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Introduction from the Chief Executive

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

Hospitals
2

Outreach Centres
2

In patients
3,065

Day cases
4,031

Outpatient appointments
21,161

Employed colleagues
479

Our mission: We are a leading provider of high quality healthcare services, demonstrably improving patients’ health and striving to make a positive difference to people’s lives

Horder Healthcare has a long and proud history of supporting the NHS in providing high quality healthcare for the residents of Kent, Surrey and Sussex.

The Horder Centre is 1 of 5 hospitals in England delivering more than 2,000 hip and knee replacements per year

2018/19 was a challenging year for Horder Healthcare. The national downturn in NHS activity had a direct impact on our financial position and led to a necessary focus on cost-savings and efficiencies. However, we remained resolute in our focus on patient safety and in maintaining our existing high clinical standards. It is against this backdrop that I am delighted to introduce our latest quality account.

There are three themes in the report of which I am particularly proud. Firstly, there is our stated commitment to openness and transparency. We are one of only a small number of independent healthcare organisations, which reports patient safety incidents through the NHS National Reporting and Learning System (NRLS), our infection control data is published by Public Health England, and our patient outcome data is available for direct comparison with all other healthcare providers in England.

Secondly, we remain fully committed to working alongside the NHS in continually improving the quality of care for all NHS patients. To this end, I am especially pleased that we are working with Professor Tim Briggs on his ‘getting it right first time’ orthopaedic programme. We are helping develop a key set of quality indicators that Professor Briggs will be able to share with other independent healthcare providers, ensuring common measures and standards across the sector.

Thirdly, there is the huge amount of day-to-day work that goes on by everyone employed at Horder Healthcare to keep us focused on our core purpose of providing outstanding healthcare. This can range from formal audits, to infection control training, to simply taking the time to make sure patients are listened to.

Therefore, whilst it has been a challenging year we remain determined to maintain and improve our standards, and to keep high quality services at the heart of what we do.
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.

Horder Healthcare’s 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 provide a means for delivering clinical and wellness services to people in their local communities through advanced practitioners and physiotherapists and we provide musculoskeletal services across East Sussex for physiotherapy and extended scope practitioners.

Our people are truly 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.

This can all 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

“Six stars! I have used three Horder Centres. The staff are professional, well trained and always give me confidence. The organisation warrants 10/10 along with premises and cleanliness. I cannot recommend enough” - Source: Google
Performance against Last Year’s Quality Priorities

The key areas that were chosen for development during 2018/2019 were:

To develop an organisational wide Quality Improvement Programme, which will commence with the priorities for improvement detailed below; however, this will be a dynamic document that will change throughout the year as new issues are highlighted. During the year, an operational development plan was created across the whole of Horder Healthcare. As this evolved, it has now become separate quality improvement plans for The Horder Centre, The McIndoe Centre and corporate services. These plans are reviewed and updated on a monthly basis.

Safe

- **Ensure full compliance with GDPR regulations.** Horder Healthcare met all GDPR regulations.
- **Implement any recommendations following the publication of National Audit Project 6 (NAP6) audit for anaphylaxis.** All guidelines have been fully implemented for the management of anaphylaxis. There are now red reference folders in each anaesthetic and recovery room that contain all AAGBI guidelines and the “Guidelines for Crises in Anaesthesia”. These are step guides and cover almost every eventuality.
- **Further enhance the risk management programme.** Risk registers in place across all strategic and operational parts of the business with regular review by the Risk Scrutiny Group, Executive and Board.

Caring

- **Hold two patient forums, one regarding pain relief for knees and effectiveness of mechanical and alternative methods.** The other to look at discharge methods. Patient forum took place regarding alternative strategies for knee pain (see p37).
- **Staff survey and action plan from results.** Staff survey completed and action plan in place to meet any areas for development (see p44).
- **Develop friends and family audit tool for the MSK service.** The physiotherapy team introduced the friends and family test, which ran from August to December 2018 (see p9).

Responsive

- **Audit TSSU compliance to standards across both hospitals.** Work continues to develop an appropriate tool for compliance and quality assurance, which will integrate into both electronic tracking systems. This is under review with advice from our Clinical Nurse Specialist for infection prevention and control.
- **Demonstrate efficiencies across all departments to meet current activity levels.** Staffing levels have been monitored throughout the year to ensure patient safety remains a priority. All departments work within key performance indicators to keep costs within budget. Corporate roles have developed to provide cross-site support and management together with individual employees working across the two hospitals as required.
- **Make effective use of business intelligence data to inform practice.** Work is due for completion shortly on a data warehouse. This will make data analysis easier as it will pull together data from the two separate patient information systems at The Horder Centre and The McIndoe Centre.
Effective

- Commence additional post discharge knee physiotherapy clinics / classes. Additional post discharge physiotherapy clinics have been initiated together with ‘Escape’ knee classes which is an evidence based exercise course to improve pain and function for patients with osteoarthritis of the knee.

- Complete the audit on Oxycodone for post-operative knee pain and act on results. If this does not prove effective, identify alternative pain management protocols for knee replacement patients. Audit completed on the Oxycodone regime for knee surgery patients. Little improvement found hence the initiation of the pain forum and alternative complimentary recommendations being planned and put in place.

- Complete the transition of all hospital policies onto ‘policy hub’. This was due to have completed in March however the project was more involved than initially thought and therefore will complete by August 2019.

- Commence the ‘StArt Back’ programme in MSK. The StArt Back tool is now in place, which is a screening tool to identify the severity of back pain, and identifies patients suitable for a simple back pain class.

Well-Led

- Ensure adherence to recommendations in ‘Getting it Right First Time (GIRFT). Horder Healthcare volunteered to be a pilot site for the GIRFT programme for the independent sector. Professor Tim Briggs visited The Horder Centre and gave extremely positive feedback against the GIRFT protocols.

- Comply with any recommendations post Paterson enquiry as known. Horder Healthcare is part of the Independent Hospitals Partnership Network and attended several updates regarding recommendations post Paterson. Further work is under way nationally regarding assurance of consultants under practice privileges.

- Update and disseminate practice privilege policy. The policy has been reviewed and updated in line with GDPR and the Competition and Markets Authority requirements.

- Successfully recruit hip fellow. Despite advertising externally, there was a lack of suitable candidates. Plans are in place to potentially bring trainees into The Horder Centre from Maidstone and Tunbridge Wells NHS Trust.

- Participate in research opportunities as available. Research has taken place into Accolade hip prostheses by one of our surgeons together with University College, London.

- Demonstrate continued compliance to CQC standards and complete annual mock CQC audits with aim of both hospitals achieving an outstanding rating – CQC mock inspections took place at both The Horder Centre and The McIndoe Centre in December 2018. All recommendations were added to departmental action plans and the appropriate operational development plan and reviewed on a monthly basis.

“Having never been in hospital before in my life at the age of 69, I was an extremely nervous patient, however I cannot thank ALL the staff at the Horder Centre for putting me at ease, the operation was amazing and I was walking without crutches after 10 days, the care and stay in the Horder was absolutely superb”
MSK Division

Activity

Horder Healthcare continues to provide a huge number of physiotherapy interventions for people with musculoskeletal problems. In 2018/9, 8,370 new patients were seen with 37,773 treatment sessions provided. The slight decrease in patient numbers from the previous year was as a result of the closure of our Tunbridge Wells clinic midway through the year. Almost 85% of referrals have come from GP referrals via Sussex MSK Partnership East (SMSKPE) with the remainder being post-operative, consultant or private referrals.

![New Patients and Treatment Sessions in Physiotherapy](chart)

Extended Scope Physiotherapist becomes Advanced Practitioner

Since the advent of SMSKPE, Horder Healthcare has provided over half of the specialist clinicians to fulfil the triage role required. The term now used to describe these clinicians is “Advanced Practitioner” to better represent their competency and training to undertake this role compared to the previously used term of Extended Scope Practitioner.

Advanced Practitioner Activity

The service commenced seeing patients with face-to-face appointments in April 2015, doing 885 sessions in 2015-16 seeing 4,144 patients. In 2016-17, we provided 1,216 sessions at four hours each seeing 7,614 patients. In 2017-18, the Horder Healthcare Advanced Practitioners conducted 1,231 clinic sessions, seeing 8,330 patients indicating an increase in utilisation of clinic time. 2018-19 saw an increase in the number of clinics undertaken by our Advanced Practitioners to 1,717 sessions, but a decrease in the number people seen to 7,312. The reduction in the number of people seen last year was as a result of patients unable to attend or the time being allocated to do electronic triage instead of face-to-face appointments.
MSK Health and Wellbeing Classes
The number of people attending the Health and Wellbeing classes has continued to climb. We now run 69 classes per week, an increase on the previous year despite the closure of Tunbridge Wells, led by either a Health and Fitness Rehabilitation instructor or Physiotherapist. This is the highest yearly total of people attending classes held by Horder Healthcare. This increasing number of people attending the Health and Wellbeing classes supports Horder Healthcare’s charitable aim of improving the health of increasing numbers of people.

Quality
The key areas for MSK services that were chosen for development during 2018/19 were:

1. Clinical Effectiveness
   a. 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 participation in clinical research
b. Clinical audits – internal and external

- **Patient Specific Functional Score (PSFS) evaluation - Completed**

  The aim of this audit was to investigate the contributing factors that were leading towards a percentage of the current patient caseload being discharged from physiotherapy services with a non-significant PSFS improvement score.

  Fifty-six sets of patients' notes were audited, and key themes were identified. 86% of notes audited did not show evidence of SMART (specific, measurable, achievable, realistic and timely) goal setting, although 98% of notes showed a rationale for discharge and evidence based care plans. Therefore, a training need to review the importance of SMART PSFS goal setting was identified with the team, which was organised across all sites with the Physiotherapy team. Recent data has shown improvements in PSFS significant improvement data since this training was implemented.

- **Notes audit: (Yearly) - Completed**

  An evaluation was completed to ensure physiotherapy notes comply with professional standards. Twenty-two physiotherapists completed the audit, comparing notes to the Chartered Society of Physiotherapy (CSP) standards. The results showed improved compliance outcomes when compared with the previous year’s results, and was deemed a positive learning experience by the team. Reflection of this audit has resulted in some changes being made and the 2019 audit will include more personalised feedback to each clinician, which will facilitate learning and goal setting.

- **CQUINS: Physiotherapy and AP Discharge letter audit (monthly) - Ongoing**

  Monthly audit of 10% of Physiotherapy discharge letters, 10% of Advanced Practitioner (AP) transfer of care letters and 10% of AP discharge letters evaluating signposting and provision to well-being services. This is a CQUIN target to achieve 95% compliance with the objective of appropriate signposting to other wellbeing services. Compliance with this has steadily improved since it commenced, mainly attributed to training and a change in the paperwork, which was identified as a need from a small audit completed last year.

c. **Measure Patient Rated Experiences (PREMs) - Completed**

- The Physiotherapy Team introduced the Friends and Family Test (FFT), which ran for a five-month period between August and December 2018.

- The average percentage of patients who were either likely or highly likely to recommend the service was 99% with 90% highly likely to recommend. Questionnaire completion compliance steadily improved to 38% by month 5. Both the result and completion compliance were above the published national average.

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“Staff at Horder Healthcare Eastbourne are brilliant really give excellent care and treatment. I could hardly walk with pain in ankle they sorted me out in 3 sessions. First class treatment they are punctual as well” - Source: Google
2. Involvement in Clinical Research

- TRIO Project: In 2015, Horder Healthcare was selected as one of 12 sites around the UK to become part of a nationwide, multicentre randomised controlled clinical research trial to establish if patients who are not progressing as well as expected following a knee replacement benefit more from intensive versus standard physiotherapy. Horder Healthcare was the only independent hospital to be involved in this study, which was sponsored, by the University of Edinburgh and Arthritis Research UK. Data collection finished in 2017 and results from the study are currently due for publication. Matthew Carr (former Clinical Quality Manager) won an Exceptional Patient Care award from the Clinical Research Network for his involvement in this study.
- Relationship between clinical education, supervision and knowledge acquisition: Matthew Carr (former Clinical Quality Manager) has been selected for sponsorship by the National Institute for Health Research to undertake a Masters by Research (MRes) at the University of Brighton to investigate the link between clinical education, supervision and knowledge acquisition in graduate physiotherapists. His research design is a qualitative grounded theory approach that seeks to establish theories as to how different approaches to training and supervision influence the clinical decision making and knowledge acquisition of physiotherapists. He has been undertaking interviews with the team at Horder Healthcare to support his research.

3. Outcomes – PROMs

Horder Healthcare continues to collect clinical outcome data to demonstrate the effectiveness of the MSK Physiotherapy services at all sites. The Patient Specific Functional Score (PSFS) has been collected for some years. The service has recently commenced collecting the EQ5D5L, which is a population based health measure. Overall, the benefits recorded by patients receiving physiotherapy treatment remain very high.

![PSFS and EQ5D Month by Month](image)

![Average Health Gain Per Pathway](image)
4. Development of Highly Specialist Physiotherapist Roles

In joint collaboration with Sussex MSK Partnership East (SMSKPE) and Sussex Partnership NHS Foundation Trust (SPFT), Horder Healthcare has developed two highly specialist physiotherapist posts to assist on the Pain Management Programme at SPFT and with Physiotherapy Improvement Projects (PIPs) across the physiotherapy team. These posts will also help bridge the career gap between senior physiotherapists and Advanced Practitioners (APs), as part of their role is to undertake electronic triage.

PIPs already developed and launched include:

- the Rapid Access Osteoarthritis Group to ensure patients with osteoarthritis (OA) can access appropriate treatment as soon as possible;
- the ESCAPE knee pain class which is an evidence based exercise course to improve pain and function of people with knee OA;
- the implementation of the collection of the Friends and Family test for Physiotherapy; and
- the development and roll-out of a screening tool to identify the severity of back pain (StArt Back) and to implement a simple back pain class.

5. Support for Colleagues to Undertake Higher Degrees

As mentioned above, Matthew Carr was able to successfully apply to do a Masters by Research (MRes) at the University of Brighton. In addition to this, we have also supported three further staff into higher degrees (MSc) which has directly assisted them to progress to become APs within the organisation.

“The Horder centre gave me excellent care for a hip replacement. The procedure was 5 months ahead of that offered in my local area. The centre runs like clockwork; and although running like an efficient conveyor belt, the staff are so friendly and obviously enjoy working there. I went in on time, came out on time, and the operation was a great success with a speedy recovery. I would not hesitate to recommend the centre to friends” - Source: NHS Choices
Safety

Infection Prevention and Control (IPC)

Horder Healthcare 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 hospital. 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 NHS protocols. We also provide all colleagues with annual mandatory training in Infection Prevention and Control and Hand Hygiene.

Infection Rates

We are very proud of our low infection rates and we have subscribed to participate in the reporting of the following mandatory Healthcare Associated Infection (HAI) statistics to Public Health England (PHE) on a monthly basis. In 2017, this was submitted directly to PHE with a minimum data set, which included NHS number, date specimen taken, date of admission and date of birth only.

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

- Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia
- Meticillin Sensitive Staphylococcus aureus (MSSA) bacteraemia
- Escherichia coli (E coli) bacteraemia

Other mandatory organisms reported to PHE are:

- Clostridium difficile infection
- Carbapenem Resistant Organisms
- Pseudomonas aeruginosa
- Klebsiella spp

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

It should be noted that currently it is difficult to benchmark for HAIs against other healthcare organisations in the independent sector as PHE have up to now only published experimental statistics for these healthcare providers. PHE 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>
<thead>
<tr>
<th>Infection Category</th>
<th>Reported Infections</th>
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<tbody>
<tr>
<td>MRSA bacteraemia</td>
<td>0</td>
</tr>
<tr>
<td>MSSA bacteraemia</td>
<td>0</td>
</tr>
<tr>
<td>E-coli bacteraemia</td>
<td>0</td>
</tr>
<tr>
<td>C-diff toxin positive</td>
<td>1</td>
</tr>
<tr>
<td>Carbapenem Resistant Organisms (CRE)</td>
<td>1</td>
</tr>
<tr>
<td>Pseudomonas aeruginosa</td>
<td>0</td>
</tr>
<tr>
<td>Klebsiella spp</td>
<td>0</td>
</tr>
<tr>
<td>Catheter associated urinary tract infections</td>
<td>0</td>
</tr>
</tbody>
</table>
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.

Reported infection summaries:

CRE - this one episode of CRE was reported as a community acquired infection as this was discovered through the admission screening process.

C-diff positive toxins - reported post discharge and on investigation it was established that this was likely to be a community acquired infection present prior to admission that was re-triggered by antibiotic therapies given whilst the patient was in hospital.

**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 and telephone surveillance.

**SSI Rates for 2018/2019**

<table>
<thead>
<tr>
<th>Surgical Procedure</th>
<th>SSI Reported (including patient reported)</th>
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<tbody>
<tr>
<td>Total Hip Replacement</td>
<td>0</td>
</tr>
<tr>
<td>Total Knee Replacement</td>
<td>2</td>
</tr>
<tr>
<td>Breast Surgery</td>
<td>0</td>
</tr>
<tr>
<td>Other surgery types – non reportable</td>
<td>6</td>
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</table>

Reported surgical infection summaries:

Total knee replacement - through review of the infections reported it was identified that there was no common factor for the cause of the infections and that all appropriate steps in the delivery of care to prevent infection occurring had been taken. All patients recovered fully from their infections.

Other surgery types - the infections identified were spread across differing surgeries undertaken. The types of infection reported also varied, and no common factor was identified following the review of all cases. All patients have recovered fully from their infections.
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. Meetings for the year were held bi-monthly at Horder Healthcare. Each clinical area now 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.

2018 saw the continuation of a robust audit programme that monitored standards of cleanliness and the delivery of key clinical tasks linked to patient care. 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. Audit findings are reported on at the IPCC and scrutinised, where areas of concern are identified actions are undertaken to rectify these and practices adapted/changed to improve compliance with IPCC standards.

Horder Healthcare also participated in national awareness projects such as Hand Hygiene Awareness Week and Infection Prevention Awareness Week where we promoted IPCC standards to both staff and patients through interactive displays in reception and departmental activities.

2018 also saw training for clinical staff on sepsis recognition and management and the implementation of the use of the UK Sepsis Trust tool kit as part of our emergency treatment protocols. This now forms part of our mandatory training programme for all clinical staff with refresher training to be completed every two years, and scenario situational training forming part of our annual emergency response schedule.

In 2019 we plan to review our aseptic non touch technique (ANTT) training for clinical staff with the aim of taking part in The Association for Safe Aseptic Practice (ASAP) ANTT accreditation programme in the future.

“Had a knee replacement 7 weeks ago and am progressing very well. I had an outstanding experience at this Hospital from start to finish and can’t praise the staff highly enough” - Source: Google
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.

Incidents are reviewed by the service lead in the applicable area and learning from the investigation is implemented in an achievable timeframe.

Incidents are discussed at weekly departmental HUBS, monthly Clinical Focus Groups and are scrutinised at the quarterly Clinical Governance meeting. Any trends are therefore identified quickly and steps made to reduce risks to patients.

Each quarter, healthcare organisations are required to submit data to the CQC on a defined set of clinical indicators. Horder Healthcare submits this data regularly and we believe that the results reflect the high level of care given to our patients and provides evidence of low infection rates and excellent outcomes.

Orthopaedic arthroplasty surgery was discontinued at The McIndoe Centre in quarter two 2018 due to a change of direction for the organisation following a flood, which rendered the x-ray department unusable. The McIndoe Centre continues with minor day case orthopaedic procedures along with ophthalmology, maxilla-facial and plastic surgery.

<table>
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<tr>
<th>Indicator</th>
<th>No. THC</th>
<th>% THC</th>
<th>No. TMC</th>
<th>% TMC</th>
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<tbody>
<tr>
<td>Patient mortality(^1)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Peri-operative mortality (within 48 hours of surgery)(^1)</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Unplanned re-admission (within 28 days of discharge)(^1)</td>
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<td>0.29</td>
<td>15</td>
<td>0.50</td>
</tr>
<tr>
<td>Unplanned returns to Operating Theatre(^2)</td>
<td>2</td>
<td>0.05</td>
<td>7</td>
<td>0.24</td>
</tr>
<tr>
<td>Unplanned transfers of inpatients to another hospital(^3)</td>
<td>13</td>
<td>0.32</td>
<td>4</td>
<td>0.13</td>
</tr>
<tr>
<td>Mortality within 7 days of discharge(^1)</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Pulmonary embolus at the hospital(^4)</td>
<td>4</td>
<td>0.10</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Deep vein thrombosis (DVT) at the hospital(^1)</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Inpatient dislocation at the hospital(^1)</td>
<td>2</td>
<td>0.20</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Unplanned overnight admission after day case(^4)</td>
<td>10</td>
<td>0.56</td>
<td>7</td>
<td>0.32</td>
</tr>
</tbody>
</table>

\(^1\) = as a % of discharges  \(^2\) = as a % of anaesthetic episodes  
\(^3\) = as a % of total hip arthroplasties  \(^4\) = as a % of day case procedures

Patient Mortality

There have been no incidents of patient mortality within Horder Healthcare during the reporting period.
Patient Safety Incidents

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 from and minimise risk whenever possible.

We pride ourselves on our value of integrity; honesty and transparency drives our organisation to report patient safety incidents through the National Reporting and Learning System (NRLS). NRLS is a central database managed by NHS Improvement. NHS organisations are required to submit their patient safety alerts to NRLS, whereas there continues to be no contractual requirement for the independent sector to do so. However, we began submitting patient safety incidents into NRLS from October 2017. We continue to work with NHS Improvement regarding patient safety data submission and will be engaged in the transformation process when NRLS is replaced with a new Patient Safety Information Management System (PSIMS) over the coming years.

During the reporting period of April 2018 to March 2019 there were 391 patient safety incidents reported across Horder Healthcare. Of those, 248 incidents were reported by The Horder Centre (THC) and our Outreach (O/R) centres and 143 were reported by The McIndoe Centre (TMC). Horder Healthcare reported 138 incidents that resulted in low or moderate harm, three of these incidents were reported as serious incidents (SI’s).

![Patient Safety Incidents](chart.png)

<table>
<thead>
<tr>
<th></th>
<th>Horder Healthcare</th>
<th>The McIndoe Centre</th>
<th>The Horder Centre</th>
<th>Incidents resulting in harm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTALS 18-19</strong></td>
<td>391</td>
<td>143</td>
<td>248</td>
<td>123</td>
</tr>
<tr>
<td><strong>TOTALS 2017-18</strong></td>
<td>382</td>
<td>154</td>
<td>228</td>
<td>138</td>
</tr>
</tbody>
</table>

Serious incidents are fully investigated using Root Cause Analysis (RCA) methodology and treated under statutory Duty of Candour. This includes regular contact and follow up with the patient and relatives. The findings of any investigations are shared with the respective departments through the Clinical Governance process via the Clinical Focus Group, Clinical Governance Committee and the Medical Advisory Committee.
The three SI’s reported by Horder Healthcare during this period were:

1. Patient suffered a Pulmonary Embolism (PE) requiring additional treatment and increased length of stay by two nights, which potentially delayed their recovery. *It was considered that all appropriate risk assessments and VTE prophylaxis had been followed and that there was no evidence to suggest that the PE could have been prevented.*

2. Patient suffered a PE requiring additional treatment at the local acute trust hospital due to cardiac complications. *Despite VTE risk assessments completed and VTE prophylaxis regime adhered to, the patient developed bilateral PEs and cardiac complications. The learning from this incident was due to the patient suffering with excessive vomiting. This led to the patient not mobilising within the expected parameters. Dehydration and delayed post-operative mobility were considered as possible root causes of the PE.*

3. Patient suffered a PE requiring additional treatment and an increased length of stay by two nights. As in SI1 *it was again found that all appropriate risk assessments and VTE prophylaxis had been followed and that there was no evidence to suggest that the PE could have been prevented.*

**Medication Errors**

During the reporting period there were 35 medication errors reported all of which had a negligible outcome.

All medication incidents are recorded whether they are near misses or have actually occurred. A full investigation takes place to ensure any lessons learned are shared with all clinical staff. All incidents are further discussed at the Clinical Governance Committee, Pharmacy Review meetings and any incidents pertaining to Controlled Drugs are reported to the local intelligence network.

The medication errors with a negligible outcome have been divided in the below pie chart by adverse event:

---

“I cannot fault The McIndoe Centre or the hospitality and care the staff gave. I could not have been made more comfortable or looked after pre and post-surgery. The best hospital visit I’ve ever experienced in my lifetime and that’s a credit to the staff, nurses and surgeons in this centre.” - Source: Facebook
The nine medication errors within the ‘Other medication incident’ did not have an adverse event to categorise them. One was due to a patient self-administering his own supply of a controlled drug, four were connected with the disposal of medication and four were due to administration errors by staff.

**Duty of Candour**

A culture of openness and honesty is well-embedded practice within Horder Healthcare and staff are encouraged to apologise if a mistake is identified.

As part of this process, we ensure that the person affected has an opportunity to discuss what went wrong, how we can help them to cope with any harm caused and what we will do to prevent it happening again.

Any learning following a thorough investigation is shared with the patient or their nominated representative and any feedback is acted upon. The clinical governance team oversee the investigation and reporting under the Duty of Candour and monitor the completion of any action plans.
To support members of staff to understand the duty of candour, policies and standard operating procedures are available alongside targeted training on an individual basis.

**Safety Events**
The process of managing safety alerts has evolved over the last 12 months and our governance team has worked closely with all departments to ensure alerts are reviewed and actioned in the timeframes set within the alert.

The Central Alerting Service (CAS) sends Horder Healthcare a variety of different alerts that are distributed to the appropriate managers to advise us whether the alert is applicable to the organisation and if so, what areas are affected.

We receive weekly field safety notices, medical device alerts, pharmacy alerts, patient safety alerts and also other irregular alerts related to an incident with a piece of equipment or drug.

The number of alerts received by Horder Healthcare between April 2018 and March 2019 was 182. Of these, 38 were applicable to Horder Healthcare with 20 applicable only to The Horder Centre and 10 applicable to The McIndoe Centre.

Within these alerts, there have been 10 National Patient Safety Alerts of which four were considered actionable within Horder Healthcare:

1) The guidance on the adoption of the revised National Early Warning Score (NEWS2) observation charts.
2) Advice regarding standardisation to support the safer modification of food and drink.
3) Information to ensure staff are educated regarding safe and timely management of hyperkalaemia (high level of potassium in the blood).
4) Information and education regarding the risk of harm from inappropriate placement of pulse oximeter probes.

"An excellent service from start to finish. A professional team who care about you personally. Nothing is too much trouble: your welfare is of paramount importance to them. All areas of the hospital work well together: this gives the patient a feeling of security and stability. I cannot praise the whole team enough: for what can be a nervous experience initially; all queries/concerns/ fears are laid to rest with a calm and reassuring attitude" - Source: NHS Choices
Seven Day Services Clinical Standards

All providers of acute care services are now requested to include information on the implementation of the seven-day hospital services as detailed below:

- **Patient experience** – All colleagues who work in our community outpatient clinics have received training in shared decision making to ensure patients make an informed choice about treatment options. We regularly review all patient feedback and deal with complaints in an efficient and open manner.

- **Time to first consultant review** – This is not applicable as relates to emergency admissions.

- **MDT review** – This is not applicable as it relates to emergency admissions.

- **Shift handovers** – All patients are reviewed on a daily basis by members of the multi-disciplinary team led by a competent senior decision maker.

- **Diagnostics** – Horder Healthcare works in partnership with Medical Imaging Partnership and Spire Pathology to provide access to diagnostics, radiology and pathology seven days a week.

- **Intervention / key services** – 24 hour access, seven days a week to key consultant-directed interventions. A service level agreement is in place with the local NHS Trust to transfer patients requiring key services not provided locally.

- **Mental health** – Not applicable as Horder Healthcare does not admit patients with mental health issues.

- **On-going review** – Patients with high dependency needs are transferred to our local NHS Trust as per service level agreement.

- **Transfer to community, primary and social care** – support services are provided seven days a week i.e. pharmacy, transport, physiotherapy etc.

- **Quality Improvement** – All colleagues are involved in our quality improvement programme and information on patient outcomes is disseminated to all departments.
Patient Falls

Inpatient Falls Summary

There was one inpatient fall at The McIndoe Centre during the reporting period. This is a decrease of two from last year’s figures as would be expected following the cessation of major orthopaedic work.

There have been 45 inpatient falls at The Horder Centre. This equates to a patient fall rate of 6.76 falls per 1,000 bed days.

The NRLS requires reporters to assign one of five degrees of severity of harm: no, low, moderate, severe and death.

The National Patient Safety Agency (NPSA) applied falls definitions to these categories:

- no harm: where no harm came to the patient, e.g. no visible bruising
- low harm: required first aid, minor treatment, extra observation or medication, e.g. graze on right hand
- moderate harm: likely to require outpatient treatment, admission to hospital, surgery or a longer stay in hospital, e.g. fractured pubic rami
- severe harm: where permanent harm, such as brain damage or disability, was likely to result from the fall, e.g. fractured neck of femur
- death: where death was the direct result of the fall.

The two falls that resulted in moderate harm were:

1. A patient fell and sustained a fractured wrist. This was reported as a severe incident through the Strategic Executive Information System (STEIS) but downgraded to moderate once reviewed as the patient was managed conservatively.

2. A patient fell whilst shaving and sustained a dislocation of the hip. The patient was returned to theatre for a relocation of the hip and was discharged seven days later with no further complications.
Outpatient / Day Case Falls Summary

There were no outpatient falls at The McIndoe Centre. There was one fall in outpatients at The Horder Centre when a patient was attending a follow up clinic.

There were four falls at Horder Healthcare Seaford, all of which occurred during supervised exercise classes, none of which resulted in any harm.

There were eight falls in the outpatient gym at The Horder Centre relating to members of the public attending classes and patients under treatment by the therapy team. None of the falls resulted in harm. These eight incidents equate to approximately one fall for every 3500 patients seen by the outpatient therapy team.

Falls risks and learning is continuously reviewed by the network of falls champions within the hospital. Over the past year, the following measures have been introduced.

1. Falls e-learning has been fully adopted to improve our awareness of falls causes and their prevention. This will be the same e-learning as used by the NHS to ensure national standards are adhered to.

2. An updated falls risk assessment tool was introduced into practice. This tool is based on NICE guidance. The guidelines recommended the use of a multifactorial assessment to identify the patient's individual risk factors for falling in hospital that can be treated, improved or managed during their expected stay.

3. Staff information posters have been developed to outline the outcome and learning from incidents. Staff are encouraged to discuss the learning at departmental level. The posters are displayed on departmental HUB boards and emailed to all relevant staff.

There are further measures planned in the coming year:

1. A robust review of patient assisted falls and falls due to fainting post operatively

2. Increased visual awareness campaign of falls risks to patients within the in-patient setting

3. Trial of anti-slip socks for all patients identified as being at high risk of falls whilst in hospital.

“I had a malignant melanoma in June and went to the McIndoe Centre. Wonderful surgeon who explained everything he was going to do for me and put my mind at ease as best he could at the time. The surgeon on the day of surgery again explained everything he was doing in theatre and came to see me after my operation. He has loads of patience and will listen to everything his patients ask and will answer truthfully. Wonderful surgeon and a pleasure to have met in difficult circumstances” - Source: Facebook
Health and Safety

The past year has shown the continued development of a mature health and safety culture within the organisation. This is evidenced by the positive engagement in health and safety forums with learning from incidents being shared across the organisation and encompassing infection control and medical device management. Colleague representatives have been diligent in recognising and managing the hazards and their associated risks within their individual teams as identified within regular departmental audits. There is a good level of incident reporting and the requisite sharing of lessons learned within the organisation.

Working with Wates Smartspace, our Facilities Management provider, the Estates strategy has focused on ensuring statutory compliance and best practice whilst working in partnership to prioritise infrastructure spending as necessary. St. Georges Hospital Trust has been appointed to service and maintain our medical devices across the estate. This has allowed the provision of dedicated on site engineers and access to their medical device competency training programmes.

Fire Safety

Horder Healthcare operates comprehensive systems of fire safety management. During the past year, all recommendations identified within the respective Fire Risk Assessments have been implemented. This includes an upgrade to the main fire resisting doors at The Horder Centre.

A system of evacuation at The Horder Centre, involving fire marshals sweeping the building to provide assurance that everyone has left the building in a fire emergency, is in place.

The required active fire precautions that detect and operate in the event of a fire, including fire alarm systems, emergency lighting systems and firefighting equipment have all received their respective statutory service and checks. Departmental fire safety checks are carried out weekly by the designated Health and Safety representative. All staff receive fire safety training as part of their induction programme together with an audited annual update via e-learning.

Environmental and Waste Management

Our clinical waste disposal partner Albus Environmental has now taken on all three Horder Healthcare sites and we are currently negotiating a further two-year contract extension at the current rates. Had we not changed we would have incurred more expense due to the industry-wide price increases as well as the knock on effect and impact from increased case load at The McIndoe Centre.

The general waste and dry mixed recycling collection contract was successfully tendered to a ‘pay per lift’ agreement with Biffa and we now have a single partner for both main sites. This project has enabled an operational saving and a capital expenditure saving, as we no longer require a tractor to move bins around The Horder Centre site.

The confidential waste disposal contract has also been tendered and awarded to a local East Grinstead contractor S4B, saving more costs across both main sites.

There have not been any incidents reported from our third party waste collection contractors or any internal incidents for this period.
**Venous Thromboembolism (VTE)**

The Horder Centre has maintained VTE exemplar status after its accreditation from Kings Hospital in 2015 and re-assessment in 2017. Horder staff contribute to the National Nursing and Midwifery Network (NNMN) for VTE Prevention in England, whose aim is to provide nursing and midwifery leadership and innovation in VTE prevention nationally. Each year the centre takes part in an awareness week with various planned activities to increase community understanding of VTE and its prevention.

The VTE team meets on a monthly basis to audit compliance and review any VTE episodes to ensure best practice is always in place. The team reviews policies and current best practice to share with the cross site Clinical Focus Group to help prepare The McIndoe Centre for accreditation for VTE exemplar during the next year.

**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 undertaken by the coding department using ICD-10 5th Edition and OPCS-4.8.

Procedures for private patients at The McIndoe Centre are coded using CCSD codes as appropriate.

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

The coding department did not receive an external audit during 2018/19 but the internal audits that have been undertaken during last year have shown only minor differences in coding, none of which had any impact on the Healthcare Resource Groups (HRGs) generated.

The plan for 2019/20 is to continue the regular internal auditing schedule whereby another coder recodes notes and the results compared. Any discrepancies are reviewed at the monthly coding meeting to identify trends. If trends are noted then a rolling programme of training will be instigated and carried out on a monthly basis throughout the year to address any issues highlighted by the audits and to ensure consistency of coding and adherence to National Coding Standards.

Newly appointed coding colleagues have both successfully completed the Clinical Coding Standards Course.

The coding department also contributed to the National Orthopaedic Alliance coding guidelines for clinicians during 2018. The guidelines help clinicians to understand how clinical documentation directly affects coding quality. It enables coding departments to engage with clinicians about clinical coding and illustrates how they can directly affect coding quality and accuracy through their documentation.
**Effectiveness**

**Internal Audits**

Within Horder Healthcare (HH), there is an overarching quality and effectiveness audit schedule, which includes statutory and contractual audit requirements as well as regular local audits. Audit results are discussed by the Clinical Focus Group that meets monthly to review clinical standards. The audit schedule is a dynamic tool and as we identify new issues and concerns, ad-hoc audits will be added to the schedule. Any actions or concerns identified from the audits undertaken are discussed and where appropriate to do so escalated to the hospital specific Clinical Governance Committee (CGC). As an example of this, the audit of urinary catheters has identified some areas of inconsistency in patients who have had urinary catheters. This resulted in the review of the urinary catheterisation policy, the development of a new pathway and the creation of a passport for all patients who receive a urinary catheter.

The CGC’s meet quarterly to review the clinical governance report and monitor the effectiveness and quality of clinical care across HH identifying actions required to address issues of poor outcomes and bring about continuous quality improvement as part of the audit cycle. Where audits have been undertaken results showed good compliance with standards and results were shared with teams.

The following formed part of HH’s internal audit programme during 2018:

- **Radiology** - Regular audits of compliance to radiology standards continue to show an adherence to national guidelines.
- **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.
- **Pathology** – Monthly audits are carried out within Theatre, Day Surgery Unit and on the Inpatient ward. These audits monitor the efficiency of the point of care testing equipment and the pathology fridges.
- **Blood Transfusion** - A quarterly review of blood transfusion usage ensuring blood usage is in accordance with the Maximum Surgical Blood Ordering Schedule (MSBOS) and clinical guidance.
- **Resuscitation** - A monthly audit is carried out to ensure the daily and weekly checks of resuscitation equipment is undertaken and forms part of the quarterly resuscitation report submitted to the clinical governance committee.
- **VTE prophylaxis** - Monthly audits of venous thromboembolism (VTE) prevention show that all patients are risk assessed for VTE prior to admission, again on admission, and reviewed after 24 hours and then daily or more frequently if their condition changes; and that the appropriate prophylaxis has been given.
- **Infection Control** - An annual comprehensive infection control audit programme takes place throughout the year and includes the safe management of sharps, the five moments of hand hygiene and an environmental audit across all departments. The audit results are discussed at the local infection control link meetings and the quarterly infection control committee meetings, outcomes and actions are presented within the Clinical Governance Report to provide assurance of improvement and best practice.
- **Patient Falls** - A monthly audit is undertaken of any reported patient fall. The results are reviewed by the multi-disciplinary falls group to establish trends and recurring issues. Discussions undertaken at the Falls Group are fed back to the Clinical Governance Committee quarterly.
• **National Early Warning System (NEWS)** - A quarterly audit continues to be undertaken to ensure all appropriate observations are being carried out and acted upon when necessary.

• **Surgical Safety Checklist (Who) Audit** – a monthly audit has been undertaken at both the Horder and McIndoe Centres by the Theatre team to ensure that all appropriate safety checks have been undertaken by the theatre team prior to the start of procedure/surgeries.

2018 saw an in-depth review of the audit schedule and where appropriate changes were made in consultation with the Clinical Governance team and Departmental Managers. The audit schedule ensures we continue to capture meaningful data in line with mandatory requirements and localised need to enable continuous review and quality improvement of our clinical standards for all of our service users.

All audits undertaken are mirrored across all sites (with the exception of VTE which is in the process of being rolled out at The McIndoe Centre) to ensure that robust and evidence-based practice is instilled across HH. Audit findings are shared with relevant groups and disseminated to all colleagues to ensure that trends, improvements in our outcomes, and learning and sharing of best practice is established.

### External Audits

**Patient Reported Outcome Measures (PROMs)**

Patient Reported Outcome Measures (PROMs) are measures of a patient's health status or health-related quality of life. Patient data is collected only after patients have given their consent. Horder Healthcare currently submits PROMs data to the following:

**NHS National PROMs for Orthopaedics**

Patients undergoing NHS funded elective inpatient surgery for hip and knee replacements, are asked to complete questionnaires just before and six months after their operation to assess improvement in their health using measures such as pain, stiffness, mobility and usual activity. The lower the score, the worse the patient feels the impact is on their daily life. The Oxford score is the one used most frequently and asks specific questions relating to pain and reduced mobility.

At The Horder Centre, National PROMs data for total hip replacements and total knee replacements are collected and submitted.

The latest available data for PROMs in England is for April 2017 to March 2018, which shows the following Oxford hip and knee scores:

<table>
<thead>
<tr>
<th></th>
<th>Pre-surgery average score</th>
<th>Post-surgery average score</th>
<th>Health Gain</th>
<th>Improvement Score Oxford %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hip</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National</td>
<td>17.399</td>
<td>40.079</td>
<td>22.680</td>
<td>97.8%</td>
</tr>
<tr>
<td>THC</td>
<td>21.261</td>
<td>43.094</td>
<td>24.099</td>
<td>98.4%</td>
</tr>
<tr>
<td><strong>Knee</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National</td>
<td>18.994</td>
<td>36.253</td>
<td>17.259</td>
<td>94.9%</td>
</tr>
<tr>
<td>THC</td>
<td>22.874</td>
<td>38.966</td>
<td>17.871</td>
<td>95.8%</td>
</tr>
</tbody>
</table>
Private PROMs Submitted to the Private Healthcare Information Network (PHIN)

The McIndoe Centre submits the following data to PHIN for private patient cosmetic PROMs for the following procedures:
- Augmentation mammoplasty
- Rhinoplasty
- Abdominoplasty
- Liposuction
- Facelift
- Blepharoplasty

The Horder Centre and The McIndoe Centre submit private patient PROMs data to PHIN for the following orthopaedic procedures where applicable:
- Carpal Tunnel
- Hip Replacement (Primary & Revision)
- Knee Replacement (Primary & Revision)
- Shoulder Replacement (Primary & Revision)

National Registries
Patients are asked to provide details when they undergo certain procedures to monitor the outcomes over time and identify any safety concerns. Horder Healthcare submits to the following registries:

National Joint Registry (NJR)
The NJR monitors the performance of joint replacement implants and the effectiveness of different types of surgery, improving clinical standards and benefiting patients, clinicians and the orthopaedic sector as a whole. Horder Healthcare submits data to the NJR for all hip, knee, ankle, elbow and shoulder joint replacements providing patient consent has been obtained.

The submission consent rate for year to date for The Horder Centre is 99.6%.

National Breast Registry (NBR)
The McIndoe Centre submits data to the NBR as a provider of breast implant surgery. The confidential information allows patients to be traced if they are affected by safety concerns.

British Spinal Registry (BSR)
The Horder Centre submits data to the BSR. The purpose of the BSR is to improve spinal care throughout the UK by encouraging research, audit and good clinical practices. Patients are contacted by the registry before and after surgery and their outcomes are added to the registry. Surgeons are currently able to access instant reports to see how patients are doing.

CCG Quality Visits
Horder Healthcare welcomes quality visits from CCG’s in order to assure commissioners of our service that it meets the expected quality and safety standards. There have not been any concerns raised during the visits and any information required has been readily available.
PLACE - Patient-Led Assessments of the Care Environment

At Horder Healthcare, we aim to continuously improve our standards of quality and one method used to facilitate this is by participation in the annual PLACE assessment, formerly Patient Environmental Audit Tool (PEAT). The audit criteria alters a little every year for each assessment, which means score comparisons are not consistent. Results, however, remain high.

The PLACE assessment usually takes place in March each year. However, the opportunity was taken to look at how it could be improved. The Steering Group was very enthusiastic and brought a wealth of experience of PLACE to the review, sharing many great ideas for making improvements. Individual working groups were established to look at the process, the questions, the design, dementia aspects, patient experience and communications.

The changes have been designed to refresh the assessment and make a positive difference. The 2019 assessment is expected to be launched in September, and the table below will be updated thereafter. We are however planning to undertake mock assessments before September 2019 using the new format and criteria.

The assessment team will be made up of at least 65% Patient Assessors (PAs) to 35% Staff Assessors. Our PAs are drawn from our current volunteers and ex-patients and headed up by a representative from Healthwatch who was formerly a CQC inspector.

The Horder Centre

We are pleased our PLACE scores for 2018 at The Horder Centre show sustained high scores across the categories. The slight changes can be attributed to what is observed and how the different teams score on the assessment day. The shortfalls were discussed with the relevant teams at the time and monitored to ensure the scores are sustained. These areas were also looked at during the internal mock CQC inspection and checked during monthly audits. Other changes have been suggested, such as moving internal signage and ordering meals at point of service, which would mean a costly business overhaul and unnecessary wastage when it is felt what is already in place is a suitable alternative.

<table>
<thead>
<tr>
<th>Year</th>
<th>Cleanliness</th>
<th>Food and Hydration</th>
<th>Organisation Food</th>
<th>Ward Food</th>
<th>Privacy, Dignity and Wellbeing</th>
<th>Condition Appearance and Maintenance</th>
<th>Dementia</th>
<th>Disability</th>
<th>Averages</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>97.33%</td>
<td>88.89%</td>
<td>94.74%</td>
<td>95.98%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>94.23%</td>
</tr>
<tr>
<td>2014</td>
<td>99.71%</td>
<td>98.54%</td>
<td>93.10%</td>
<td>100.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>97.84%</td>
</tr>
<tr>
<td>2015</td>
<td>97.88%</td>
<td>94.22%</td>
<td>96.00%</td>
<td>90.65%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>91.40%</td>
</tr>
<tr>
<td>2016</td>
<td>98.41%</td>
<td>95.62%</td>
<td>94.48%</td>
<td>97.33%</td>
<td>95.56%</td>
<td>81.73%</td>
<td>81.62%</td>
<td></td>
<td>92.32%</td>
</tr>
<tr>
<td>2017</td>
<td>99.68%</td>
<td>98.29%</td>
<td>97.84%</td>
<td>98.87%</td>
<td>97.50%</td>
<td>99.72%</td>
<td>95.63%</td>
<td>97.85%</td>
<td>98.17%</td>
</tr>
<tr>
<td>2018</td>
<td>99.71%</td>
<td>98.04%</td>
<td>97.84%</td>
<td>98.24%</td>
<td>92.86%</td>
<td>99.50%</td>
<td>88.66%</td>
<td>94.96%</td>
<td>96.23%</td>
</tr>
</tbody>
</table>
The McIndoe Centre

Although we decided not to participate in PLACE at The McIndoe Centre in the future due to the style and nature of the business differing from the NHS intended assessment of PLACE, we did conduct an internal mock CQC assessment to benchmark our services. Areas for improvement were communicated to the teams in question to address.

<table>
<thead>
<tr>
<th>Year</th>
<th>Cleanliness</th>
<th>Food and Hydration</th>
<th>Organisation Food</th>
<th>Ward Food</th>
<th>Privacy, Dignity and Wellbeing</th>
<th>Condition Appearance and Maintenance</th>
<th>Dementia</th>
<th>Disability</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>98.03%</td>
<td>95.55%</td>
<td></td>
<td>84.21%</td>
<td>92.86%</td>
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<td>92.66%</td>
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<tr>
<td>2015</td>
<td>94.52%</td>
<td>91.04%</td>
<td></td>
<td>74.39%</td>
<td>90.34%</td>
<td>70.67%</td>
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<td>87.57%</td>
</tr>
<tr>
<td>2016</td>
<td>99.44%</td>
<td>97.39%</td>
<td>95.15%</td>
<td>100%</td>
<td>94.44%</td>
<td>71.04%</td>
<td>82.20%</td>
<td></td>
<td>95.17%</td>
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<tr>
<td>2017 (mock)</td>
<td>94.53%</td>
<td>91.13%</td>
<td>93.57%</td>
<td>94.31%</td>
<td>92.11%</td>
<td>93.87%</td>
<td>78.65%</td>
<td>85.56%</td>
<td>95.47%</td>
</tr>
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“A marvellous place to have a hip replacement. - The staff were brilliant at the Horder Centre, caring and friendly, also very reassuring! The centre is very clean and comfortable and the food was extremely good and nutritious! I would highly recommend it!” - Source: NHS Choices
Caring

Patient Satisfaction

Patient satisfaction levels have remained consistently high over the year for inpatients and day cases for both The Horder Centre and The McIndoe Centre.

The number of patients who rated their experience as excellent or very good across the year were:

<table>
<thead>
<tr>
<th></th>
<th>The Horder Centre</th>
<th>The McIndoe Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inpatients</td>
<td>Day Cases</td>
</tr>
<tr>
<td>Inpatients</td>
<td>97%</td>
<td>100%</td>
</tr>
<tr>
<td>Day Cases</td>
<td>99%</td>
<td>99%</td>
</tr>
</tbody>
</table>

Inpatient Satisfaction - Excellent & Very Good

Day Case Satisfaction - Excellent & Very Good
Friends and Family Scores

Horder Healthcare participates in the NHS friends and family test (FFT) which was introduced in 2013 and is an important opportunity for patients to provide 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 is able to give quick feedback on the quality of the care they receive, giving hospitals a better understanding of the needs of their patients and enabling improvements.

The number of patients who were likely or very likely to recommend the hospital to their friends and relatives was:

<table>
<thead>
<tr>
<th></th>
<th>In patient</th>
<th>Day case</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Horder Centre</td>
<td>98.5%</td>
<td>99.2%</td>
</tr>
<tr>
<td>The McIndoe Centre</td>
<td>100%</td>
<td>99.3%</td>
</tr>
</tbody>
</table>

NHS Choices Website

The Horder Centre has received feedback via the NHS Choices website and has maintained its 5-star rating.

“...the treatment and care I received was absolutely superb. I was given full information a month before my operation of the surgery ahead and was able to prepare, e.g. with exercises to strengthen my hip muscles. On the day of my operation I was treated with great care and attention by the surgeon, doctors and nurses, and the following morning was able to get up and walk a little. The next day I had continued help from the physiotherapy department and was therefore able to leave in good shape after only two nights at the hospital. Only a week after my operation I’m already able to walk half a mile. The hospital has also contacted me asking if I have any problems - a further example of their very caring attitude. I would undoubtedly recommend the Horder Centre to any person who requires a similar operation, as my personal treatment was perfect” - Source: NHS Choices
Complaints

Horder Healthcare has a comprehensive complaints process and acknowledged 100% of all complaints within three 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.

Complaints that come from NHS patients are reported on a monthly and quarterly basis to the relevant Commissioner and scrutinised externally. Our clinical complaints are reported and reviewed internally in the Clinical Focus Group meetings to discuss actions and lessons learned from the complaints. All complaints are then reported and scrutinised by the Clinical Governance Committee on a quarterly basis.

The complaints are received by the corporate Clinical Governance Team to ensure consistency and effective timescale management and they are investigated and responded to by the Clinical Services Manager (CSM) responsible for the relevant hospital. The CSM then ensures a thorough investigation is carried out by the appropriate heads of department within their clinical teams.

Between April 2018 and March 2019 Horder Healthcare received 42 formal complaints. The Horder Centre received 23 formal complaints and The McIndoe Centre received 19 formal complaints.

The chart above shows the formal complaints received at The Horder Centre by subject. The highest reported theme of complaints was around the admissions/transfers/discharge procedure, clinical treatment and patient care.
Admissions/transfers/discharge procedure themes:

Delayed admissions were reported due to the hospital awaiting patient test results from the pathology provider at that time. This year we changed pathology providers to improve the quality of this service. Another delay of admission was reported in a complaint due to a test not being carried out at the hospital when the operation was urgent. Although tests of this nature during an outpatient appointment are not routine, these could have been done to assist the patient. Our process has changed to ensure that this does not occur again.

We also received complaints from patients who felt that they were discharged too early from the hospital. On review of these complaints, it was found that in most incidences the communication by the discharging clinical staff could have been improved to ensure that the patient understood why they were fit for discharge. Where it has been found that the patient could have been offered a longer stay at the hospital, these circumstances were discussed with the staff involved and complaint feedback was given to the rest of the team to ensure there is an open learning environment. Training has now been provided to the clinical staff to support their continual professional development and competency in communication with patients.

Clinical treatment and patient care themes:

Complaints relating to clinical treatment and patient care are investigated by our Clinical Department Heads and then reviewed by a non-clinical member of staff to ensure that our responses are understandable to all patients. Where possible, we also look to explain the usual process for the clinical treatment/patient care and seek to identify what went wrong and if possible how it could have been prevented to give complainants an open and clear explanation.

The complaints we received relating to clinical treatment were varied, however links could be made to the communication between staff and patients and also a feeling that patients were not listened to. The need for individualised care has been a lesson learned for the nursing staff following these concerns. It is fundamental to us that all patients are treated according to their own individual needs.

The different expectations of NHS and private patients has also been a challenge that has been evidenced by the complaints received. It has been noted that NHS patients occasionally struggle to understand the benefits that a private patient has and conversely, we have had complaints from private patients about aspects of their stay that are the same as NHS patients.

All patients should be treated with the same level of care and respect. Patient expectations should also be managed by their consultant surgeon and by all staff and upon reflection it appears that this could be managed better.

“This was my second hip replacement at the Horder centre. The staff absolutely excellent in all aspects of my care. Nothing was too much trouble. I cannot rate the centre any higher than 100%. Also the aftercare once you are discharged again 100%. All I can say is a massive thank you to all that work at the centre, you have given me back my independence. Thank you so much” - Source: NHS Choices
Between April 2018 and March 2019 The McIndoe Centre received 19 formal complaints.

The above pie chart shows the formal complaints received at The McIndoe Centre by subject. The highest reported subject of complaint was outcome of surgery.

Outcome of surgery themes:

When a patient is not satisfied with the outcome of surgery and has a complaint directed at their consultant surgeon, we are happy to assist the patient and facilitate the process to ensure the patient's concerns are investigated and responded to appropriately. All consultants at The McIndoe Centre work under a practice privileges agreement, and complaints relating to the outcome of surgery are taken in to account when the agreement is reviewed.

Other subjects

Another key area identified in the complaints was the booking of appointments and surgery at the hospital. Changes have been made to how Patient Services book x-rays to prevent delay and cancellation of x-rays. They have also changed how they check patients on the system to ensure that there are no errors with patient information.

Consultant communication was another concern reported. The requirement for consultants to manage their patients' expectations before being admitted to The McIndoe Centre has been discussed with relevant consultants.
Responsiveness

Patient Forums

In November 2018, we held a patient forum for patients who had undergone knee replacement surgery at The Horder Centre, to discuss how we could improve the patient experience and the management of knee pain. Patients were introduced to a number of alternative methods of pain relief including cold compression therapy, lymphatic massage, Video 3D experiences and mindfulness techniques, all of which could possibly be introduced alongside medication. This event highlighted the need for more education around pain expectation pre-surgery so patients can be better mentally prepared.

Horder Healthcare’s Clinical Nurse Specialist explains: “Pain is a very subjective concept and it is an experience that is individually perceived. The main attributes to assist with controlling post-operative pain, I believe, is a partnership approach with our patients and we believe in utilising many approaches in trying to achieve this.

“These approaches may well include medication given via spinal and nerve blocks and pre-emptive pain relief. Other ways of assisting with pain control will include the use of cold and sometimes heat therapy, as well as exercise regimes to assist with the breakdown of scar tissue as well as releasing natural endorphins. Mindful and relaxation techniques and music therapy also aid to assist with the body’s healing processes. Above all, it is working closely with our patients to ensure there is an understanding of their individual expectations and agreed methods in the controlling of their post-operative pain”.

![Image of knees with text: Are we getting it right for you? The Horder Centre]
Educational Events

Over the past year, we have welcomed over 300 members of the local community to our free information events with our specialist clinicians offering a range of practical advice, exercises and information on a range of topics. In addition, we have linked with several national campaigns over the past year to help raise awareness and provide information to our patients, staff and our community.

At The Horder Centre we invited orthopaedic consultants to speak to the public on a number of topics including back, foot and ankle surgery. Our physiotherapy team have also given many public presentations on the topic ‘maintaining muscle and joint health’, which on all occasions were oversubscribed and received outstanding feedback. For health professionals, we arranged an event run by two orthopaedic surgeon consultants regarding hip and knee replacement surgery at The Horder Centre.

At The McIndoe Centre our open evenings are a great way to provide easy to understand clinical information from our accredited professionals in an open and informal way. Our aim is to educate prospective patients so they can make an informed decision, confident in the knowledge that they have received sound advice before proceeding with our services.

We are committed to providing excellent educational events and training for healthcare professionals. We aim to deliver tailored content that is relevant to daily practice whilst still fulfilling their CPD/CET requirements. This year alone, we hosted four education events that attracted over 50 healthcare professionals from the local area. We also held our first ophthalmic workshop, which proved very popular. Due to this, we are in the process of devising a suite of ophthalmic workshops with our consultants, which we hope will continue to attract a growing audience within the community.

Volunteers

We currently have 39 volunteers working at The Horder Centre. Many are past patients or relatives of past patients who want to show their appreciation for the service they received by giving their time back to the Centre. Volunteers work in many departments, including HR, reception and our café and in roles such as gardeners, ward visitors and drivers. We are extremely grateful for their support and enthusiasm for the Centre.
Fundraising

Spring Appeal 2018 and Volunteering

The Horder Centre was delighted to welcome a 12-strong team of corporate volunteers from Openreach as part of our fundraising Spring Appeal. The focus was to improve the outside spaces for patients including our therapeutic gardens, which have been purposefully designed to assist recovery after surgery. Over £5000 was raised by our kind donors, and is being spent on providing a shaded area in the garden to allow patients more protection from the sun when exercising.

Fundraising for the Future

Our fundraising focus for 2019 is our pain management pathway, particularly for knee replacement patients. Although the procedure is effectively managed with medication, patients are often surprised that they still experience a certain degree of pain immediately after the operation.

As detailed previously in this report we held a patient forum in November 2018 for patients who had undergone knee replacement surgery at The Horder Centre, to discuss how we could improve patient experience and the management of knee pain.

We are looking forward to announcing the details of our new fundraising initiative to support the pain management pathway and will be investigating how our findings can be adapted for procedures at The McIndoe Centre.

Horder Healthcare Bursaries

Horder Healthcare was delighted to establish three travelling surgical bursaries in 2018 for trainees in orthopaedic higher specialist training. These are open to London and Kent, Surrey and Sussex (KSS) trainees. These three bursaries include the ‘Horder Healthcare Gallannaugh Bursary’ for £9000 per annum, supporting international travel for training opportunities and two ‘Horder Healthcare Bursaries’ for £2500 each per annum, to support European travel for training opportunities.

The Training Programme Directors of Health Education Kent, Surrey and Sussex (HEKSS) are responsible for awarding the bursaries. HEKSS is responsible for the coordination, delivery and funding of postgraduate medical and dental education in Kent, Surrey and Sussex.

We are pleased to demonstrate a commitment to the training of the next generation of orthopaedic specialists.

“Highly recommend The McIndoe Centre. Every step of the way has been easy. All the staff are amazing and cannot thank them enough. Food is really good too!” - Source: Facebook
Website

Horder Healthcare website horderhealthcare.co.uk is an integral element of the organisation’s charitable aim to ‘advance health’ and to provide information to enable people to make healthy lifestyle choices.

We are constantly monitoring and optimising the website, ensuring our visitors have a great experience online. We have made it quick and easy for them to access our outstanding patient service information and library of health and wellbeing articles and videos, created by our numerous healthcare specialists (www.horderhealthcare.co.uk/news-healthy-living/).

Our unique content includes many videos demonstrating exercises on how to recover from hip and knee replacement, as well as physiotherapist led Pilates and informative consultant videos on orthopaedic procedures. Patients can also download the comprehensive hip and knee recovery booklets, which will guide them through their entire joint replacement journey.

Virtual Tour

We understand that a visit to hospital can sometimes be an anxious time for our patients. Towards the end of 2018, we worked with an external agency to create a virtual tour of The Horder Centre. This was developed to enable patients to familiarise themselves with the facility before their treatment, so they can understand the different areas of the hospital and how their patient journey will unfold.

The tour will not only serve to reduce patient anxiety before treatment, but it will also help improve Horder Healthcare visibility online and allow us to reach a greater number of people. Since its launch, the tour has been watched nearly 400 times.
To view the tour please click the link: www.horderhealthcare.co.uk/patients/the-horder-centre-hospital-virtual-tour/

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**E-Newsletter**

Horder Healthcare monthly e-newsletter is sent to all subscriber lists – totalling over 5,000 people. E-newsletter content includes healthy living information, our latest news and details of all the latest events happening across Horder Healthcare sites.

In addition to our monthly e-newsletter, Making Strides is our biannual magazine consisting of a whole range of healthy living tips, advice, health information and various articles from Horder and McIndoe experts.

**Social Media**

Horder Healthcare interacts on social media via Facebook, Twitter, YouTube and LinkedIn, as both Horder Healthcare and The McIndoe Centre. Our combined followers are nearly reaching the 5,000 mark and continue to increase across all platforms, giving people access to up to date, relevant, healthy living information and news and event updates from across the whole of Horder Healthcare.

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"Many thanks to everyone at the Horder Centre for the care and kindness that we received. Both my husband and I have had hip replacements this year and we are now back to full fitness. A special thanks to the surgeons and their teams. We can’t thank you all enough” - Source: Google
The Online Application

Our Patient Journey App is a new initiative enabling patients to have greater access to medical information and advice related to orthopaedic treatment. Our app offers a simpler and faster way for our healthcare professionals to update patients with the right information at the right time. As a patient, you can download the app for free and read healthcare related articles and have quick access to all the information in respect of your hip and knee treatment. The Patient Journey app is now live and available on the Apple and Android markets.

“The McIndoe Centre staff are friendly and really make you feel comfortable and at ease throughout all of your stay. Very professional and great aftercare. Highly recommended” – source: Facebook
Leadership

Recruitment and Retention
A new recruitment strategy has been implemented which will help facilitate the recruitment and retention of good staff to ensure the organisation meets its objectives. It will enable Horder Healthcare to recruit high calibre healthcare professionals, manage talent effectively to ensure we always have the right staff and skill mix to respond speedily and effectively to necessary changes and enable staff to work effectively in their roles and find their working life at Horder Healthcare to be an enjoyable and rewarding experience. Flexible work patterns are encouraged and managed in the context of Horder Healthcare objectives.

Human Resource (HR) Strategy
The HR strategy will focus on Organisational Development, through engaging, valuing and leading our people. This strategy continues to focus on attracting and recruiting the best candidates, engaging, motivating and training colleagues to achieve their potential and deliver a fantastic patient journey; and raising the capability of our managers and leaders in order that we create an environment where the best clinical and non-clinical talent want to work.

Development and Training
The Learning Management System from Kallidus was introduced to the business in February 2018. The software provides an excellent platform for accurately monitoring all colleagues’ mandatory and additional training across all sites. Since the launch of the system, e-learning completion figures are 93% for The Horder Centre and 87% for The McIndoe Centre. Managers are encouraged to take full advantage of the features that allow them to accurately monitor accreditation requirements across their teams. A Management Development Programme will be launched in September 2019 as well as a 360 feedback programme, to enhance productivity as well as develop managers to ensure they have the tools and knowledge to succeed in their role.

A training calendar of all course requirements through until the end of 2020 is currently being created which will look at streamlining all clinical mandatory training to reduce occurrences of non-compliance and to provide the best platform for training delivery. These courses are reviewed on a regular basis to ensure they are fit for purpose.

Work continues to develop with the City and Guilds programme with the expectation that external applicants will be able to receive training for Diplomas in Health and Social Care and Perioperative Support through Horder Healthcare.

Induction
A project is underway to launch a new 90-day induction programme. This new pathway will build upon the high standards of the recruitment experience, whilst simultaneously improving awareness of Horder Healthcare’s Vision and Values and giving all new colleagues the best possible start in developing a career with Horder Healthcare.
Colleagues’ Well-Being, Occupational Health

Colleague health and well-being remains a focus at Horder Healthcare and is visible through a variety of means including freshly made healthy meal options provided on site at both hospitals, free gym membership at The Horder Centre and flu jab provision to all colleagues annually, regardless of job role. 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 an occupational health nurse on site monthly. We also offer a health-care plan that gives colleagues access to an employee assistance service.

Appraisals

From our colleague engagement survey, we learnt that 79.4% of colleagues had received an appraisal from their line manager in the previous six months. This has been supported by training sessions for managers on how to conduct appraisals and set clear, meaningful, SMART objectives. To further support the continuous improvement in our performance review process we are implementing a new appraisal system on 1st July 2019, which will align individual goals with organisation goals and ensure all colleagues’ performance is managed appropriately.

Sickness Absence

Return to work meetings are held with colleagues following periods of sickness absence. Colleagues with four or more occasions of sickness in a rolling 12-month period are invited to an investigation meeting to review sickness levels and offer support. The total absence hours owing to sickness has increased during the reporting period due to a higher volume of long-term sickness cases.

Revalidation

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

Colleague Surveys

Our colleague engagement survey was completed in November 2017 and achieved a participation rate of 37.5%. Highlights include:

- 80% of colleagues understood how their role can contribute to the success of Horder Healthcare
- 84% understood our mission and charitable purpose
- 77% felt they were treated fairly and with respect
- 76% of colleagues felt they had received the necessary training to do their job
- 96% would recommend the services of Horder Healthcare
- 88% felt they were encouraged to focus on customer and patient needs

Following the colleague survey, Horder Healthcare has committed to focus on three areas and has launched initiatives to ensure:

- Communication and Transparency
- Career Progression
- Reward and Recognition.
Information Technology and Informatics

Data Quality
To leverage the investment in the Business Intelligence team, Horder Healthcare has continued its investment in its data warehouse. This will pull together the plethora of data from across the organisation to enable Horder Healthcare to gain insights into improving patient and business outcomes. With this managed data source, Horder Healthcare can continue its approach to improving data quality at point of collection.

Horder Healthcare continues its active membership of the Private Healthcare Information Network (PHIN) with regular attendance at their data quality meetings, ensuring it is benchmarking itself externally against industry best practice.

NHS Number and General Medical Practice Code Validity
Horder Healthcare submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics, which are included in the latest published data. With the use of the Demographics Batch Service (DBS) and Summary Care Record (SCR), Horder Healthcare is able to trace and verify NHS numbers, which has shown excellent compliance.

Information Technology
Horder Healthcare continues its investment in its digital transformation journey. Significant investments have been made to the core infrastructure with the delivery of a new diversely routed network, server architecture and data warehouse. These new services are supported jointly with our trusted third parties extending the capability of IT delivery.

Information Governance
Following the implementation of the GDPR in the UK on 25th May 2018, Horder Healthcare worked towards compliance with the law by reviewing its processes, policies and privacy notice and reinforcing its duty to protect individuals’ rights. The British Standards Institute (BSI) carried out their yearly continuing assessment visit against BSI ISO/IEC 27001:2013 certification at The Horder Centre in October 2018, and were satisfied with the Centre's information security level of compliance. The organisation has also submitted its Data Security and Protection Toolkit (DSPT) self-assessment (formally known as the IG Toolkit Assessment), which demonstrates its compliance against the National Data Guardian’s Standards for data security and protection. The toolkit was published at the end of March 2019.

IT Security
Horder Healthcare invests in external vulnerability testing and acts on the results. In addition, as part of the NHS DSPT we are currently at “Standards Met” and adhere to all NHS Digital requirements for IT and cyber security.

Fraud, Bribery and Corruption
Horder Healthcare is committed to maintaining honesty and integrity in all of its activities and to the rigorous investigation of any such allegations. It also complies with the NHS England tracking fraud, bribery and corruption policy and corporate procedures published in October 2016. During this year, Horder Healthcare did not have any issues raised with regard to fraud.
Priorities for Improvement – 2019-2020

Safe

- To further develop our risk management processes and introduce a new board assurance framework.
- Ensure a complete review of clinical staffing levels and enhance the current KPIs to ensure the ratio of trained to untrained staff, and employed staff to temporary staff, meets target.
- Ensure a comprehensive recruitment plan in place to identify any gaps, including nurse associates, return to nursing and physician assistants.
- Ensure all patients able to self-medicate prior to discharge.
- Ensure compliance with all statutory and mandatory training.
- Formalise our assurance across our estates and facilities to ensure compliance to regulations and all remain ‘fit for purpose’.

Caring

- Hold two patient forums across the organisation to identify areas for improvement.
- Review of our patient satisfaction audit tool, results and action plans.

Responsive

- Develop a BI dashboard to include activity and compliance data to manage the business.
- Create a clinical quality dashboard to monitor standards.
- Ensure compliance with annual audit timetable and completion of any improvement plans.
- Update all ‘Hub boards’ with standardised information and review monthly.
- Enhance the process pathway for private patients.
- Develop a robust sales and conversion strategy for self-pay patients.
- Manage theatre utilisation and capacity effectively to maximise efficiency.
- Review documentation storage, retention and destruction in line with current policy.
- Develop facilities for patients at The McIndoe Centre with change in day case / inpatient mix.

Effective

- Identify possible reduction in length of stay for patients having a total knee replacement – benchmark best practice where achieving a two day length of stay.
- Continue to review and trial alternative pain regimes for patients after total knee replacement.
- Successfully complete the transfer of all policies to Policy Hub.
- Review the Medical Advisory Committee framework at The McIndoe Centre to ensure an effective forum in line with the development of the Consultant oversight framework.
- Implement integrated care pathways across The McIndoe Centre.

Well-led

- Complete audit programme for GIRFT and ensure any actions for improvement are identified and completed.
- Complete annual mock inspections for CQC and complete any actions identified.
- Roll out new staff appraisal system with training for all staff and achieve compliance.
- Continually review processes for staff engagement and continue new initiatives e.g. ‘breakfast with the boss’.
- Work in partnership with Maidstone and Tunbridge Wells NHS Trust to pilot elective orthopaedic activity across the organisations with shared staff.
Statement from the Chairman of the Board

“That we continue to deliver the highest standard of clinical care is reflected both in the figures in this report and in the consistently outstanding feedback from our patients. This year the organisation has responded superbly to the requirements of the NHS, and the Board would like to commend and thank staff and volunteers across all sites for making Horder Healthcare such a unique organisation.”

Dr Sue Grieve, Chairman, June 2018

Statement from Co-ordinating Commissioner

“Thank you for giving the Sussex and East Surrey CCGs the opportunity to comment on your Quality Account for 2018-19.

The Quality Account appears to comply with the NHS England guidance on the content of the Account and this includes an additional element on 7-day services.

The report places a significant emphasis on learning, such as from complaints and patient safety incidents. It is of note that Horder Healthcare reports patient safety incidents via the national reporting and learning system (NRLS) that is a requirement for NHS Trusts, which is indicative of an open and transparent organisation and one that seeks to achieve ongoing quality improvement. The Account also indicates overall very good patient experience, for instance from the Friends and Family Test results.

It is noted in the Account that Horder Healthcare does not admit people with mental health issues. The CCG would wish to understand this further to clarify that people who may have mental health needs are not being excluded from treatment where needed.

The CCG is in agreement with the quality improvement projects identified for 2019/20 and looks forward to continuing to work with Horder Healthcare through the coming year to continue to provide high standards of care for our patient population.”

Ian Wilson
Head of Quality and Nursing
Brighton and Hove Clinical Commissioning Group
Part of the Sussex and East Surrey CCGs

“From the first consultation, throughout the entire process, up to and including the post op review, it was faultless. Pre and Post-op, the amount of verbal and written information that was provided, was comprehensive. The consultants were outstanding with their explanations and with providing full information on all options available. The staff very obviously enjoyed and were proud to be working at the Horder Centre, something that manifested itself in the patient care that was given. One could not but recommend the Horder Centre at Crowborough - Well Done Everyone” - Source: NHS Choices