E at the Conquest advising that over the past 2 weeks his knee had swollen up and become more painful. He began feeling unwell in himself. Temp 38.2, CRP 164 and tachycardia at HR122. Wound well healed but effusion present. DAIR performed on 15/11/24 at the Conquest. Streptococcus mitis isolated from aspirate fluid. Patient had no major risk factors identified; due to the organism isolated in aspirate fluid the staff at the Conquest were suspecting infected endocarditis. Patient declined further testing. Patient recovered. **Joint infection**

Patient 3 – 75-year-old male post right total knee replacement with patella on 13/12/24. Patient had an uneventful recovery but suffered from constipation post op. Attended clinic on 14/01/25 (D32) and advised that he had been seen by his GP and was given oral antibiotics

for a wound ooze. Consultant advised reducing the exercises on the knee bend. Steristrips applied to knee. Review in 1 week. Managed conservatively until 29/01/25 (D48) DAIR performed on 07/02/25 (D57). A growth of Cutibacterium acnes isolated from the enrichment culture. PICC line inserted and IVABX given. The following patient issues were noted - high BMI, raised alcohol intake. Patient doing well. **Joint Infection**

Total Hip Replacement:

Patient 1 - 72 year old gentleman post right revision of total hip (hybrid) on 21/03/24. Wound dressed with Opsite post-op and Mepitel. Uneventful stay. Discharged on 24/03/24 following an uneventful stay. Readmitted on 28/03/24 (D7) due to bleeding. Was monitored in hospital and had conservative management with VAC dressings. Returned to theatre on 05/04/24 (D16) for DAIR (debridement and implant retention). Tissue and swabs taken and heavy growth of Enterobacter aerogenes and Staphylococcus aureus isolated. The following patient factors noted - non-compliance with consultant instructions and delay in patient agreeing to surgery after second opinion given. Patient is no longer under our care and is being managed at his local hospital. **Joint infection**

Patient 2 - 78 year old female post complex revision of left hip replacement on 11/11/24. Patient had been doing well but on the 11/12/24 (D30) the patient called the ward to indicate that her wound was oozing 'brown liquid'. Reviewed in outpatients - PICO dressing applied and antibiotics started. Patient returned to theatre on 12/12/24 for washout left hip wound. On exploration there was fluid in the hip joint with some inflammatory tissue. Streptococcus dysgalactiae isolated from tissue and fluid. Transferred to local hospital for vascular team input. The following patient factors noted - ALVAL (aseptic lymphocyte dominate vasculitis associated lesion), smoking, on Vitamin B12 injections. **Joint infection.**

As an organisation, Horder Healthcare reviewed the infection cases and have ensured that the issues we have identified have been added to action plans on RADAR so that we can address non-compliances. We have seen a reduction in the deep incisional and joint infections since 2023. Pre-assessment department has worked with patients on good hand hygiene and appropriate wound management. Patient leaflets on hand hygiene and good wound management were added to Lifebox as electronic documents for patients to access, to support verbal instructions that they are given by staff.

Breast surgery:

During 2024 no patients who underwent breast surgery sustained deep incisional or organ space infections requiring investigations.

In order to reduce the amount of potential infection for our patients the pre-assessment 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 added pre-op body washing to the surgical regime to reduce the microflora on the skin pre-surgery and this continued to be used widely in the patients undergoing major surgery. We will continue to review practices and strive to reduce infection within this group of patients. In 2024, breast patients had a return rate for 30 day wound surveillance forms of 79% and this was a significant improvement from 2023 where we had a return rate of 19%.

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 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.

Respiratory Viruses

During 2024/2025 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.

During 2024, respiratory viruses had some impact on patient admissions and as a result some patients were cancelled on or before day of surgery. As an organisation we did see a seasonal rise in respiratory viruses and gastrointestinal issues amongst staff but this followed the trend of infections seen within the community.

Vaccinations

All staff were encouraged to avail of Covid 19 booster and influenza vaccinations. 64 vouchers were given to staff to obtain the seasonal influenza vaccination, as this service is not available

via the OH provider but no clear numbers of staff who took the flu vaccine are available as many staff obtained their vaccines independently at GP surgeries. Our practices will continue to be aligned with national guidance and we will continue to encourage staff to remain vaccinated to protect against preventable infections.

ANTT

During 2024, we continued to work hard with departments to embed ANTT (Aseptic Non-Touch Technique) terminology to support us moving forward with ANTT accreditation. The IPCNS worked closely with the Practice educators to ensure the philosophy of ANTT was built into the training sessions delivered on Venipuncture and Cannulation. It became clear during 2024 that the criteria on the ANTT accreditation document indicated we were closer to gold accreditation than bronze, so in late November we contacted the company to discuss this and they agreed we could be reviewed for Gold Accreditation. The training sessions were increased for departments to support with staff education and all clinical teams were asked to include ANTT micro sessions in their daily huddles. As an organisation we had over 95% compliance with our ANTT training for relevant staff. Our ANTT assessor came to The Horder Centre on 10th Feb 2025, and due to the hard work of all involved we were successful in gaining ANTT Gold Accreditation for the organisation. This is valid for 3 years.

Wound Management

During 2024/25, wound management and training was delivered to staff by the IPCNS and our wound care company supported with some hands-on dressing training for the PICO single use negative pressure dressings. To support staff education in wound management, eLearning modules from our wound care companies were shared with relevant staff. The IPCNS plans on developing a wound care policy to support staff with the decision making required on selecting the appropriate dressing for each patient.

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. 2024/2025 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. As part of the new IPC strategy for 2025-2028, Horder Healthcare is keen to focus on staff education to enhance the role, capabilities and IPC related aptitude of the departmental IPC link liaisons, ensuring they are well equipped and empowered to excel in their link responsibilities.

Another key focus of IPC is sustainability, and is part of our new 3 year IPC strategy for 2025-2028, therefore, we are keen to look at products to help us align with the sustainability agenda. Housekeeping and theatres are areas where sustainable cleaning products 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. Ongoing work in this area is to be continued with the procurement team. The changeover to Tiger waste within the organisation occurred in Q2 of 2024 and we have seen significant savings since increasing the use of this waste stream. Our aim for 2025 is to continue our work introducing more elements of sustainability within the IPC work in our organisation.

Having achieved ANTT Gold accreditation in Feb 2025, as an organisation we now need to continue to embed the concepts and continue with staff education, competencies and audits so that we can maintain our Gold accreditation when they come to reassess us in 3 years' time. We will aim to include the training of our consultant and anaesthetist colleagues over the next three years in preparation for our reaccreditation in 2028.

Very clean friendly and informative place. Was kept informed of all things happening at all times and everyone friendly and helpful. Very happy with my experience at the McIndoe
Source: Doctify

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 through the implementation of Horder Healthcare's Patient Safety and Incident Response Plan, which aligns to the national Patient Safety Incident Response Framework.

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 analysed at the quarterly Clinical Governance Committee meetings. Any trends are therefore identified quickly, and steps made to reduce risks to patients.

Thematic reviews have been introduced as a learning response to triangulate data to understand common links and trends from incidents providing an analytical and detailed review to support learning and quality improvement initiatives.

The process of organisational shared learning has developed through the implementation of "Friday Round Up" (sessions dedicated to discussing and sharing any learning and updated guidance) and the "Safety and Quality Loop" (a collaborative and reflective process to actioning and reviewing change from learns).

Horder Healthcare has commenced reporting into the national "learning from Patient Safety Events" system which supports the analysis of patient safety events occurring across healthcare, offering a greater depth of insight and learning that are relevant to the current healthcare environment.

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 no reported patient mortality cases within 28 days of surgery between the period from 1st April 2024 to 31st March 2025

Duty of Candour

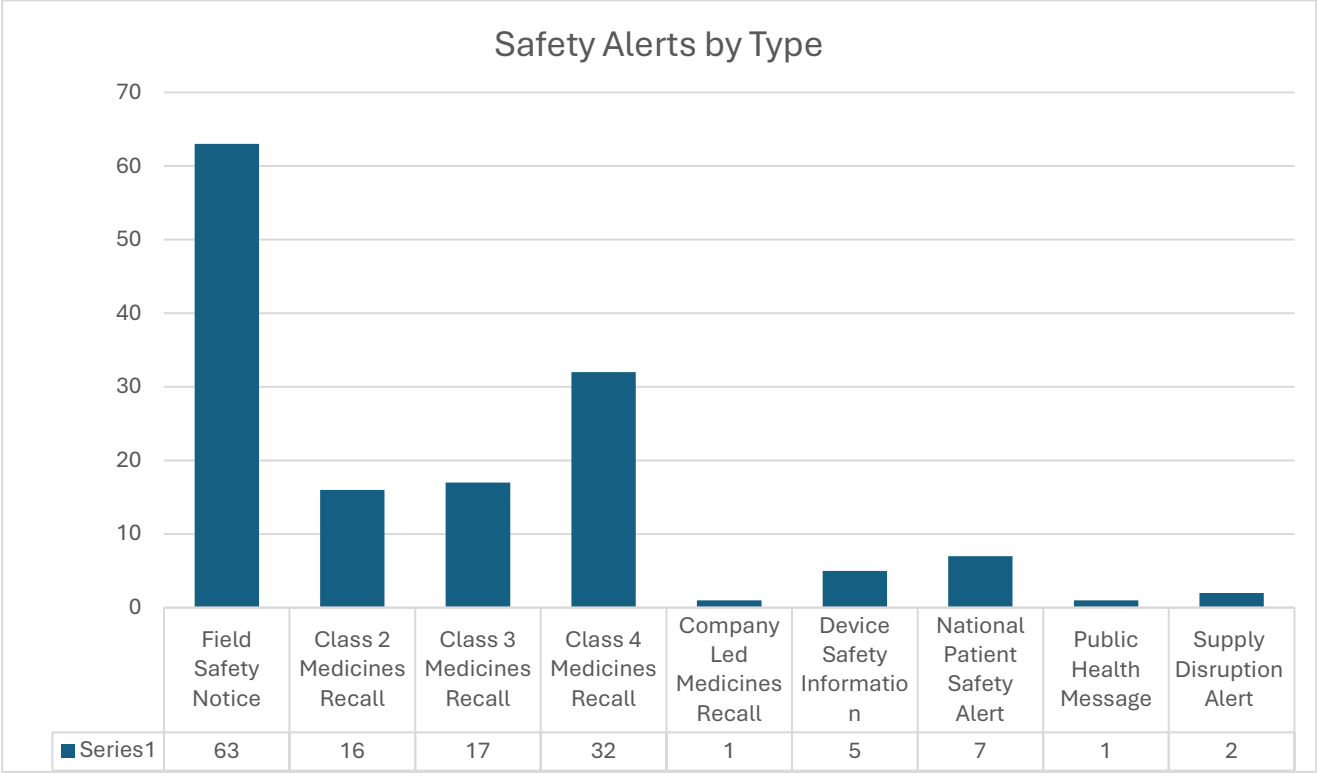
A culture of openness and honesty is a well-embedded practice within Horder Healthcare and staff are encouraged to apologise if a mistake is identified. As part of this process, we ensure that the person affected has an opportunity to discuss what went wrong, how we can help them to manage any harm caused and actions being taken 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.

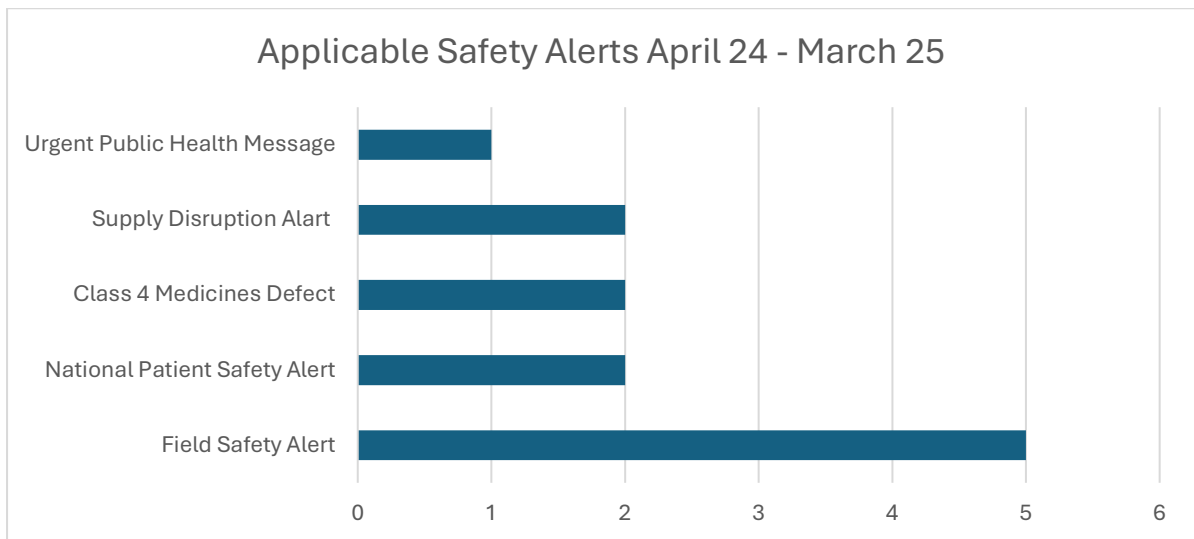
The clinical governance team monitor duty of candour to ensure that the requirements have been fulfilled for incidents where it is required. To support members of staff to understand the duty of candour, policies and standard operating procedures are available alongside targeted training on an individual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

There were 144 safety alerts received within Horder Healthcare between April 2024 and March 2025. 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.



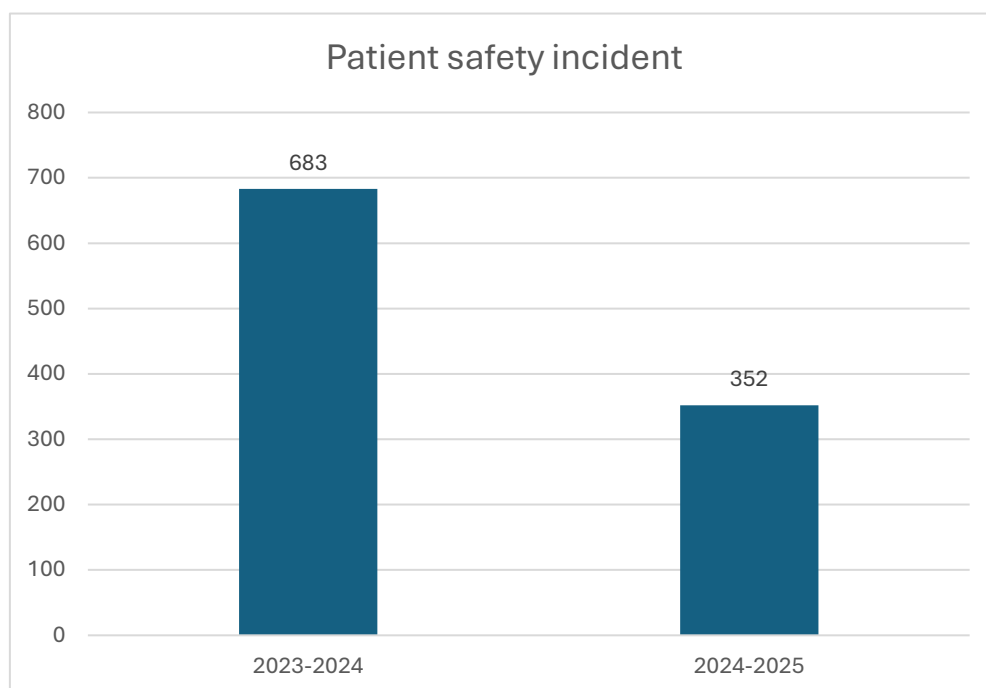


Incident Reporting

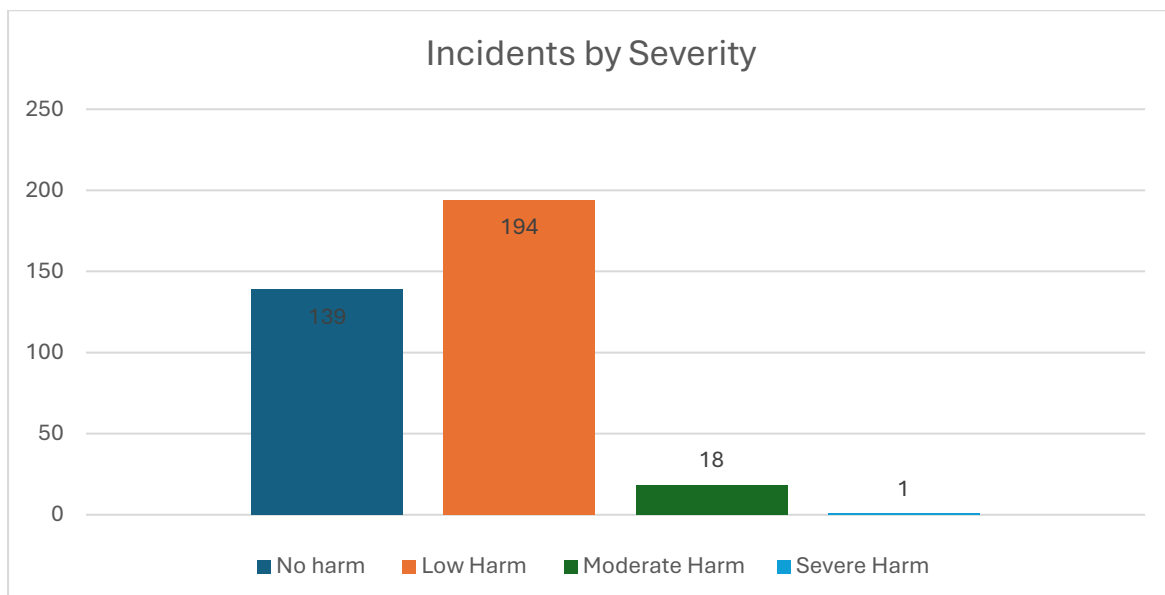
Patient Safety

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 2024 to March 2025, there were 690 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, 352 of these were patient safety incidents, this is a decrease of 331 patient safety incidents reported within the same timeframe the previous year.



When the patient safety incidents are reported, a harm level is assigned to each incident. Out of the 352 patient safety incidents, 139 were reported as no harm and 194 were reported as low harm identifying a positive reporting culture. There were 18 moderate harm and 1 severe harm incident.



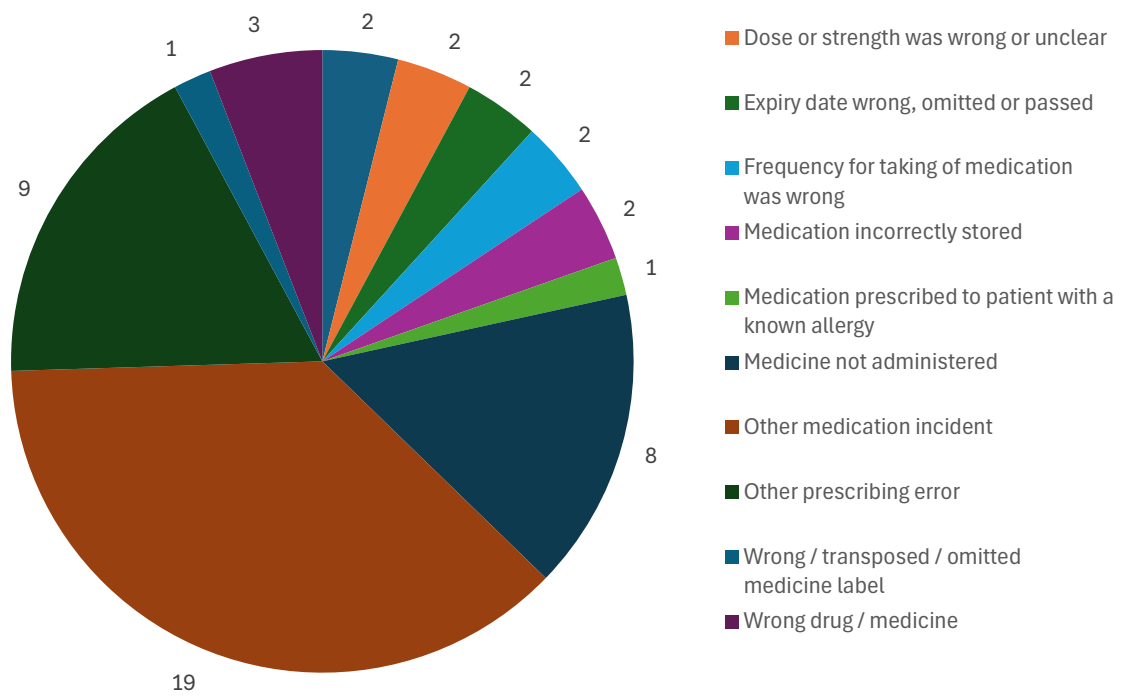
Any incident that is assigned a moderate or severe level of harm, is reviewed within 72 hours by a senior nurse to establish the detail of the incident, identify any immediate learning, and to assign the most relevant learning response for completion. Horder Healthcare's Patient Safety and Incident Response Plan provides guidance on the agreed learning response required for incident categories. Any incident reported as a severe level of harm are fully investigated using the national Patient Safety Incident Investigation methodology and statutory duty of candour is initiated. 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 was 1 incident reported between April 2024 and March 2025 which resulted in severe physical and moderate psychological harm. INC-1368 related to a patient requiring post-operative transfer to an acute hospital due to deterioration whilst in recovery. A review was undertaken within 72 hours which initiated a Patient Safety Incident Investigation. The Integrated Care Board and Care Quality Commission were notified within the required timeframe, and the professional and statutory duty of candour processes were initiated.

Medication Incidents

There were 51 medication incidents reported during the period from 1st April 2024 to 31st March 2025. Of these, 38 caused no patient harm and 1 was recorded as causing low harm. The incident resulting in low harm led to the implementation of new processes within the clinical area and monitoring of these changes utilising the Safety & Quality Loop. This learning was shared organisationally at Friday Round Up. The remaining 12 medication incidents did not involve patients.

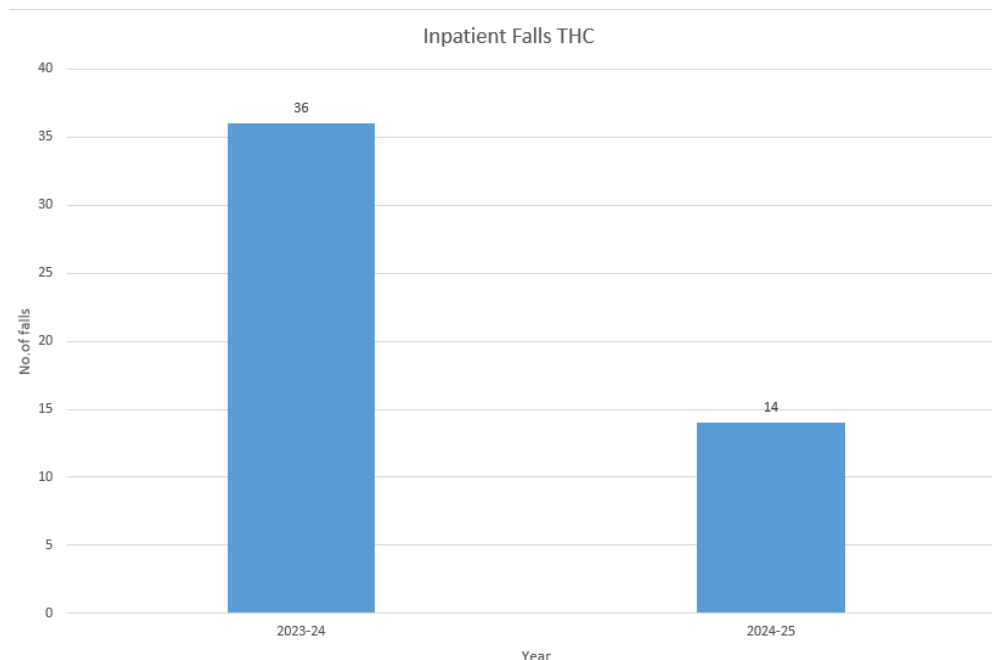
Medication Incidents by Adverse Event



Patient Falls Report 01/04/24 – 31/03/25

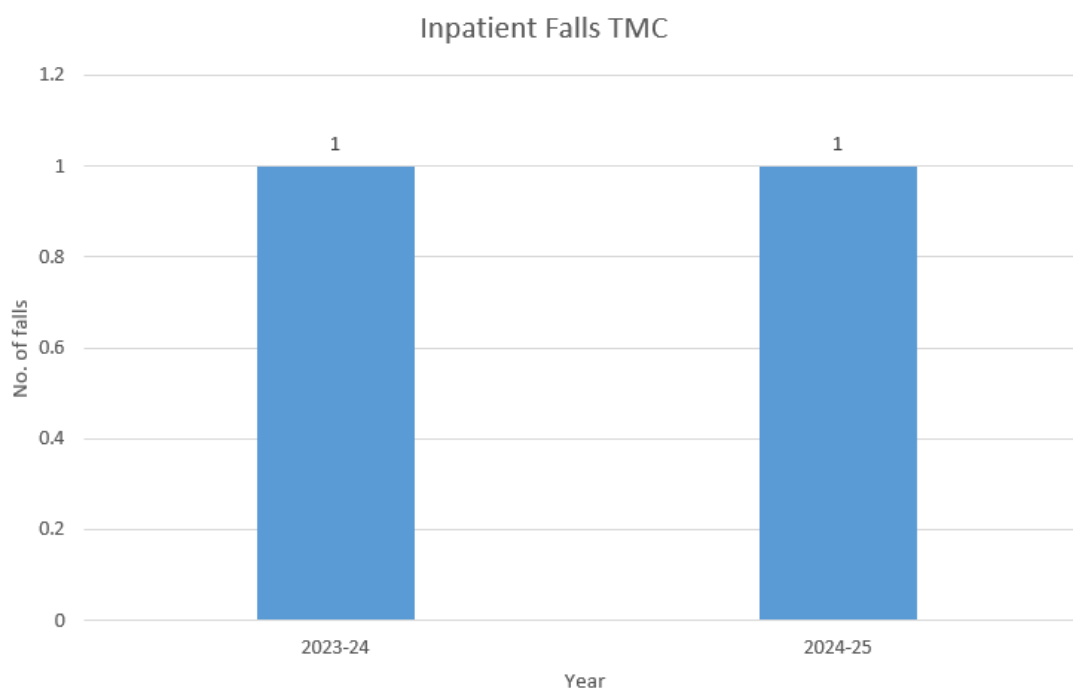
Inpatient Falls

There was a total of 14 inpatient falls during the reporting period. This equates to a patient falls rate of 0.12 per 1000 bed days. This is a significant decrease from the previous year where there were 36 inpatient falls and the rate was 3.13 falls per 1000 bed days.

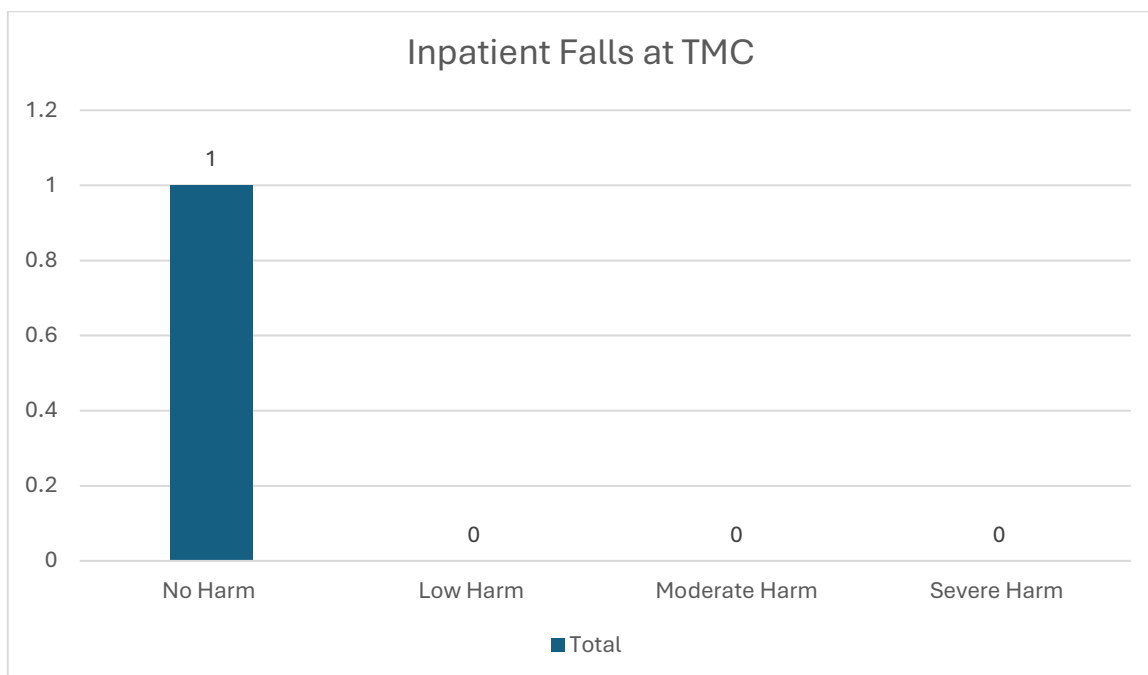
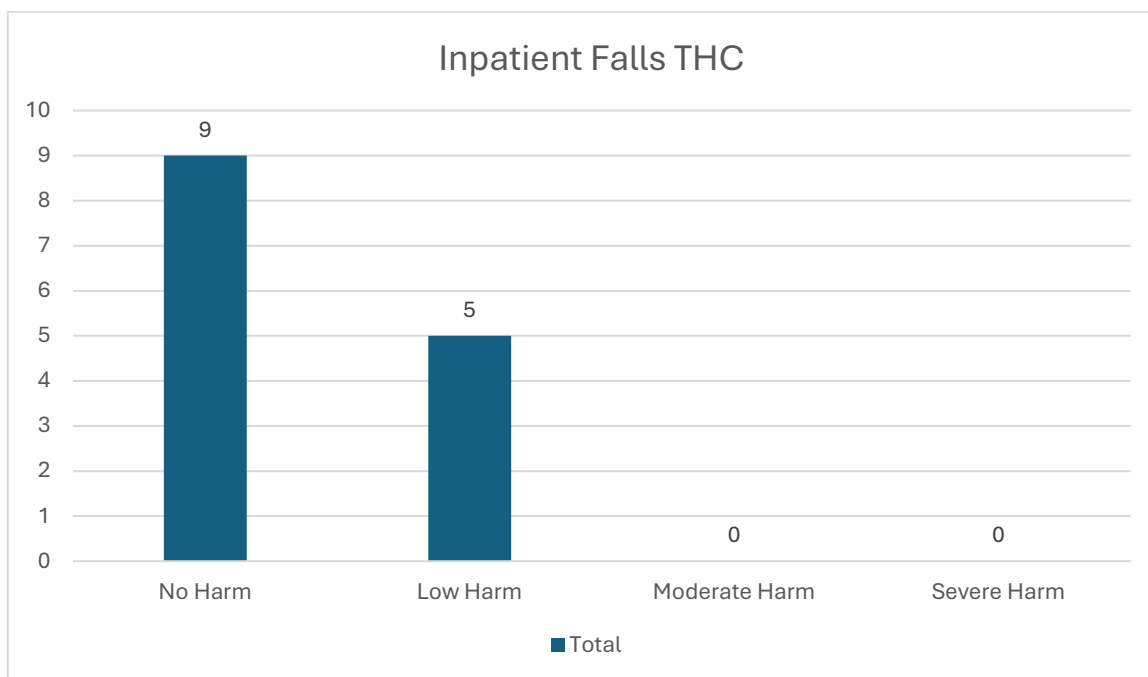


TMC

There was 1 inpatient fall during the reported period and 1 inpatient fall that was 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

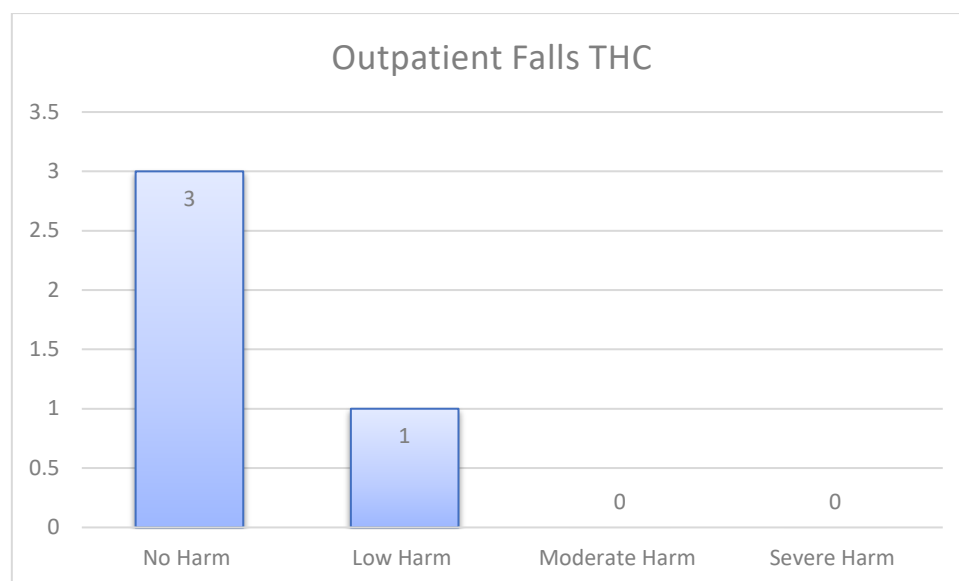
Out-Patient Falls

There were 4 outpatient falls for 2024-25. An increase of falls in this department, with 2 falls reported the previous year in 2023-24.

Day-case Falls THC

There were 0 day-case patient falls reported for 2024-25. 0 were reported in 2023-24.

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 2024-25.

Day-case Falls TMC

There were no day-case falls reported during 2024-25.

The risk of falls is continually being monitored throughout a patient's pathway. The Falls Steering Group meet after every quarter to discuss incidents, review processes and share any learning from investigations. Learning from incidents are shared with relevant staff members and discussed at departmental meetings and huddles.

We continue to highlight patients at pre-assessment who are at high risk of falls. This information is then shared with the ward so that staff are aware for when the patient is admitted. Our risk assessment booklet has been updated and now includes a more extensive multifactorial fall risk assessment.

Over the course of the reporting year we have implemented the following:

- New individual patient whiteboards (traffic light system) to risk assess the level of assistance the patient requires with their mobility post-op (April 2024).
- The falls policy was updated, finalised and uploaded to RADAR (September 2024).
- The new total hip and knee replacement guides that we give to our patients were printed. These include balance exercises pre-operatively and more information regarding falls prevention both at home and within hospital (November 2024)

- Food menus also now include a recommendation for patients to choose decaffeinated drinks to lower their risk of falling whilst in hospital. This was implemented following one of the recommendations from the thematic falls report.

We continue to:

- Discuss any risks to patient safety at our daily huddle (not just falls).
- 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.
- Falls signage still remains in use.

Planned actions moving forward:

- For governance to set up training for clinical staff on completing after action reviews (AAR)

Resuscitation Update (2024/25)

Launch of the ReSPECT Form

Key transformation that took place in year was the replacement of Do Not Attempt Resuscitation Cardio-Pulmonary Resuscitation (DNAR CPR) forms with the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms: [ReSPECT Resuscitation Council UK](#). This decision was mainly driven by the noted comprehensiveness of the ReSPECT forms in that they provide a summary of a person's preferences for care and treatment, alongside clinical recommendations - an approach that has been found to be more person-centred whilst promoting proactive communication regarding one's emergency care and treatment preferences. Whereas the DNAR CPR forms present a medical order indicating that in the event of a medical emergency CPR should not be performed, without exploring further guidance of person's preferences for other care and treatment options.

The ReSPECT form was launched in February 2025 across the organisation; prior to which, awareness of this change and what it means was widely communicated to key internal and external stakeholders. Further, the Resuscitation Policy was updated to reflect the change and the Resus Council UK (RCUK) was informed of the transition from DNAR CPR to ReSPECT form decision. The effects of the change will be monitored via the Resuscitation Committee meeting platform.

Training

Resuscitation (Resus) training compliance across all levels continues to be within adequate compliance ranges. Unannounced emergency scenarios were conducted in year, forming a core and vital part of the 'how to manage medical emergencies' learning experience across the organisation. These learning opportunities are supplemented by announced emergency scenarios planned particularly as a learning response to address identified concerns from previous resus related incidents. The sessions are pre-planned to allow for dedicated time and the attendance of key participants to benefit most from the re-fresher session.

Audits

Resus audits continue to be undertaken as per schedule, with any subsequent learns being captured and actioned accordingly.

Resus Committee

The Resus Committee continues to meet on a quarterly basis and the main focus areas for review and discussion include:

- Resus training compliance
- Resus Equipment; including resus trolley checklists, emergency drugs, resus equipment and equipment audits.
- Clinical Governance; resus incidents and actions, audit findings and actions, relevant patient experience and relevant regulatory updates.

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 key focus for the H&S Advisor during 2024 was embedding the revised audit and its implementation onto RADAR, improving visibility of areas of non-compliance and active management of those areas. All H&S reps were provided coaching on how to complete the audits effectively and how to use the RADAR system to allocate actions where non-compliance has been identified.

Alongside embedding the audits onto RADAR, the H&S Advisor worked on moving risk assessments onto RADAR to improve visibility across the organisation in terms of the following:

- Identified risks by department
- Areas requiring improvement
- Colleague sign off

Commencing in January 2025, the H&S Advisor will be supporting the H&S reps in converting their paper risk assessments onto RADAR. This will be targeted as a six month project.

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:

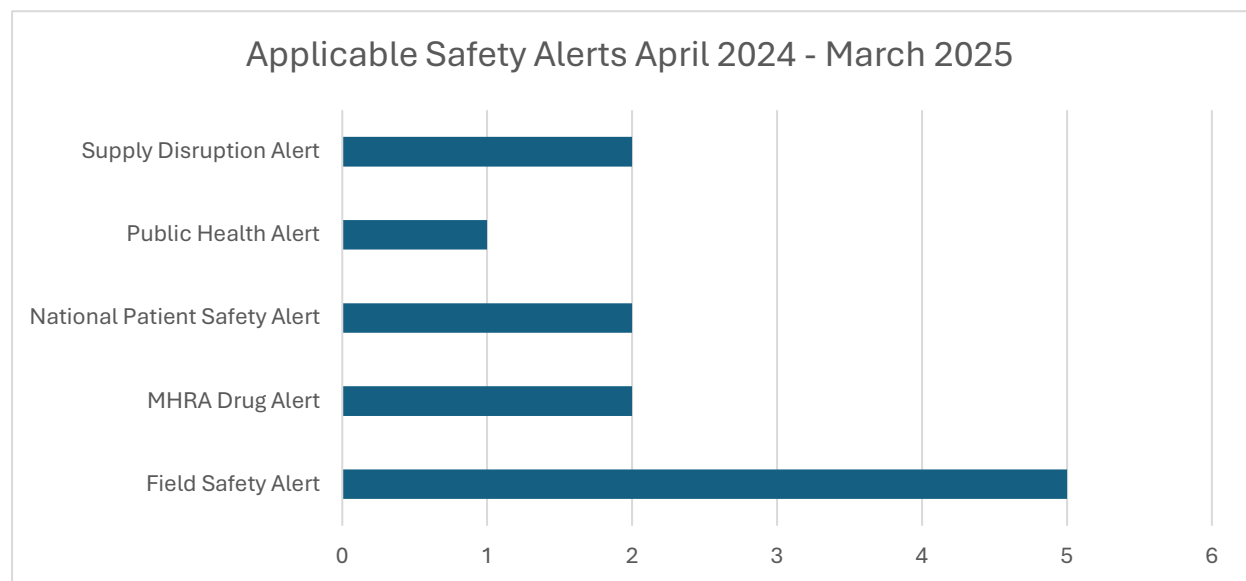
- Concept Water Services are retained to maintain water quality services. They provide six monthly tests for legionella and pseudomonas
- Pro-Economy maintain the mains water which is treated with copper and silver
- Crays Fire maintain and service all fire safety equipment on a six monthly and annual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

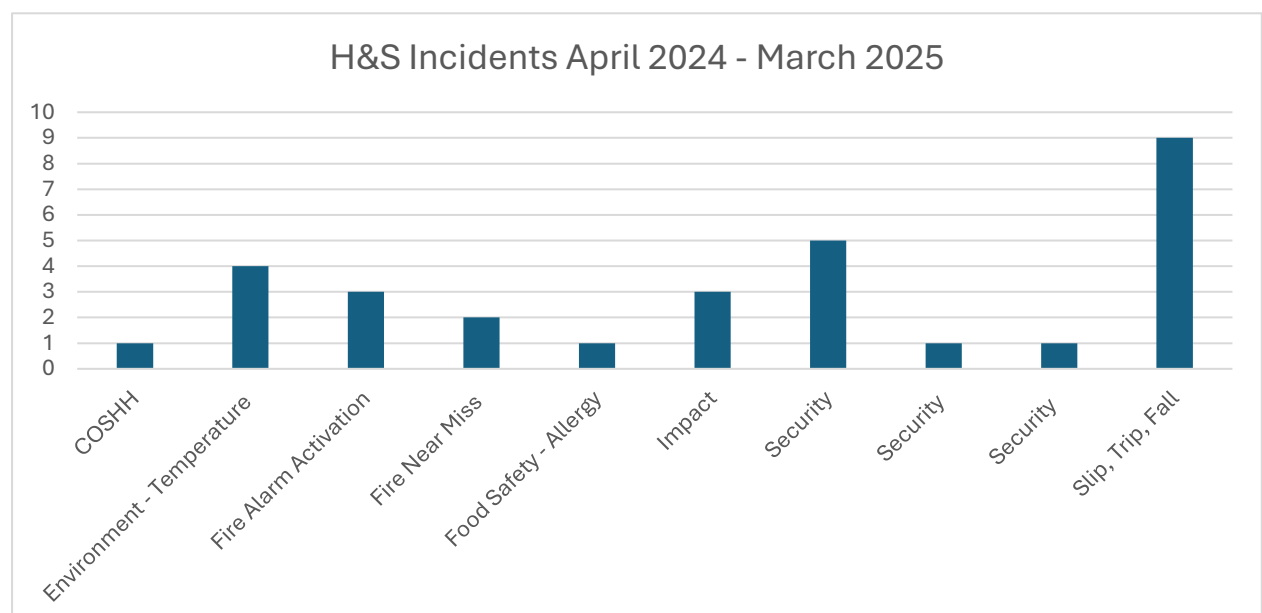
Safety alerts are managed within the RADAR system at Horder Healthcare. Reports are produced and discussed within the Health & Safety and Medical Device Committee meetings.

There were 143 safety alerts issued between April 2024 and March 2025, of which 12 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 30 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. Trends and 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 maintains robust fire safety management systems across all sites. A structured evacuation procedure is in place, supported by trained fire marshals who sweep buildings to ensure complete evacuation during fire emergencies.

Last year, a comprehensive review of the Fire Policy and site-specific fire action plans was completed. Fire zones were reassessed to improve marshal coverage during staff absence or holidays, with enhanced cross-departmental collaboration. This year, we are continuing to review and refine these arrangements, and all marshals are encouraged to attend refresher training as part of their ongoing development.

Fire drills were conducted at all HH-managed locations, with learnings applied to further improve response. All active fire precautions including alarm systems, emergency lighting, and firefighting equipment received their statutory servicing and checks.

Departmental fire safety checks were reviewed, with documentation streamlined to support daily, weekly, and monthly checks by designated Health & Safety representatives or fire marshals. This approach reduces dependency on a single role and improves accountability.

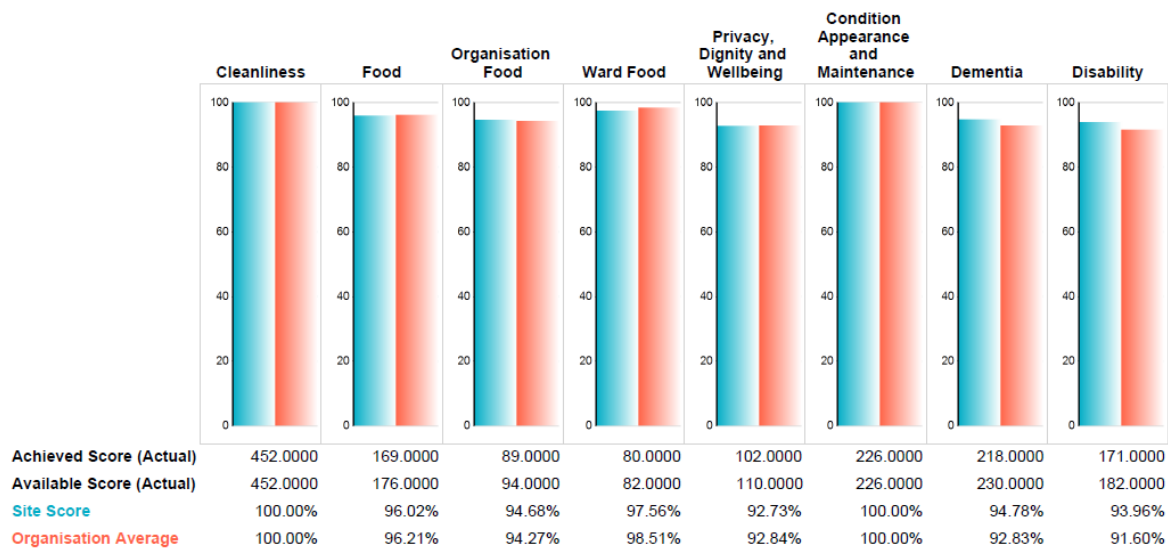
All staff receive fire safety training as part of their induction, with an annual mandatory refresher delivered via audited e-learning.

Environmental and Waste Management

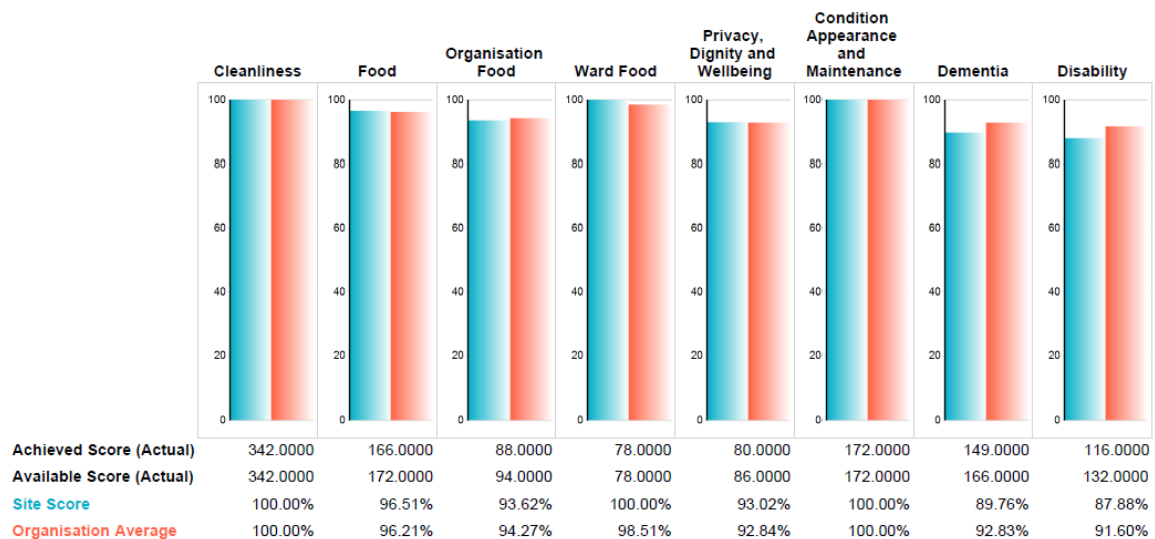
The Patient-Led Assessment of the Care Environment (PLACE) is an assessment completed within Horder Healthcare annually as part of internal quality inspections. This was undertaken in 2024 and the tables below show the results. Patients and volunteers undertake the PLACE assessment.

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: 2024



THE MCINDOE CENTRE- Collection: 2024



Horder Healthcare's medical gas systems are maintained by SHJ Medical Gas Specialists, who provide 24-hour emergency support and four scheduled maintenance visits annually, ensuring continued compliance and reliability.

Our clinical waste service partner, Albus Environmental, has delivered consistent support throughout the year with no reported issues.

The general waste and dry mixed recycling contract with Biffa has operated smoothly, with no disruption to site services. Similarly, confidential waste collections by S4B have been carried out efficiently and without incident across all sites in 2024.

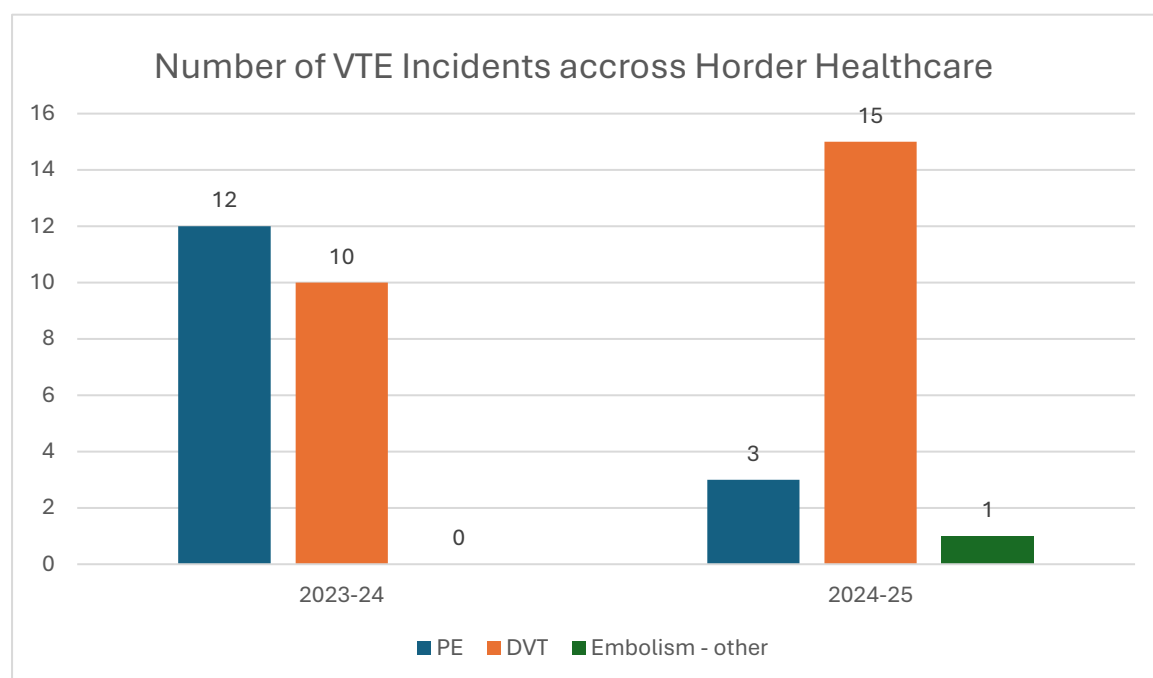
There have been no reported incidents from third-party waste contractors or internally during this reporting period, reflecting strong compliance and effective operational oversight.

Venous Thromboembolism (VTE)

The Horder Centre (THC) continues to maintain its VTE exemplar status after successful revalidation in 2023 and remains a member of the VTE Specialist Network (VSN), formally the National Nursing and Midwifery Network (NNMN). The VSN meet 4 times a year and their aim is to provide nursing and midwifery leadership and innovation in VTE prevention nationally. The VSN are now hosted by a group called “Patient Safety Learning”, a charity set up to pull together learning from patient safety incidents nationally and internationally.

During COVID, the NHS VTE Risk Assessment data collection was paused, but was reinstated from April 2024. The purpose of this data collection is to quantify the numbers and proportion of hospital admissions of patients aged 16yrs and over who are being risk assessed for VTE within 14hrs of admission, to allow for the administration of appropriate prophylaxis based on national guidance.

THC VTE team continue to meet on a two monthly basis to review all 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).

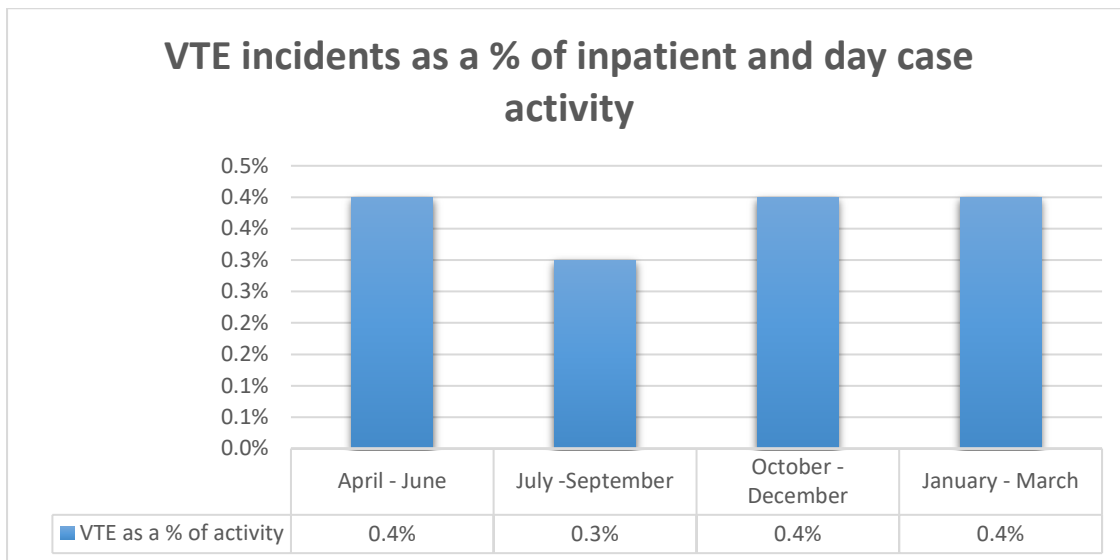


There has been a slight decrease in the number of reported VTE incidents across Horder Healthcare compared to the previous year.

2022/23 had 22 reported incidents compared to 19 reported in 2023/24.

There has been a reduction of 9 reported PE's year on year, but an increase of 5 reported DVTs, which includes 1 reported DVT from TMC.

The rise in the number of DVT incidents is largely due to an increase in the reporting of incidents post discharge and improved follow up.



All VTE events undergo an in-depth investigation, to review adherence to policy and identify any learnings and areas of improvement. This information is shared between sites.

Following changes to Policy last year, investigations into VTE incidents show a greater compliance with the commencement of chemical prophylaxis within 6hrs post-surgery and show no missed doses unless clinically indicated.

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-4.9. 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 to identify trends and establish any learning needs. If trends are identified a program of training will be introduced of the relevant areas. Further audits throughout the year will ensure any 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.

Training

The Clinical Coders undertake the Clinical Coding Standards Refresher Course every three years. The Clinical Coders have access to external training modules and have the support of Monmouth Academy. 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 requiring development 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 2024-25:

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.

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.

Clinical and medication audits include:

The Horder Centre

THC	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Documentation				
Has the WHO Checklist been fully completed (under anaesthetic phase and care during procedure)?	93%	93%	97%	100%
Has pressure areas related risk assessment been completed on admission	97%	97%	83%	93%
Has a fall risk assessment been completed on admission	93%	93%	93%	93%
Has a nutrition risk assessment (MUST) been completed on admission	100%	97%	90%	93%
Documented discharge plan prior to surgery	100%	100%	100%	90%
NEWS 2 - Demonstrate a robust approach to the identification and management of the deteriorating patient - Have all triggers and thresholds been actioned according to the agreed algorithm?	90%	87%	100%	100%
Medicines management				
M2 – Controlled drugs - Pharmacy (THC)	100%	100%	100%	100%
M3 – Controlled drugs - Clinical areas (THC)	92%	88%	91%	97%
M4 – Oxygen prescribing (only completed where used)		48%	100%	
M5 – Safe & secure storage of medicines	94%	95%	100%	
M6 – Medicines reconciliations	98%	98%		99%
M8 – Drug fridge audit	100%			100%
M9 – Medicines management	92%	98%	100%	100%
M10 – Prescribing of medications – drug chart	92%	83%		
M11 – FP10			100%	
M12 – TTO prescribing	100%	99%	97%	100%
Clinical				
C2 – Discharge audit	100%			97%
C3 – Pain	99%	100%	97%	100%
C4 – VTE	98%	99%	99%	94%
C5 – NatSSIPs		100%	100%	100%
C7 – Blood transfusion (only completed for applicable cases)	95%			95%
C8 – Braden	77%			
C10 – Falls	90%	89%		
C11 – MUST	79%			100%
C12 – NEWS2	77%			

The McIndoe Centre

TMC	Q2 2023	Q3 2023	Q4 2023	Q1 2024
Medicines Management				
M4 – Oxygen prescribing (only completed where used)		45%		
M5 – Safe & secure storage of medicines	90%	100%	85%	100%
M8 – Drug fridge audit				100%
M9 – Medicines management	97%	88%	97%	100%
M10 – Prescribing of medications – drug chart	99%	89%		
M12 – TTO prescribing	100%	100%	100%	100%
Clinical				
C2 – Discharge audit	100%			97%
C3 – Pain	98%	99%		
C4 – VTE	100%	98%	97%	
C5 – NatSSIPS	99%	99%		99%
C8 – Braden	89%			99%
C10 – Falls	100%	100%		100%
C11 – MUST	100%	99%	96%	100%
C12 – NEWS2	97%			100%
C14 – TMC WHO observational (Minor operations)	98%	79%	95%	94%
C15 – TMC WHO documentation (Minor operations)	91%	91%	97%	99%

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 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 2024-25

New internal audits have been set up in the reporting year 2024-25. 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 2024-25, the following audits were commenced:

- CQC Quality Statement Audit – This audit has been introduced for clinical departments to assess against the responsibilities and commitments that HH live up to. The quality statements show how HH work collaboratively to plan and deliver high quality care against the 5 key questions - is the service safe, effective, caring, responsive and well-led?
- Consent Audit – this audit has been developed to assess the quality and effectiveness of the consenting process within HH due to the identification of themes and trends. The audit has supported the identification of good practice and any areas that require improvement to support change in practice

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 now 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 monthly by the Head of Risk Management and Clinical Governance and disseminated to relevant departments and clinicians through the RADAR system that automatically prompts the relevant departmental managers to review. Assurance outcomes are included within the individual site Clinical Governance meetings for noting and discussion. Any potential change of practice is then minuted through Clinical Governance.

I was very nervous but things couldn't have gone better. Everyone was delightful - it was their 'every day' but for me it was a unique experience and everybody seemed to understand that. I was looked after with care and positivity as if I was the only one - and a big shout out to the health care assistants!

Source: Doctify

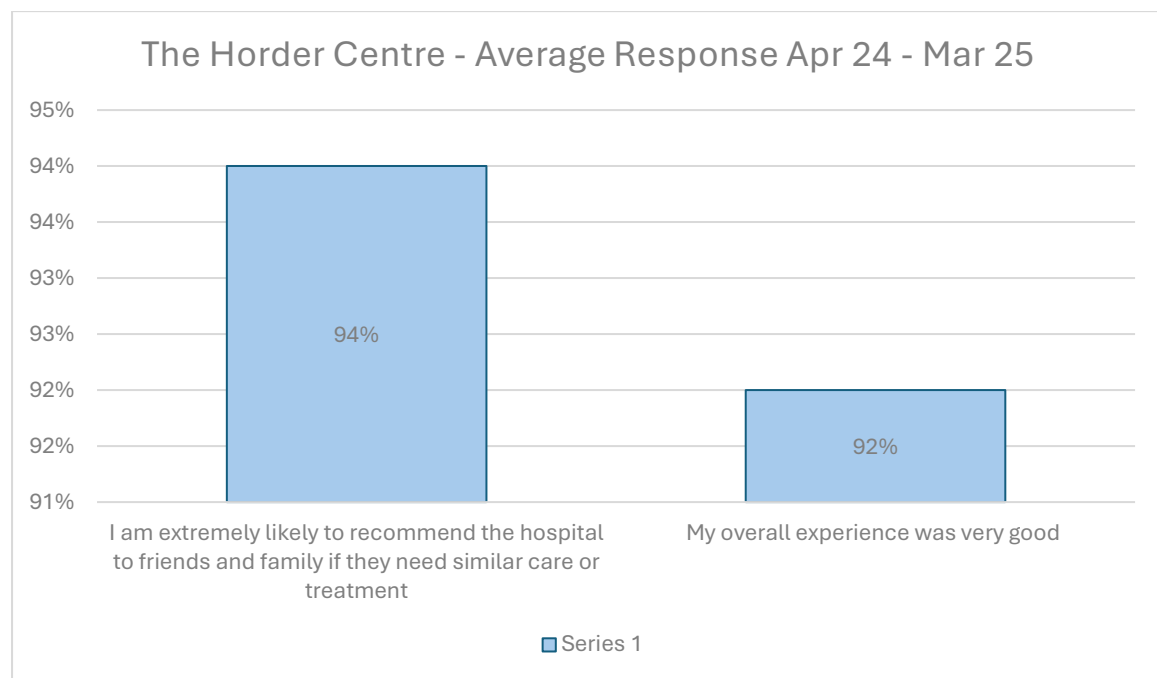
Caring

Patient Satisfaction

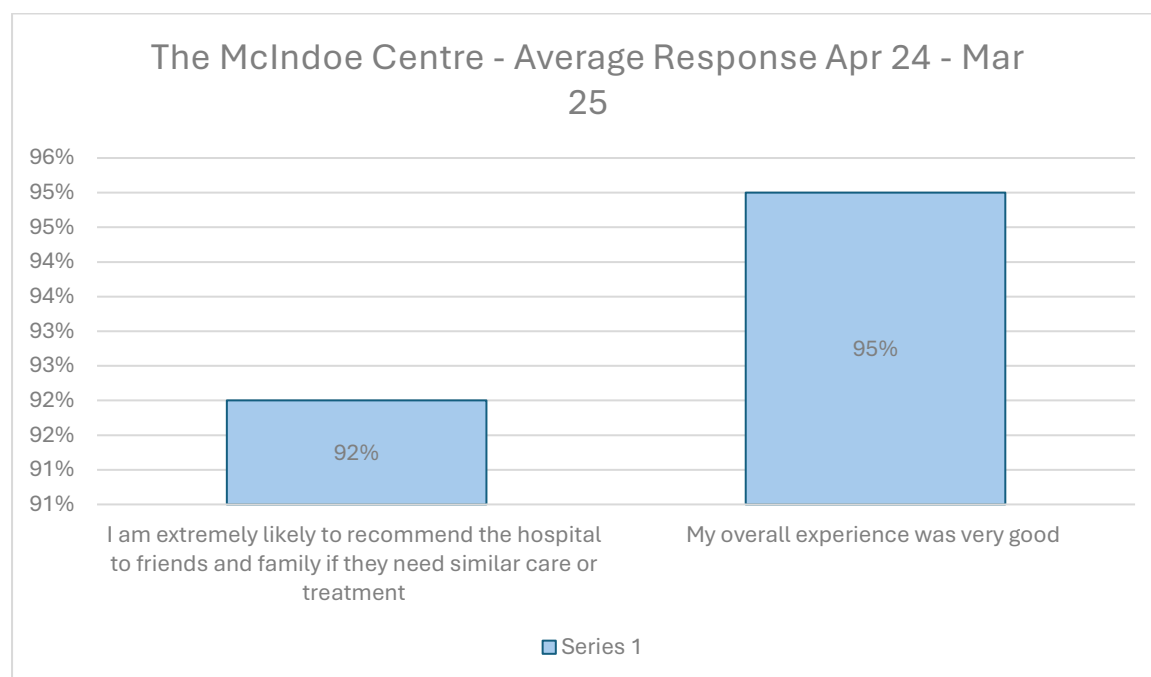
Patient Satisfaction Questionnaire (PSQ)

For the period April 2024 to March 2025, Horder Healthcare received 4,141 completed PSQs. This represented 55% of the combined total of inpatients and day-case patients.

At The Horder Centre, 62% (2920 responses/3982 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, 42% (1221 responses/2217 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 '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'.

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.

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 – 99.%. 226 patients completed the survey.

Complaints

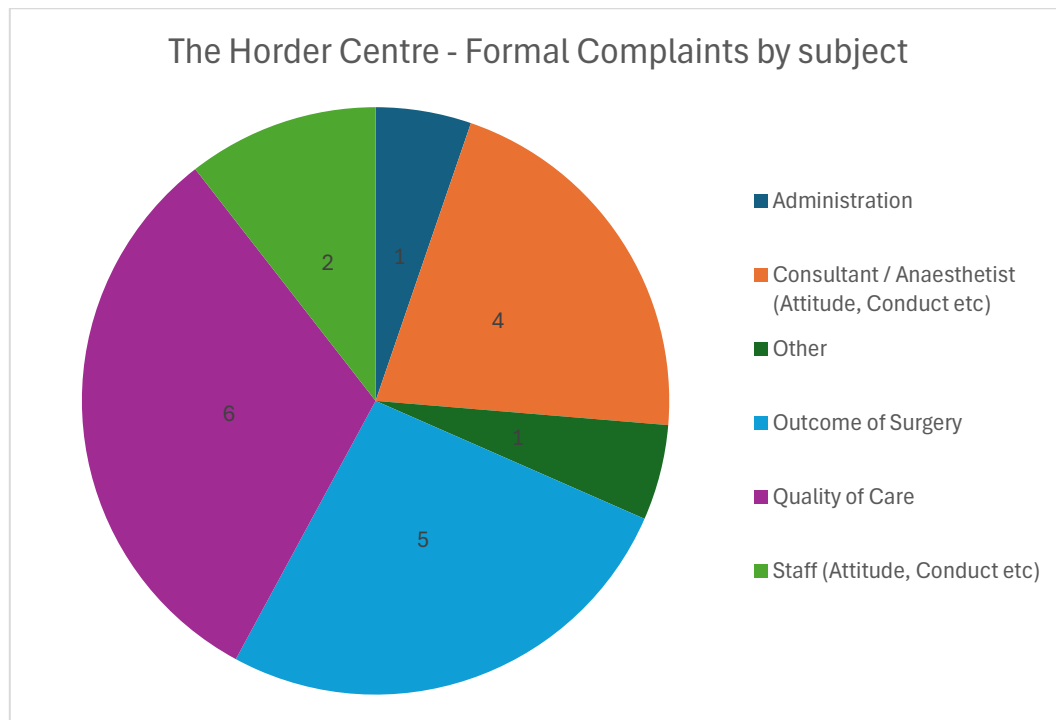
Horder Healthcare has a comprehensive complaints process and acknowledged 100% of all complaints within two working days. In accordance with our process, we also responded to 100% of complaints within twenty working days or ensured that the complainant was informed of a new response date if we were unable 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 2024 and March 2025 Horder Healthcare received 24 formal complaints.

The Horder Centre received 19 formal complaints.



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

Consultant / Anaesthetist

- Patient was unhappy with the anaesthetist, on the day of surgery.
- Patient was unhappy with the consultant at their outpatient appointment.
- Patient complained about the anaesthetist on the day of surgery.
- Patient was unhappy with the experience they had with the consultant.

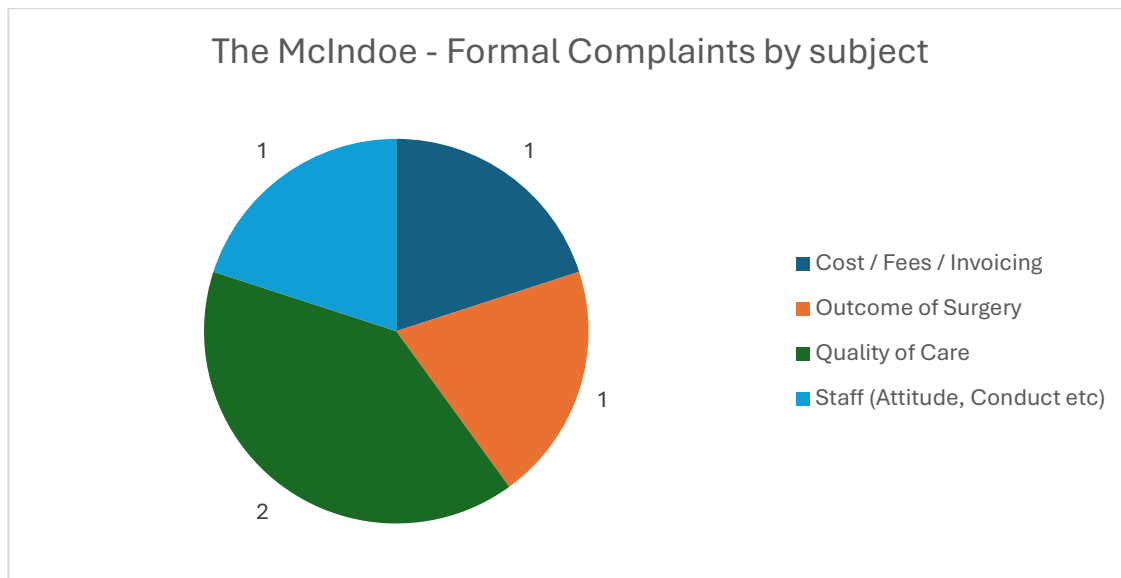
Outcome of Surgery

- Patient is unhappy with the results of their surgery
- Patient is unhappy with how the prosthesis feels post-surgery
- Patient has complained about the pain they have since their surgery
- Patient complained about the fracture they suffered post-surgery
- Patient has complained about the effects the surgery has had on them.

Quality of Care

- Patient has complained about the care they received following their surgery
- Patient was unhappy with the discharge process after their surgery
- Patient was unhappy with the care they received following their surgery
- Patient has complained about the delay in their aftercare following surgery
- Patient was unhappy with the discharge process following their surgery
- Patient feels they received substandard care following their surgery.

Between April 2024 and March 2025, The McIndoe Centre received 5 formal complaints.



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

Quality of Care

- Patient was unhappy with the discomfort they had following cannulation insertion.
- Patient was unhappy with care they received pre and post their surgery.

Litigation

Between April 2024 and March 2025 Horder Healthcare received 10 potential patient claims. The Horder Centre received 8 potential claims and The McIndoe Centre received 2 potential claims. 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

Two patient forum sessions were held in 2024/25 across the organisation. Both sessions presented a range of valuable feedback and insights from patients and other participants. Benefits gained from these sessions have included the identification of services or care pathways to be improved, amplification of the patient's voice thereby creating great partnerships in quality improvement initiatives, as well as enabling early detection of concerns that need addressing.

The McIndoe Centre held Patient Forum was on the 9th of October 2024 using a virtual platform. Attendees included former patients, the Non-Executive Board members and Horder Healthcare staff from varied backgrounds and departments.

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:

- 'A shelf for toiletries and a towel rail in the en-suite bathroom would be useful'
- 'I am in a wheelchair - my shower room was not easy to access'
- 'Please offer a mild sedative to help patients feel less anxious before eye surgery'
- 'It would be great to have more information on moving and exercise after breast reconstruction surgery'

We have done:

- Checked all bathrooms: shelf for toiletries and towel rails now installed in those which didn't have them.
- We now have dedicated facilities for wheelchair users with a pull-down shower seat and a shower caddy fitted at the right height for wheelchair users: other measures are in progress.
- In your pre-operative consultation, your eye surgeon will discuss with you whether you'd like the option of a sedative tablet when you arrive on the ward for your eye surgery (after the consent form has been signed).
- All patients having this major surgery are now given a comprehensive booklet by the physiotherapist on day 1 post op. Our physiotherapist will visit you on the ward on Day 1 and Day 2 post op to go through relevant exercises 1-1.

The forum evoked great discussion on aspects of the patient journey that worked well. These included patients reporting having received outstanding care, having trust in the competence of clinical teams and feeling listened to – particularly in line with the 'you said ... we have done' slide above. Equally there was a discussion on elements that needed improving. Noteworthy, was the feedback highlighting the need for improvements in relation to 'Accessibility'; by making sure that everyone, including people with impairments (physical, sensory, intellectual or mental health-related) can equally access our services without unnecessary barriers.

Improvements also includes enhancing staff awareness and understanding on how best to support patients with accessibility challenges especially sensory impairment conditions such

as visual and hearing impairment. This feedback has prompted a renewed review of our patient pathways (through the lens of equal accessibility), allowing us to implement necessary modifications. Some of the improvements have been the sourcing of supplementary staff training on disability and visual impairments awareness, and the incorporation of British Sign Language training.

The Horder Centre Patient Forum was held on the 29th of November 2024 in-person. Nine patients attended, who had had surgery in the previous six months. The Head of Clinical Services led the forum. Also in attendance was the Ward Manager, Private Patient Liaison Nurse, Radiographer Centre Manager, Physician Associates and Head of Governance and Risk.

There were a lot of positive feedback comments shared by the patients, however, the Forum Lead did steer the discussion to focus on what can be done better. Discussion topics included the discharge process, staffing levels, sleep and information given to patients:

Discharge

- The group felt they had enough information to go home with.
- Getting back in touch was harder at the weekend or out of hours. There is no one on the desk late in the evening. There is also no reception cover on Sundays on the ward.

Discussion:

- *There have been ongoing issues with telephones at the weekend. When the phones are diverted to the nurse. There can be busy periods at the weekend. Making it difficult for the clinical teams to call back in a timely fashion.*
- *There is an answerphone function, but this again does not always get checked in good time depending on ward activity.*
- *This will be taken forward by ward manager and guest services manager. To find a solution to this issue.*

Staffing

A query was raised about the level of staffing at the weekend vs during the week.

Discussion: Head of Clinical Services and Ward Manager reassured that a staffing tool is used and is the same for the week and at the weekend. This also takes into account acuity. It was acknowledged that we do use agency staff although carefully monitored do not have the same commitment as substantive staff. Also discussed the successful recruitment into substantive posts on the ward which is much more stable and should provide a better service.

- Majority received a post op call day 3 on discharge.
- They would have liked more interaction. For example, the above-mentioned OPD clinics for pain, wound and investigations would be helpful for accessing support and guidance after discharge.

Sleep

A patient mentioned how poor their sleep was postoperatively. They were unaware of how much this would affect them.

Discussion: Patients were referenced to the new sleep section in the new hip and knee booklet. The patients thought this was invaluable and a patient who is going to have an operation in the new year took a copy of the new book to review as a patient expert!

Call bells on the ward are very noisy at night. Making it hard to sleep which also matches our PSQ reports.

Discussion: This is also being investigated as part of the genesis project. We are also looking at interactive TV's that could provide a call bell system which may alleviate some of the issues of loud call bells.

Information

- *Discussion with the group about moving away from post and to receive information and letters in emails. The group felt this was good progress.*
- This group had not been though the new life box system but liked the idea. With access to information on their phone or computer to read and watch from the comfort of their own home. The group felt that this was a move in the right direction and hoped to have an opportunity to use the system in the future if further admissions were required.

'When it goes Wrong'

- The group thought that it was refreshing to see that it was not all positive round the table and that there were people for who it had not been a smooth journey. One patient specifically asked had they been picked as we knew their background? Patients were assured it was random online selection.
- They felt it was good to be able to work with us and felt listen to and that they could see changes had been made. That their complaints had been taken seriously.
- An example was given where change had been made against the complaint from the patient's wife. On the back of the complaint we have changed how patients are admitted. Patient's now come via main reception and are met by either a porter or reception staff member and are escorted to their rooms and helped with transporting their belongings. The patient was pleased that we had listened to the concerns raised within the complaint and noted this was good feedback and told the group that he felt it was important that they raised issues so that changes can be made to make improvements.

What next?

- Communicate outcome from the Patient Forum to the wider team, including the Executive team and the Board.
- Implement an action plan to address concerns identified – monitor and evaluate progress.
- Plan for upcoming Patient Forums.

Fundraising

Aesthetic Fellows at The McIndoe Centre

The McIndoe Centre hosts at least three NHS trainee doctors each year on a four-month rotation, offering a training opportunity in plastic surgery with a strong emphasis on aesthetic procedures. As part of the surgical curriculum, trainees are required to gain experience across the full spectrum of plastic surgery, including aesthetic surgery.

Independent specialist centres like The McIndoe Centre play a growing role in delivering high volumes of elective surgical care for both the NHS and private patients. These centres provide an excellent environment for hands-on learning, helping trainees broaden their experience—particularly in aesthetic surgery, where opportunities within the NHS remain limited.

OPD Apprenticeships

Horder Healthcare is currently supporting one colleague to complete their OPD Apprenticeship, this supports the operating theatre team and provides patient care and all stages of an operation.

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.

First class hospital I would recommend the Horder centre to everyone. The treatment and quality is second to none. The staff and specialist all work to a very high standard. I can't thank you enough for my treatment.

Source: Doctify

Websites

Our websites provide visitors with a seamless journey, ensuring swift and effortless access to vital patient service information and health and wellbeing resources. The online experience has been designed to empower patients with trusted, accessible information, supporting them at every stage of their healthcare journey.

Our growing **health and wellbeing library** features a wide range of informative blogs that address common conditions, treatment options, and lifestyle advice. These articles are tailored to patient needs and aligned with our hospital services, helping readers make informed decisions about their care.

We have significantly increased the use of **consultant-led video content** across our websites, particularly on individual consultant profile pages. These videos offer patients valuable insights into procedures and treatments directly from the specialists delivering them, helping to build trust and confidence.

In 2024, we introduced **monthly live webinars** featuring consultant presentations followed by patient Q&A sessions. These events offer direct interaction with our clinical teams and provide an additional platform for patient education. Each session is recorded and housed in a new **Webinar Library** on our website, with the content also published on our YouTube channel to broaden accessibility.

In addition, our **Physiotherapist-led instructional videos** guide patients through pre- and post-operative exercises, helping to support rehabilitation and optimise recovery outcomes.

We also updated the **responsive search function** on The Horder Centre website in 2024, enabling visitors to more easily connect with relevant consultants and the full range of treatments available. This follows similar improvements made to The McIndoe Centre site in the previous year. Alongside a complete refresh of consultant profile pages, these updates further enhance user navigation and ensure patients can find the right support with ease.

Together, these developments reflect our ongoing commitment to providing a best-in-class online healthcare experience, underpinned by clarity, accessibility, and patient empowerment.



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, Crowthorne, 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 MSc in 1993. He completed his higher surgical training on the Royal College of Surgeons of England and became a Consultant Surgeon in 2003.

Hip Surgery

Mr Skyrme completed a specialist hip arthroplasty fellowship at the internationally renowned Mater Hospital, Sydney, in 2003. Here, he studied under Dr William Valder, who is one of the world's leading experts in hip surgery. Mr Skyrme also trained under Mr Hugh Aghajani, considered one of Europe's leading minimally invasive hip surgeons. Mr Skyrme specialises in the latest techniques to complex hip surgery, particularly the use of minimally invasive hip surgery (MIS). Key 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 currently performs hip knee rapid recovery techniques and passes only medication 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 143 knee procedures. He also works with the football Association and the local pentathlon club and has operated on penetrating footballs with sports-related injuries. He is trained on the Robotic Surgical Assistant (ROSA) knee system (Zimmer Biomet) and the Persena knee, which is a patient-specific arthroplasty.

Foot and Ankle Surgery

Mr Skyrme also performs foot and ankle procedures. He has published extensively in his field, particularly in foot and ankle surgery. He is a member of the British Foot and Ankle Society and has lectured internationally, particularly in foot and 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'. His presentations about treating young surgeons and won the Royal College Junior for Footbourns Junior General Hospital from 2005-2012.

*National Joint Registry data

New clinic in Brighton

Outpatient appointments with Mr Skyrme are now available to self-pay patients wishing to seek relief from hip and knee conditions from our new outpatients clinic in Brighton - every other Monday from 9am to 5pm.

*Find out more

Meet Mr Skyrme

In this Q&A video, Mr Skyrme discusses standard vs minimally invasive hip replacement surgery, and details which approach he takes.

He also explains the important stages of recovery following hip replacement surgery and highlights the key benefits of why patients should choose The Horder Centre.



Speciality

Foot & Ankle
Hip
Knee

Current memberships

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

Make an enquiry

Treatments



E-Newsletter

Our monthly e-newsletters remain a key communication tool for engaging patients and promoting services across Horder Healthcare. The Horder Centre newsletter is distributed to over 7,265 subscribers, while The McIndoe Centre reaches more than 4,602 individuals. Each edition provides a curated snapshot of developments, updates and educational content across our hospitals.

Every newsletter includes a focus on a specific procedure, a featured consultant, an inspiring patient story and timely blog content on key health and wellbeing topics. We also include practical lifestyle tips, including nutritious recipes, to support our holistic approach to patient care.

In 2024, we successfully leveraged The Horder Centre's larger and demographically older subscriber base to promote the growing women's health portfolio at The McIndoe Centre. This targeted approach has led to increased awareness and patient interest, demonstrating the

ABOUT | PATIENTS | NEWS | CONTACT | HORDER HEALTHCARE

Excellent

★★★★★

Reception: 01892 620909 | NHS: 01892 620922 | Private: 01892 620999

Patients | Treatments | Physiotherapy | Consultants | Events | Health Living | Exercise Classes | Locations

Cancel

Webinar Library

Discover our growing library of post-webinar recordings designed to inform and empower patients.

Covering various topics in orthopaedics, these expert-led sessions provide valuable insights into treatments, recovery, and the latest medical advancements.

Watch anytime, at your convenience, and gain a better understanding of your healthcare choices.

List of recordings

- Hand Pain Conditions
- Shoulder Pain Solutions
- Hip pain management: Do I need a minimally invasive hip replacement?
- Knee Osteoarthritis and the Benefits of Robotic Knee Replacement

See upcoming events

THE HORDER CENTRE

HAND PAIN CONDITIONS

Dr Mark McIndoe

Watch this video

Presented by Mr James Fitchett, a Consultant Orthopaedic Surgeon who treats the full spectrum of hand and wrist problems, including broad joint replacement for the finger joints and thumb base, orthostatic of the wrist.

His webinar highlighted the common conditions carpal tunnel syndrome, trigger finger, De Quervain's tenosynovitis, and tendinitis, while providing an overview of their treatment options and addressing questions submitted by participants during the Q&A session.

THE HORDER CENTRE

SHOULDER PAIN SOLUTIONS

Dr Mark McIndoe

Watch this video

Presented by Mr Matthew Kelly, a Consultant Orthopaedic Surgeon who specialises in the comprehensive management of all conditions affecting the shoulder, elbow and hand.

His webinar included important information on the latest and most effective treatments for rotator cuff tears, an overview of shoulder replacement surgery, and addressed questions submitted by participants during the Q&A session.

THE HORDER CENTRE

HIP PAIN MANAGEMENT

Dr Mark McIndoe

Watch this video

Hip pain management: Do I need a minimally invasive hip replacement?

Presented by Mr Syed Ahmed, a Consultant Orthopaedic Surgeon who specialises in hip surgery, with a particular interest in minimally invasive hip replacement.

His webinar provided valuable insights on effectively managing hip pain, exploring treatment options such as minimally invasive hip replacement surgery, and addressing participant questions during the Q&A session.

THE HORDER CENTRE

KNEE OSTEOARTHRITIS AND ROBOTIC KNEE REPLACEMENT

Dr Mark McIndoe

Watch this video

Knee Osteoarthritis and the Benefits of Robotic Knee Replacement

Presented by Mr Subash Chel, a Consultant Orthopaedic Surgeon who specialises in hip and knee procedures, including hip replacement, knee replacement, minimally invasive hip replacement, knee arthroscopy and revision hip replacement.

His webinar provided a deeper understanding of knee osteoarthritis, explored treatment options, and gave an overview of robotic assisted knee surgery. It also addressed questions submitted by participants during the Q&A session.

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value of cross-promotional opportunities within our group and the importance of aligning content with audience profiles.

Our newsletter strategy continues to evolve in response to performance insights and patient engagement trends, ensuring that the content remains relevant, informative, and aligned with organisational goals.

Social Media Engagement

The Horder Centre and The McIndoe Centre continue to actively engage with followers across a range of social media platforms, including Facebook, Instagram, X (formerly Twitter), and LinkedIn. These channels play a key role in sharing our values, services and success stories with a growing digital audience.

Our popular **Consultant in the Spotlight** feature showcases the expertise and achievements of our clinical teams, helping to build trust and confidence in the high standard of care we provide. We regularly share **inspiring patient stories**, which offer powerful insight into the life-changing impact of our treatments.

Through recognised **health awareness days**, we also raise visibility for key healthcare issues, and our blog content continues to serve as a trusted source of guidance and education for our online community.

Recognising the growing impact of video content, we have significantly increased production of **consultant-led Q&As, educational videos, and treatment explainers**. This strategy has yielded stronger engagement and more meaningful responses from patients, who increasingly prefer video as a way to connect with our services and gain insights into procedures.

In 2024, we also made a focused effort to build our social media following by **actively engaging and collaborating with several of the publications we advertise in**. These partnerships have helped extend our reach, improve visibility, and drive more relevant traffic to our content.

Together, these efforts are enhancing our digital presence and strengthening connections with current and prospective patients, while reinforcing our reputation as a trusted provider of expert care.

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 and 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 4.92-star rating.

Both sites have been awarded the prestigious Doctify Certificate of Excellence, a recognition that places our hospitals among the top 10% to 30% of practices nationwide. This recognition reflects our unwavering commitment to delivering outstanding care and exceptional patient experiences.

E-magazine

As part of our ongoing commitment to transparency and patient engagement, we are pleased to introduce the latest editions of our digital magazines for both [The Horder Centre](#) and [The McIndoe Centre](#).

These newly updated publications are available to download or view as interactive magazines online and provide a comprehensive overview of our private healthcare services. Each edition includes a refreshed consultant directory, clear information on pricing and finance options, and highlights of our patient-focused innovations, such as robotic-assisted surgery and new minimally invasive techniques.

Designed to support informed decision-making, these resources also showcase our facilities in Crowborough, Eastbourne, Seaford, and Brighton and include real patient stories that reflect the positive outcomes of care in our hospitals.

These publications form a key part of our quality assurance and communication strategy, ensuring patients have access to accurate, accessible, and up-to-date information when considering treatment.

I had a total hip replacement and I couldn't find fault with anything during my stay. The staff were friendly and explained every step to me. My operation went very well and I can't praise my consultant highly enough. I was put at ease. On the ward they kept an eye on me with routine observations. Physio was very helpful and had me up walking very quickly. The food was lovely and hot! I honestly can't find fault with anything.

Source: Doctify

Leadership

Recruitment and Retention

We continue to review and develop our current recruitment and retention strategy to ensure that it remains attractive, equitable, diverse and inclusive to all potential candidates and current employees. Using key recruiting platforms that offer a high-volume of reputable and high calibre candidates, such as LinkedIn and Indeed, as well as taking a proactive approach in reaching out to future talent directly rather than waiting on applicants to apply to open roles, we have managed to improve and stabilise the time to hire across the business, as well as reduce the vacancy percentage rate to 1.81% (the set target is to be no higher than 5%).

The clinical vacancy percentage remains at its lowest percentage in a 6-month period at 2.22% and the non-clinical percentage remains as its lowest percentage in an 8-month period at 1.42%.

As part of the retention strategy, we rolled out a new pay scale structure for both clinical and non-clinical, giving clarity as to where and why employees sit at the levels shown, introduced a framework to help support managers in having development conversations with their team members, in turn allowing people to better understand what they need to do within their roles to develop in both skills and salary. This has helped to stabilise our turnover to 20.47%, the third lowest percentage in a 12-month period.

With the final recruitment cohort of overseas nurses, there has been a reduction in agency spend across several clinical departments, as well as department stability.

We will continue to review our strategy, recruitment channels and plans going forward to ensure they remain attractive to the external market and ensure that our pay scales are annually reviewed and benchmarked to ensure that we remain market competitive in both salaries and benefits, in turn positively impacting our attractiveness as an organisation to potential future candidates.

Work Experience

Each year, we receive a high volume of requests from students seeking work experience placements with Horder Healthcare. These placements provide valuable insight into the workings of a hospital, helping students make informed decisions about their A-level choices and future university pathways.

In previous years, we've welcomed over 20 students annually, and this year we are expecting to support upwards of 30 placements across a wide range of departments.

Our programme offers students the chance to shadow staff in both clinical and non-clinical roles, providing a comprehensive view of the patient pathway. It also highlights how patients access our services—whether through the NHS or privately—and showcases the vital role each team plays in delivering a high-quality patient experience.

Feedback from both students and schools has been overwhelmingly positive, and we are proud that this initiative aligns with our charitable purpose: to engage with and support our community through education and training.

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 maintained the strong momentum that has been established, continuing to explore and make effective use of available funding streams to support staff development across the organisation. In addition to ongoing leadership and Mental Health Advocacy programmes, the department has successfully embedded the Customer Service in Healthcare – Level 2 qualification, and secured funding to continue the delivery of ILM Level 3 Management Training. These initiatives offer valuable opportunities for colleagues to broaden their knowledge and enhance efficiency and effectiveness throughout the organisation.

The previously launched development programmes, ELEVATE and ASCEND, continue to provide outstanding opportunities for staff to develop both personally and professionally. Both programmes have received highly positive feedback from participants, with measurable progression in career development noted in many cases.

The annual training calendar continues to be reviewed regularly to ensure it remains aligned with national standards and requirements. The most recent addition is the Oliver McGowan Learning Disability and Autism Training Programme, which commenced in September 2024. Horder Healthcare's clinical compliance rate for this training now stands at 85%.

City and Guilds

Horder Healthcare'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.

A key aspect of the Horder Healthcare Training Centre's commitment involves supporting the professional growth of non-registered practitioners through robust training and qualifications, ensuring compliance with national expectations such as those outlined in the Care Certificate (Skills for Health) implemented by The Government in 2015.

The Care Certificate is the starting point for the development of all non-registered clinical practitioners, and the minimum National Standard required by all care workers who work directly with patients.

This certificate is delivered in-house by the training centre team and managed by the Internal Quality Assurance (IQA) team to ensure standardisation of delivery.

To further enhance the skills and career progression of the non-registered clinical practitioners, the training centre now offers the Level 3 Diploma in Healthcare Support. This qualification enables learners to deepen their understanding of healthcare delivery and refine their practical/clinical skills within their current roles. It covers a range of units tailored to specific clinical tasks, ensuring relevance and immediate application in the workplace.

As an accredited training provider, Horder Healthcare is well-positioned to support suitable candidates through these advanced pathways. Learners benefit from in-house training, 1-1 support, and many other training opportunities that would not be readily available if not delivered in-house. This process ensures a seamless transition into these higher-level roles.

All qualifications offered not only support individual development but also strengthens the organisations capacity by creating a skilled, motivated workforce that can respond to the evolving demands of healthcare. Through initiatives like the care certificate and health diplomas we are able to foster a culture of learning, competence and progression, ultimately enhancing outcomes for patients and career satisfaction for staff.

Successful completion of the Level 3 Diploma opens doors to further progression including the Level 5 Diploma for Assistant Practitioners in Healthcare or the Nursing Associate programme, provided that learners meet the relevant entry requirements.

In line with its aspirations for expansion, the training centre continues to develop registered practitioners to qualify as Assessors and Internal Quality Assurers.

Current qualifications available:

Assessment Level 3 - this qualification develops learner assessors (who can be any staff member who meets the relevant entry requirements) to understand the principles and practices of assessment and how to assess competence in the work place.

Quality Assurance Level 4 – this qualification develops qualified assessors who meet the relevant entry requirements to understand the principles and practices of internally assuring the quality of assessments undertaken within the workplace and meeting the requirements of our annual external audit conducted by City and Guilds.

The qualifications are designed for any staff assessing and carrying out quality assurance in all occupational sectors, accredited learning, non-accredited learning and qualifications on the National Qualification Framework (NQF).

The centre manager also works alongside the recruitment team by interviewing new starters to gain an understanding of any previous experience and qualifications achieved. This allows

development of specific training plans/programme built on their existing skills and matched to individual and departmental needs.

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 have launched Perform, the organisation's new and interactive appraisal system. Moving from paper-based appraisals and reviews to an online system has allowed 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 reports on real time data, from training completed to progress reporting per objective, and aligns to the 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 continue to be committed to our IT principles, emphasising cloud first and internet accessible systems, while exploring the integration of AI technologies. We are deploying the latest system updates to ensure our computers remain secure, whilst also upgrading computers to increase efficiency and avoid outages due to out of data systems.

Projects

Over the past year, our team has successfully completed several high-impact projects, beginning the implementation of Windows 11 across our organisation, we completed the deployment of our updated internet connections, increasing resiliency and performance. We have also developed solutions to encrypt and send letters to patients via email in a secure way, reducing the time it takes for patients to receive these communications and reducing cost by avoiding printing and postage.

These initiatives have significantly improved operational efficiency, demonstrating our commitment to leveraging innovative solutions for sustained growth and excellence.

Cyber Security

Horder Healthcare continues to meet the standards set out by the NHS by submitting the NHS Data Security & Protection Toolkit (DSPT). This is achieved by annual penetration testing, continuous vulnerability managements and the embedding of continuous learning through the cyber security industry and within healthcare by reviewing our existing processes and systems against best practice and learning from others incidents.

Business Intelligence

Horder Healthcare (HH) continues to achieve the required milestones set out by PHIN under the CMA Private Healthcare Market Investigation Order 2014, and all require reporting of our NHS activity. Our focus on data quality remains and continues to improve.

Quality Priorities Identified for 2025/2026

Identifying key priorities to enhance the quality of our services at Horder Healthcare remains central to our strategic ambition of achieving excellence in everything we do. Building on the work initiated in previous years, as well as having reflected on recent incidents and our organisational strategy, we have chosen to focus on specific priorities outlined below. These priorities will continue to be viewed through the lens of the Care Quality Commission's domains; safe, caring, responsive, effective, and well-led. This offers a comprehensive framework to build upon as it forms alignment with regulatory requirements and our organisational strategic principles and 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 2025/2026 are:

Safe

Embed the Arthrosamid Injection Service Provision and Auditing of Outcomes.

Arthrosamid is an innovative, non-biodegradable injectable hydrogel used to treat knee osteoarthritis. It's designed to provide long-lasting pain relief and improve joint function by cushioning the knee joint. This minimally invasive injection is gaining traction across Europe and the UK, owing to its numerous benefits including the provision of long lasting pain relief and offering an alternative for patients who are not ready for, or are not suitable for having knee replacement surgery.

Having introduced the service beginning of 2025, we aim to:

- Conduct an ongoing audit that captures and reports on patients' outcomes and experiences.
- Regularly review the effectiveness of the service via appropriate Committees, being responsive to improvement changes that may be required.
- Expand service provision, if warranted, through collaborative working with Consultant Surgeons qualified to offer this treatment.

Caring

Enhance patient experience through an improved informal complaint escalation and management process.

We are committed to providing a caring, safe and high-quality service. Feedback is essential for the organisation to enable continuous improvement with an aim to strengthen care delivery and the confidence of those we serve.

We aim to strengthen our internal processes and approach by pro-actively recognising concerns early on and offering appropriate resolutions. This approach will reduce concerns or issues escalating to formal stages, which can prolong the distress and / or suffering for those involved. This approach will improve patient experience, help build trust as it illustrates commitment to a culture of continuous learning and improvements.

- Clinical Managers and/or Clinical Leads to undertake 'daily rounding' with an intent to check-in with patients on their experience, and ensure required actions are noted and implemented.
- Create an in-house facility/service that enables service users to communicate concerns early on, thereby helping resolve issues timely and before escalation to a formal complaint.
- Support uptake onto Customer Care training programmes.
- Improve the engagement and the involvement of Patient Representatives in the Patient Experience Improvement Agenda.

Key performance indicators for against this objective will include a review of the number of formal complaints received, the nature of responses received from the patient satisfaction questionnaires, Patient Forums and other patient platforms.

Responsive

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

We will continue the work from 2024/25 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

Some improvements have been achieved through the digitalisation of Health & Safety audits via an enhanced audit module on the Risk Assessment and Decision Aid Recording (RADAR) system. This has streamlined audit reporting compliance and provided new insights into improvement areas.

We aim to:

- Continue reviewing all clinical audits (including the MSK Physiotherapy audits), medicines management and infection control audits, so to ensure they are still relevant and up-to-date, as well as in alignment with national guidance.
- Adopt an electronic completion and reporting of all audits, using the RADAR system. This will allow improvements and efficiencies in reporting of all audit outcomes. In addition, will enable the seamless linkage of action plans to risk management and / or incident reporting where applicable.

Embed and Grow the Women's Health Check (WHC) Service

This is a self-pay service which launched in 2024. It is offered to women who wish to have their general health assessed by a GP and have a health screen performed. After the patient has had a Women's Health Check, they have an opportunity to discuss any results that are available on the day. The GP is able to make some immediate recommendations, give lifestyle advice and where appropriate, some information about possible onward referrals. If any results are of concern, the management plan will be discussed and agreed.

The service offers a variety of women's health screening and diagnostics tests including cardiovascular risk factors screening, breast check and examination and Faecal Immunochemical Testing (FIT). We aim to embed the newly launched service, whilst exploring opportunities to enhance service product offerings, such as the inclusion of Cervical Smear screening.

Effective

Digital Agenda

During 2024/25 we successfully launched the project on the digitisation of pre-operative assessment processes by adopting the LifeBox system. Further achievements were gained from transitioning to electronically collecting Patient Reported Outcome Measures (PROMs) data by using the My Clinical Outcomes (MCO) system. As we continue to embed these systems, we recognise that the Digital Agenda journey is an ongoing one due to evolving innovation in healthcare.

We continue to strive to adopting other digital technologies or innovations such as:

- Artificial intelligence (AI) driven initiatives, alongside the rolling out digital literacy training programmes
- Commence preparations to upgrade to the Patient Administration System (PAS) so to better streamline administrative tasks, enabling clinical workflow efficiencies, improved data quality and compliance.
- Develop and evaluate a plan for electronic prescribing and electronic patient record systems.

Participation in Healthcare Research initiatives

Participation in research initiatives will offer strategic, operational and social benefits. These will include supporting the development of new treatments/technologies which could bring innovation and improvements in patient care and outcomes. Equally this will provide the organisation with competitive edge, workforce development opportunities and additional revenue streams from grants through partnerships.

Driven by the Physiotherapy Team; we will continue to:

- Review the organisation's Research Strategy to ensure relevance and to enhance overall research acumen.
- Increase exposure/involvement in research by seeking representation in external research bodies (eg South East Research Delivery Network and Q Community).
- Develop Research "page" on the organisation's Intranet page (The Hive) and the Website in order to promote initiatives research internally and externally

- Actively identify suitable research studies to participate in, including those sponsored by the National Institute for Health and Care Research (NIHR).

Well-Led

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:

Great Place to Work

The team have rolled out the cross-site and department activity of the Tonbridge Dragon Boat race, due to take place in September 2025. So far, we have had 20 registrations for the event and have also taken out a sponsorship for the event to allow for marketing and publicity of Horder Healthcare.

We continue to roll-out initiatives such as the book club which has been a good success since originally launched in 2024.

Going forward, the team are keen to:

- Continue the Christmas Market but will review locations and sellers to allow for a more varied and inclusive set-up.
- Review all engagement activities to ensure they in line with ED&I.
- Host raffles yearly, reaching out to local businesses for prize donations and extend the raffle period to allow for more people to take part.
- Winter Charity engagement - Charity donations / collection for warm supplies to hand out to local charities in the communities

Promoting Physical Activity and Improving Staff Wellbeing; led by the Physiotherapy Team

We are as passionate about improving the health and wellbeing for our staff as we are for our patients and are keen to share our work with the wider healthcare community. We believe that a healthy and happy workforce positively impacts patient safety and this approach supports population health management with a focus on preventative care. Following the pandemic, Horder Healthcare experienced high sickness and turnover rates. Having implemented initiatives to support patient health and wellbeing whilst awaiting surgery, the physiotherapy team collaborated with the HR department to determine strategies to support the workforce. It was identified that ways of working and organisational culture contributed to physical inactivity which is known to significantly influence general health. Physiotherapy initiatives have been implemented, healthy behaviours promoted and organisational policies adapted, in a bid to improving the health and wellness of the workforce.

We will continue to :

- Design, promote and offer exercise initiatives and / or resources that provide physical and psychological benefits to all staff.
- Maintain standards aligned to “Wellbeing at Work” Bronze accreditation received in 2025.

- Work in collaboration with other departments, including Catering and HR, in driving the workforce well-being agenda.
- Submit initiative for the Health Service Journal (HSJ) Patient Safety Award.

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.

We intend to continue to develop colleague ED&I awareness and knowledge so that we continue to improve the experience for all our patients and colleagues across the organisation.

- Promote HH brand as an inclusive and diverse employer.
- Register HH as a Dyslexia Friendly Workplace and develop our approach to support our neurodiverse workforce and patients/ visitors.
- Improve accessibility and communication platforms through exploring more opportunities to train colleagues in areas such as British Sign Language (BSL) and Visual impairment awareness training.
- Raise awareness and skills within the HH workforce to ensure that we deliver the best care for our patients.

Freedom to Speak Up Champions

Pursue the work started by the Freedom to Speak Up champions across the organisation. These partners play a vital role in fostering a culture where staff feel safe and empowered to raise concerns. Our Champions act as accessible, impartial points of contact for colleagues who wish to speak up about any issues that may compromise patient care, staff wellbeing, or the integrity of the organisation. This supports the organisation in building a healthy culture, where all colleagues feel empowered to voice concerns.

Gender Pay Gap

Key Initiatives Driving Improvement

Several strategic initiatives will continue these including:

- **Departmental Pay Scale Alignment**
To continue to evaluate pay scales across all departments to identify disparities and implement necessary adjustments.
- **Commitment to Pay Transparency**
To strengthen our pay transparency policies, to foster an environment where employees have confidence in the fairness of our reward system. Regular pay audits and data-driven assessments will take place proactively address any discrepancies.
- **Leadership Development and Career Progression**
To support long-term gender pay equity, we continue the initiatives aimed at empowering women in their career progression.

STATEMENT FROM THE CHAIRMAN OF THE BOARD

At Horder Healthcare our vision is to be the best provider of healthcare services within a therapeutic environment, providing outstanding places to work, practise medicine and receive care. Our core values are at the heart of everything we do, delivering excellence to both NHS and private patients and the communities we serve.

I am therefore delighted to note that this quality account demonstrates that our two hospitals and our outreach centres have continued to do this in 2024-2025. In my experience, happy and committed staff make for relaxed and confident patients, and that is evident at Horder Healthcare.

I am proud to support my clinical and non-clinical colleagues in this organisation and delighted to see, when I visit our hospitals and outreach centres, and when I read the reports that come to our Board, that our teams are committed to making a positive impact on the health of individuals, communities and society over the long term.

Susan Sjuve
Chair