

# HORDERHEALTHCARE

## Quality Account 2023





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## Introduction from the Chief Executive

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

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Hospitals

**2**

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Outreach Centres

**2**

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In patients

**3463**

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Day cases

**4004**

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Outpatient appointments

**52678**

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Employed colleagues

**522**

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Whilst 2022/23 saw Horder Healthcare, and the wider healthcare sector, emerge from the direct impact of the Covid-19 pandemic, the longer-term implications continued to be felt. In the early part of the year patient cancellations remained high, due either to the lingering impact of Covid-19, or increased levels of morbidity.

However, despite ongoing disruption, we have refocused around three strategic principles, delivering outstanding care, becoming an employer of choice, and strengthening our local community.

This year's quality account highlights our impact across all three areas. We have chosen to focus on a small number of initiatives that will have a significant impact over a number of years and support our overall goal of being an outstanding organisation.

Horder Healthcare prides itself on being a specialist provider of both orthopaedics and reconstructive plastic surgery. I am, therefore, pleased to highlight the level of clinical analysis underpinning our research into urinary retention following hip and knee arthroplasties, and haematoma following breast surgery.

We also pride ourselves on the quality of our staff. It is universally recognised that a well-trained and engaged workforce has a positive impact on patient safety and the wider patient experience. I am, therefore, proud to highlight the introduction of two internal leadership programmes, alongside the support given to individual training and our active apprenticeship programme.

As the impact of Covid-19 recedes, we continue to focus on quality improvement, ensuring that our hospitals are safe and secure places for the treatment of all our patients.

## Our Charity

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

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

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

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

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

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

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

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

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

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

All of this can be summarised by our Vision:

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

**Richard Tyler**  
**Chief Executive**

## Performance Against Last Year's Quality Priorities

### Quality Priorities Identified for 2022/2023

The identification of priorities to improve the quality of what we do at Horder Healthcare is key to our strategic intent of being outstanding in all that we do. For 2022/2023 we chose to look more broadly at what we would like to achieve and recognised that some of our identified goals would take longer to achieve than a year but will support our goal of being an outstanding organisation. We continued to view these under the Care Quality Commission headings of safe, caring, responsive, effective and well led as these provide a broad base to build upon, knowing that these endorse our strategic principles and support us in achieving our objectives.

It should be noted that various challenges have been found in the last year primarily due to the COVID-19 pandemic and alternative ways of working having to be found.

#### **Strategic principles:**

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

People: we recruit, develop and support talented individuals.

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

#### **Supporting the specific objectives of:**

- Delivering outstanding care.
- Becoming an employer of choice.
- Strengthening the community.

The key quality priorities identified for 2022/2023 were:

#### **Safe**

**Accreditation for Aseptic Non-Touch Technique (ANTT).** We said that we would hope to achieve accreditation of ANTT award during 2022 following work commenced in the previous year. A new Infection Prevention and Control (IPC) Lead came into post in October 2022 and the work to achieve our accreditation goes on.

ANTT trainers were assigned ANTT eLearning before Christmas 2022 and were tasked with completing eLearning before undertaking preliminary ANTT audits within their departments. The IPC Lead collated the audits and the findings indicated that staff were aware of the need of undertaking.

Late February 2022, all relevant clinical staff were assigned ANTT eLearning. Staff have been completing this eLearning, and the trainers within each department will have their assessment undertaken by the IPCNS before they will roll out the assessments to all relevant staff. The accreditation is expected to be reached in 2023.

**Speak up for Safety.** Alongside the NHS Patient Safety Strategy, we wanted to improve our culture around patient safety ensuring that all staff felt comfortable to speak up at any time to

prevent harm; that learning from events is cascaded fully to all staff and our patient voice is heard within our safety agenda. We aimed to:

- Q1
- 1) Ensure all staff complete patient safety module on induction.
  - 2) Register with 'Learning from Patient Safety Events' (LFPSE).
  - 3) Ensure all learning from events features on staff intranet as monthly updates.
  - 4) Ensure 'learning from events' is an agenda item at all relevant meetings.
- Q2
- 1) Agree content and launch a clinical staff training day combining:
    - Human Factors
    - Learning from events
    - Speaking up for safety
  - 2) Understand and work towards uploading events directly onto LFPSE (currently organisational Datix is not able to automatically link to LFPSE).
- Q3
- 1) We aim to be part of wider learning with relevant organisations to safely share information both locally and nationally.
- Q4
- 1) We aim to have a patient presence on our clinical harms group/patient experience group to share their own learning from any incident.
  - 2) We aim to audit training and review against near miss/harm incidents to understand if any reduction in reporting has occurred.

### **So how did we do?**

All new staff now complete the patient safety module on induction. We are registered with LFPSE and have given notice to Datix (our incident reporting system.) We are committed to a new incident reporting system RADAR which will come into play in June 2023. This will allow us to automatically link in with LFPSE and also will assist us with moving from the Serious Incident requirements to Patient Safety Incident Framework (PSIRF) which will form part of our safety objectives for 2023/2024.

A clinical staff training day is now in place which includes 'specific human factors' and 'speaking up for safety'. Within our Preceptorship module we ask all staff to identify a 'patient safety' improvement piece within their area of work.

Learning from events features in all our Governance reports, department huddles and meetings.

We have identified 4 patients who are happy to either attend our patient experience meetings and hopefully one of which will go on to become a patient safety advisor to support our PSIRF implementation.

Through our association with Independent Healthcare Provider Network (IHPN) we now attend monthly events where individual provider safety events and learnings are shared. As part of a local quality improvement forum with other Independent providers we participate similarly sharing information and understanding. With our NHS partners (including Integrated Care Boards and individual NHS Trusts) we review any serious incidents and trends.

## Caring

- We will continue to audit the use of cryocuff within The Horder Centre (THC) and produce a formal report before the end of 2022.

### So how did we do?

#### Physiolab Audit report

We began an audit in December 2022 to establish the effectiveness of physiolab treatment on reduction of swelling, pain score and active knee range of movement (ROM) following knee replacement surgery.

Patients are not restricted to just use of one modality but able to use ice therapy alongside the physiolab machines should they want to (providing there are no contraindications to either modalities).

There is currently no quantifiable information to analyse how effective physiolab machines are for our patients, hence initial proposal of audit.

#### Inclusion Criteria for audit:

- Post-op patients following primary total knee replacements, revision Total Knee Replacement , Unicompartmental (oxford knee), Avon surgery.
- Patients should not have any contraindications to physiolab use.

#### Exclusion Criteria for audit:

- Patients who have any of the contraindications.
- Patients who experience haematoma or wound complications

We have collected 4 months' worth of data thus far, and plan to continue the audit for another 2 months.

Below is a table summarising the average change in pain score (VAS); average decrease in knee circumference (swelling) and average change in knee flexion range of movement.

		Physiolab			
		Average change in VAS score	Average change in knee circumference (cm)	Average change in knee RoM (degrees)	Average patient effectiveness score of physiolab*
<b>2022</b>	Dec	-0.7	-0.4	2.6	6.5
<b>2023</b>	Jan	-0.8	-0.2	1.7	5.3
	Feb	-0.9	-0.2	1.5	7.5
	Mar	-1	0	2.22	7.0

As you can see from the table, the average decrease in pain score was 1 in March, with previous months showing the same trend in a reduction in pain score following use of the physiolab machines post-op.

Though there does not seem to be a significant reduction of swelling following use, there is still a small average reduction in knee circumference following physiolab machine use.

Though there does not seem to be a significant increase in improving knee flexion range of movement after physiolab use, there is still an increase.

Though the changes between pre-physiolab and post-physiolab use may be small, it does still demonstrate a positive result for the patient.

As you can see from the table, on average, patients are rating the effectiveness of the physiolab machine between 5 and 8. This gives the physiolab machines a rating of 'good effect' and 'very good effect'.

0	Not effective
1	
2	Slightly effective
3	
4	
5	Good effect
6	
7	Very good effect
8	
9	
10	Excellent

The results from the audit so far are encouraging and clearly having a positive effect on our patients post-op. We will continue to collate data for a further 2 months and analyse the findings.

### **Urinary Catheterisation**

Within our safety matrix at THC we have noted that there appears to have been an increase in post operative urine retention following arthroplasty with spinal anaesthesia and we need to understand why this is and whether there are any quality improvements that can be made to reduce this invasive procedure for our patients.

#### **We Said we would :**

- Q1
  - 1) Carry out a literature review to understand any current published audit data.
  - 2) Review our current audit criteria to include any further relevant detail taken from the literature review.
- Q2
  - 1) Carry out a retrospective audit on Q3 and Q4 of 2021/2022 while performing ongoing audit of patients during Q1/Q2 of current year and form an action plan on findings.



- 2) Identify a subject expert (spinal anaesthesia and/or urology) to ensure all learning is identified within the action plan.
- Q3 1) Share learnings with all relevant teams and ensure changes in policy and protocols identified in action plans are embedded.
- Q4 1) Re- audit data in Q4 to measure any change in practice

### How did we do ?

As part of our on-going quality improvement framework we decided to review the Post-Operative Urinary Retention (POUR) levels that appeared to increase as we returned to normal activity after the COVID-19 pandemic. At the time the coding team were reporting regularly to the clinical teams that POUR was noted as part of the patient pathway. The then Head of Governance requested that all incidents of POUR should be reported as a patient safety incident on the system. This highlighted what appeared to be higher than usual levels of POUR, although historically on discussion with the ward team it was generally thought to be about the same as was seen prior to COVID-19 but was not reported as an incident unless a patient had a failed Trial without Catheter (TWOC), and subsequently sent home with a catheter in-situ.

A retrospective report of all POUR reported from August to October 2022 showed the following results.

Month	Number of Patients	Percentage of activity	Failed TWOC
July 2022	39	17.10%	
August 2022	31	12.97%	
September 2022	29	13.67%	
October 2022	22	9.01%	
<b>TOTAL</b>	<b>121</b>	<b>13.18% Average</b>	<b>5 (4% of the total)</b>

- A Consultant Urologist from Maidstone and Tunbridge Wells NHS Trust was approached to guide us with relevant research to help us review our current status.
- The initial findings indicated that:  
 “Reported rates after lower limb total joint arthroplasty are quoted as between 10.7% and 77.8%”. (*Predicting Postoperative Urinary Retention After Lower Limb Arthroplasty, WKM Kieffer and TPC Kane, 2012*). This figure is widely quoted in many articles ranging from 0% and beyond 70%, it is therefore difficult to define an optimum range to benchmark against to quantify a quality improvement based on the data retrieved from the incident reports with average percentage of activity at around 12%. Of those catheterised 5 patients went home with a catheter in-situ.
- It was agreed in October 2022 to commence an audit of POUR as opposed to adding each individual case to the incident reporting system which is time consuming and did

not provide any quantitative data. It is a recognised that whilst we see POUR in our patients it is a known postoperative complication that patients are made aware of throughout their pre-operative preparation and sign consent for the possible requirement to catheterise at any stage in the pathway. The audit is to be used to review if there are any common factors relating to why a patient may or may not have POUR.

- Risk factors previously associated with the development of POUR include increasing age, male sex, benign prostatic hyperplasia, use of bupivacaine and intrathecal morphine in spinal anaesthesia, glycopyrrolate, and volume of intraoperative intravenous fluid administered. '(Copyright © 2022 by the American Academy of Orthopaedic Surgeons.)
- Due to the demographic of our patients, most of the associated risk factors will apply to a high percentage of those having arthroplasty, the audit tool reviews the key areas of risk for our patients.

Month	No of catheterisations	No of catheterisations per 1000 bed days	No of catheterisations as a % of activity (IP only)	Males	Females	Hips	Knees	Opiods Given
December	18	27.1	9.9%	11	7	7	11	6
January	20	25.5	9.3%	15	5	8	12	4
February	36	42.8	15.7%	33	3	9	27	13
March	34	36.2	13.3%	25	9	14	20	16
<b>Totals</b>	<b>108</b>	<b>33.4</b>	<b>12.3%</b>	<b>84</b>	<b>24</b>	<b>38</b>	<b>70</b>	<b>39</b>

- Male gender is in fact a significant risk factor associated with the development of POUR but, crucially, that patients above 75 years of age, regardless of gender, are also at a significantly increased risk of developing POUR.” (*Anticipating Urinary Retention Following Total Hip Replacement and Total Knee Replacements, Hamad, y, Ramesh, A, Taylor, R, Michaud, r. 2020*)
- The average age of our patients ranges between 68-72 years of age with many falling in the 75 years and above range, across both male and female. There is as expected a higher proportion of male patients that go into retention.
- Our current practice is that all male patients have The International Symptom Score (IPSS) completed at Pre-assessment as there is statistically significant increase in the likelihood of POUR as IPSS rises ( $p=0.0002$ ). It was concluded that the IPSS is a quick and easy method of predicting those at risk of POUR, allowing them to be catheterised prophylactically, preventing possible complications. (*Predicting Postoperative Urinary Retention After Lower Limb Arthroplasty, WKM Kieffer and TPC Kane, 2012*) This supports our continued use of IPSS and the prophylactic catheterisation during the anaesthetic phase where the score indicates a high risk of POUR. Whilst catheterisation is advised against a high score the actual decision to catheterise remains a clinical decision usually made by either the Anaesthetist or Consultant Surgeon at the time of surgery. There remains an on-going conflict between the risk of

POUR and that of infection risk which will often outweigh the decision to catheterise. In some cases, those patients will go on to have a catheter inserted. This issue has been discussed at both Medical Advisory and Clinical Governance Committees and remains a subject of debate.

- Evidence has shown that POUR is higher where a spinal anaesthetic is used. (*Pomajzl, A.J, Postoperative Urinary Retention Article (statpearls.com), 2022*) At the Horder Centre all of our patients are offered spinal anaesthesia for arthroplasty procedures unless the patient declines or there is a contra-indication. There is evidence that where intrathecal opiates are used there is a higher risk of POUR. At present there are a cohort of anaesthetists that will use opiates and some that are actively choosing not to use opiates within the spinal anaesthetic. The audit does not indicate that the use of opioids heavily influences the risk of POUR.
- Within the review, emphasis has been placed on following our policy which requires a bladder scan 2 hours after return to the ward, where there is a residual of 600mls or over an in-out catheter should be attempted and only if more than a 1000mls is drained should the catheter be left in-situ. The results show a small decrease in POUR of approximately 1%.
- A percentage of patients mostly males will fail trial without catheter (TWOC) and will be discharged with a catheter. It has been noted that this can be challenging for our patients as we do not directly have access to a urology pathway and can only refer back to the General Practitioner. This can often cause delays in treatment. We are in the process of commencing our own TWOC clinics which will give patients an opportunity to come back to The Horder Centre 2 weeks after discharge where a TWOC will be attempted. Where this is successful it will reduce the waiting times for those patients accessing urology support and will improve their overall pathway and experience.
- The most significant result is the increased level of POUR for patients who have had Total Knee Replacement (TKR), generally TKR procedures are known to be more painful and early ambulation is not always achieved. There is a move towards decreasing length of stay, at present our Average Length of Stay (AVLOS) for TKR is approximately 3 days, and 2 days for Total Hip Replacement. A drive towards same day discharge or 23 hour discharge for arthroplasty surgery has been developed in Flagship centres across the UK as part of the Getting It Right First Time (GIRFT) initiative that places emphasis on operating with shorter lengths of stay to not only reduce inpatient stay costs but release much needed beds. According to a report from the Royal College of Surgeons in England, the number of patients on the NHS waiting list reached six million in 2022, with orthopaedic procedures having the longest waiting times. As part of our improvement initiative for 2023/24 we are planning to introduce the same day/23 hour discharge protocol for THR. Whilst planning for this a small group of clinical leads met with a team from South West London Elective Orthopaedic Centre (SWLEOC), who have participated on the GIRFT initiative for same day discharge. It was clear that early ambulation post arthroplasty is key to reducing AVLOS but also reduces post-operative complications such as POUR.

- The audit has helped us to review our processes and whilst there has been some improvement, the next 12 months will be significant in assessing whether POUR can be improved with early mobilisation. This will require changes within our whole pathway. We will continue to audit POUR and as we change our pathways we will hopefully see further improvements in this specific area.

## Responsive

Our work commenced in 2021 with our 'Green' agenda will continue and become business as usual.

### So how did we do?

It is important to identify the major sources of carbon emissions in our business operations. This helps us to understand where to focus our efforts to reduce carbon emissions effectively. Our Energy and Carbon Summary reported that in the past year (2022) HH has managed to lower gas consumption by 44% and the consumption of electricity by 18% across the estate in the same period.

Carbon neutrality by 2035 is our collective goal. To achieve this requires radical thinking. We will consider the use of alternatives such as air source heat pumps when we look to replace heating plant going forward. Continued review of large energy users and seeking ways to mitigate their energy use. Our work will be underpinned by a phased capital equipment replacement programme. The key elements will be to continue with the programme of equipment replacement in sterile services departments at both our hospital sites; and to focus on green initiative projects such as the installation of PV (solar) panels which will allow increasing levels of energy independence during the journey from fossil fuel usage to renewables. Prior to the installation of any PV units a full structural survey of the roofs at both sites has been carried out. Roof insulation at both centres is a key part of the project. At Planning permission for installing solar panels at both The McIndoe Centre (TMC) and THC will be applied for. It is estimated that full roof coverage of solar panels will provide around 30% of our annual electricity energy usage.

Following works at THC to replace and upgrade BMS controllers we are now able to set time parameters for the air handling plant and heating in Theatre 1 and 2. Prior to these works we carried out a survey of out of hours energy usage. Now the works are complete, we repeated the survey and the results revealed significant energy savings of up to 50% prior to the imposition of the time controls.

We have continued with the programme of replacing all remaining fluorescent light fittings with LED units at all sites.

As part of our search for energy efficient solutions to provide heating and cooling for our buildings we are also investigating ground source heat pumps technology (GSHPs). GSHPs are highly efficient as they use the stable temperature of the ground to provide heating and cooling. This results in lower energy consumption and reduced energy costs.

Key to our journey towards carbon neutrality and the management of energy usage is the engagement with staff regarding energy saving initiatives. In addition to the Green Team, which meets quarterly, we have the Energy Saving Working Group that met in November and March. Some useful initiatives have been proposed such as the principle of providing heat and light to the person and not the area, rainwater harvesting, encouraging departments to



think how they can change their working practices to be more green and that energy saving should be included in departmental hub meetings. Going forward energy saving ideas and communications will be included on the HH intranet. We have also published details of the recent energy price rises on the Hive screens/impact boards in order to provide all staff with visibility of the scale of the increases.

### **Effective & Responsive**

Within our safety matrix at TMC, we have identified a number of returns to theatres and or second procedures among our breast surgery patients. As one of the largest independent hospitals which supports cosmetic and reconstruction breast surgery, we have an opportunity to gather data and to share our findings more widely with other organisations.

#### **We said we would :**

- Q1
  - 1) Carry out an international literature review with regards to identification of haematoma following breast surgery.
  - 2) We will support a clinical multidisciplinary group to audit data against agreed criteria over the previous year.
  - 3) We aim to provide a quarterly report to our clinicians to ensure individuals are aware of their own current statistics and data.
  
- Q2
  - 1) We will develop a questionnaire for patients to allow specific feedback regarding any second procedure or return to theatre supported by the Medical Advisory Committee.
  - 2) We aim to understand if certain comorbidities or other factors lead to a higher risk of a second procedure.
  
- Q3
  - 1) We will share our findings with our clinicians and aim to understand any potential causes or changes in protocols that may make a difference.
  - 2) We will aim to bench mark our data against any external available source.
  
- Q4
  - 1) We aim to be able to publish our findings within an appropriate clinical forum or publication.

#### **So how did we do?**

In response to anecdotal reports that there was an increased rate of return to theatre incidents for plastics reconstructive and cosmetic cases since the COVID-19 pandemic, an in depth review into return to theatre cases pre and post the pandemic was launched. An international review into post operative complications that warranted return to theatre was carried out, in order to allow for benchmarking analysis. TMC data was gathered and reviewed by a multi-disciplinary team of clinical staff so to identify themes/trends on matters such as procedure type, comorbidities, consultant surgeon and medication used. Current findings do not indicate specific causal effects and neither do they show any trends. It has also been noted that incident rates are gradually reducing as we move further away from the onset of the COVID-19 pandemic.

Although it is widely recognised and accepted that haematoma complications are a risk with this type of surgery, we continue to monitor rates and trends of these occurrences so to

assure ourselves that we are not an anomaly compared to other peer providers. Data capture is ongoing, and findings continue to be reviewed and discussed at relevant platforms including the Morbidity and Mortality review meetings and the Clinical Governance Committee meetings.

### **Well-Led**

Our objective to become one of the Sunday Times Top 100 Best Not for Profit Organisations will continue in 2022/2023. Our learning and development and leadership programmes continue to ensure our staff remain engaged.

We also committed in this year to work specifically on our Equality, Diversity and Inclusion culture.

#### **We said we would:**

- Q1 Engage our workforce to ensure the 'best companies eight factors of engagement' improve.
- Q2 Launch a diversity, equality and inclusion working group within Horder Healthcare to create a healthy climate and culture.
- Q3 Improve company productivity through continuous employee development.
- Q4 Develop leaders and upskill workforce to drive efficiencies and quality improvement.

#### **So how did we do?**

To achieve point 1, the organisation invested in the creation of 2 pioneering programmes, a Leadership Development Programme (Elevate) and a Colleague Development Programme (Ascend). These programmes create a unified language and climate across the business, embedding and enhancing the 8 factors of engagement within the workforce. The results of the most recent staff survey indicate the impact that these programmes have had and will continue to have as we move into the next year.

The Equality, Diversity and Inclusion Working group has now been created, following the successful development and launch of the comprehensive face to face Equality, Diversity and Inclusion workshop, built to enhance the current e-learning packages in place and provide a platform for healthy and vital discussion in this subject. All Heads of Departments, Senior Managers and the Executive Team will be mandated to partake in this training, with the wider organisation attending thereafter. The training has been developed in line with up-to-date HR legislation and best practice and has been contributed to by a legal team to ensure we are able to develop an enhanced culture of inclusion, diversity, and equality.

As ever, the business continues to invest significant funds into the upskilling and development of its staff. At present, the organisation has supported 48 people to access external training and development, is supporting 6 full time apprentices, is sponsoring 3 people to achieve their MSc qualifications with a further 11 staff about to apply or who are in

the process of applying for training support. These figures are testament to continuous employee development being at the heart of Horder Healthcare's values.

Alongside the Elevate and Ascend programmes, the business continues to access European Skills Funding Streams to support Leadership Development, branded the 'Leadership Academy' to our colleagues. To date, the Leadership Academy has supported 26 colleagues to achieve their NCFE accredited Team Leading qualification, with a further 18 planned between now and December 2023. Thus, ensuring continued and sustained development of our leaders, and skill enhancement of our workforce to help drive efficiencies and quality improvement in all areas.

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Every aspect of my experience with the Horder Centre has been excellent, from the initial contact when arranging an appointment for my hip replacement surgery to the pre operation appointment. The service has been efficient and everyone has been helpful and courteous. The centre is calm, and I have been kept informed at every stage. The staff are amazing. Thank you so much.

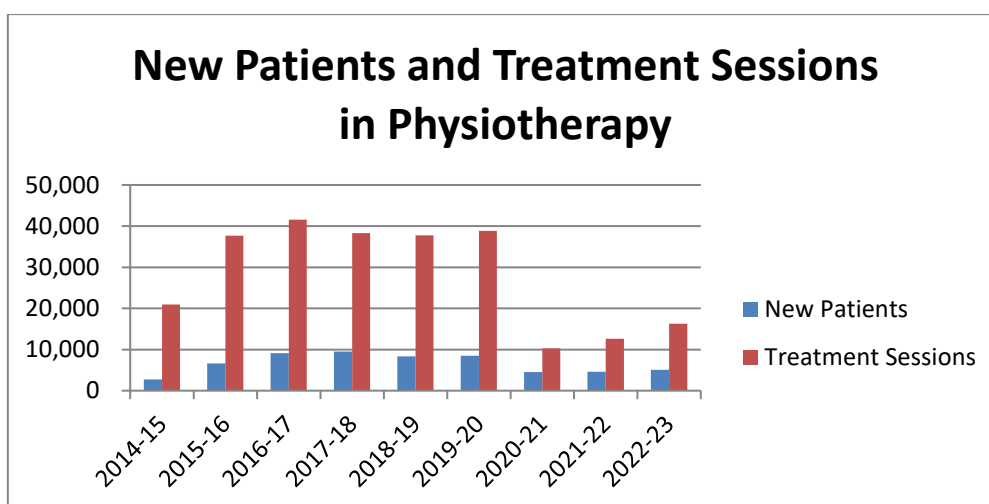
**Source: Trustpilot**

## MSK Division

### Activity

The COVID-19 pandemic has continued to affect Horder Healthcare's ability to provide physiotherapy interventions for people with musculoskeletal problems compared to previous years. New referrals to the service were stopped in mid-March 2020, with the service reverting to telephone only appointments during the lockdown periods while the existing waiting lists were worked through. The last year has seen a gradual increase in numbers attending.

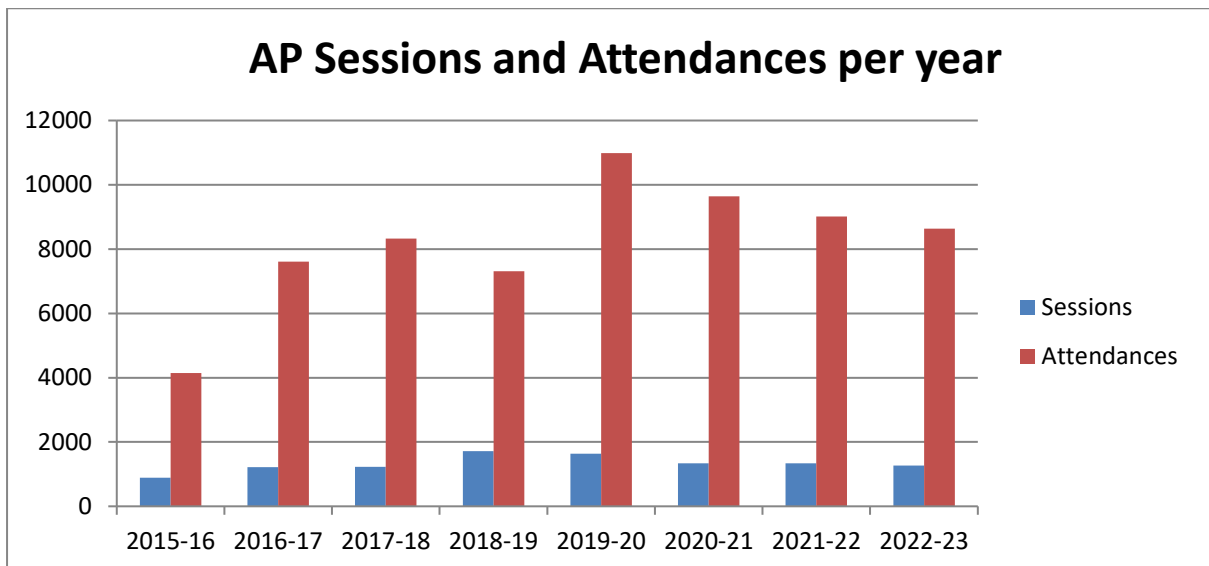
Provision of classes continues to increase gradually but remains significantly reduced compared to pre-covid levels, while the number of 1:1 physiotherapy appointments has been affected by staff vacancies, increased sickness rates and higher numbers of patients not attending their appointments. Approximately 80% of referrals have come from GP referrals via Sussex MSK Partnership East (SMSKPE) at agreed levels to reduce waiting times with the remainder being post-operative, consultant or private referrals.



### Advanced Practitioner Activity

In the year to April 2021, the number of AP clinics held was the same as the previous year at 1339 but actual attendances appear to be 633 lower at 9010, in line with increased levels of sickness in the staff cohort and higher levels of missed appointments from patients. The implementation of First Contact Practitioners has meant that clinician's time has had to be shared across two different roles with the subsequent affect being a slight reduction in the number of clinics able to be held but patient attendances were appropriate for the number of clinics.

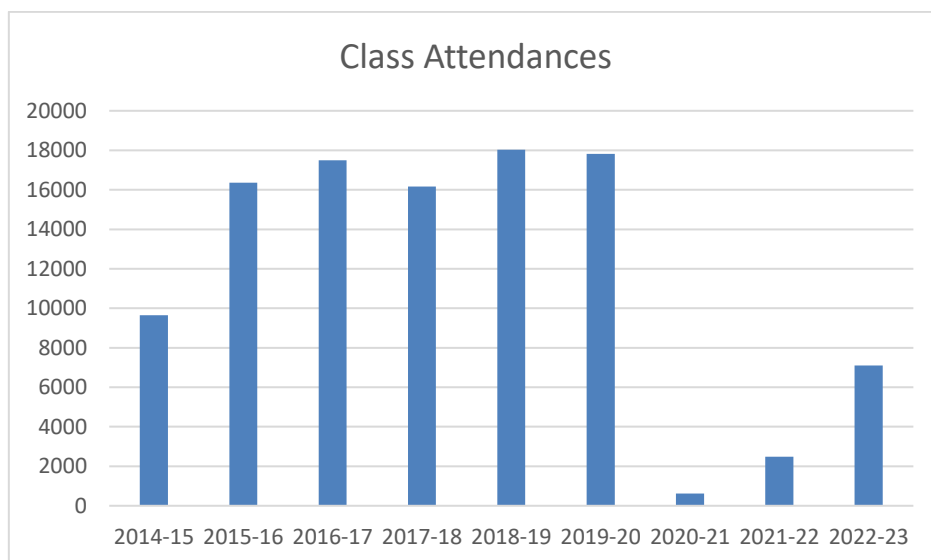




### MSK Health and Wellbeing Classes

The number of people attending the Health and Wellbeing classes continues to be significantly impaired by COVID-19. Government restrictions and the need to limit footfall into the hospital buildings meant that all face-to-face classes stopped in March 2020. The commencement of live “streamed” virtual classes received limited take up and the ability to resume face to face classes was limited by guidelines and clients seeking other means to exercise.

Where we previously ran 69 classes per week pre-pandemic, from September 2021, we were only able to expand our virtual offering up to 25 classes per week with a total of 2477 attending up to April 2022, which is an increase on the 628 people attending in 2021 but is still a shadow of the almost 18,000 in 2019-20. Since January 2023, we have increased our offering of classes to NHS and paying customers up to 63 classes per week with utilisation rates still increasing but a total of 7097 people attending up to April 2023.



## Quality

The key areas for MSK services chosen for development during 2022/23 were:

### 1. Clinical Effectiveness

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

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

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

#### a. Clinical audits – internal and external.

- Notes audit: (Yearly) - Completed

As part of auditing the service against the Chartered Society of Physiotherapy Quality Service Standards, an audit of the notes written by HH Physiotherapists was undertaken during 2022/23. The removal of the majority of the Covid restrictions over the course of the year saw a gradual return to normal face to face appointments and classes, while a few patients each week still prefer to utilise telephone appointments.

A sample of notes was assessed against the CSP Standards. The areas that performed well were: Consent; having a documented logical assessment that includes quality of life and screening for comorbidities as well the number documented to have a self-management plan and advice on health behaviours as well as recording of red flags. Reasoning behind treatment choices was not so well recorded as well as clear plans for subsequent treatment sessions. We had difficulty assessing the number of people who had provided data on PROMS and PREMS because of our involvement in the regional PROMs/PREMs project (see below)

#### b. Measure Patient Rated Experiences (PREMs) – Completed.

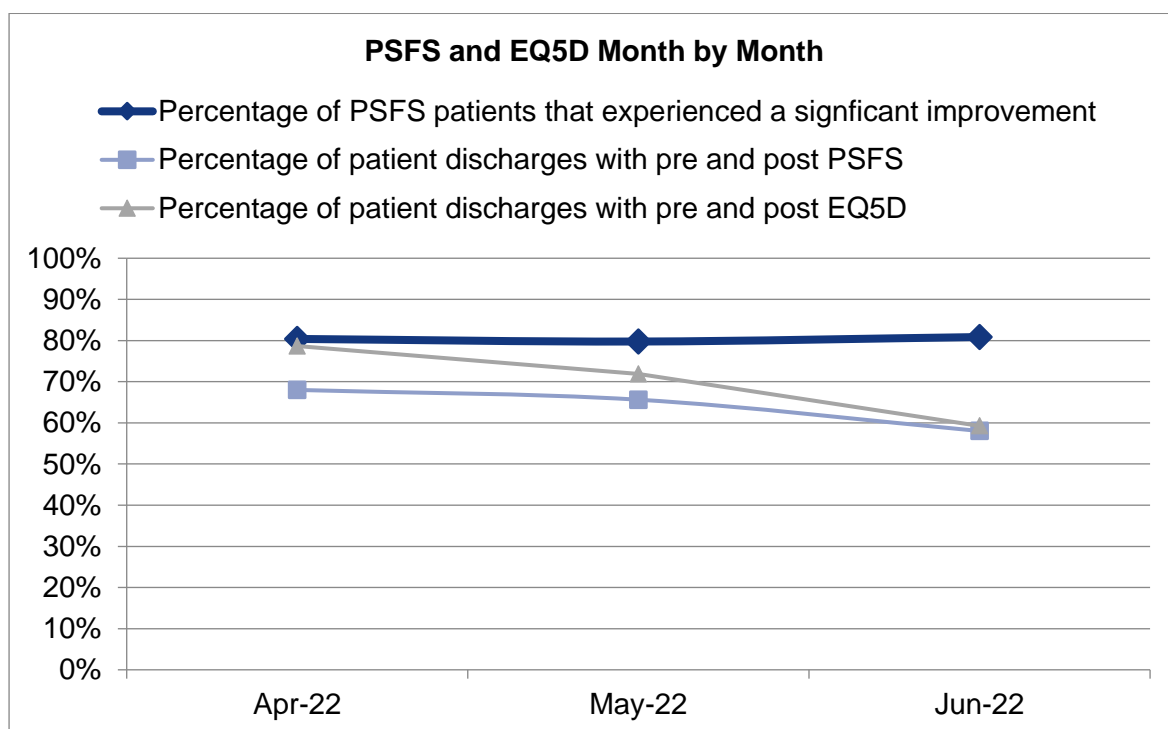
- As part of the audit against the CSP Service Quality Standards, we undertook a snapshot audit of 100 patients assessing against six different quality standards. These included asking the patients questions such as: Do you feel your needs were met?; How good was your health professional at involving you as much as you wanted to be in decisions about your care and treatment?; Did you receive sufficient information about your condition or self-care that was easy to understand?; Have you been offered information by your health professional on factors such as physical activity/exercise,

smoking cessation, healthy diet, healthy weight, alcohol consumption, mental wellbeing?; How good was your health professional at: Involving you as much as you wanted to be in decisions about your care and treatment?; Making you feel listened to?; Explaining things to you in a way you could understand?; Giving you enough time?; Treating you with care and concern?; and lastly how satisfied are you that your care was well coordinated/joined up with other departments/streamlined?

- Results were overwhelmingly positive with an average of 81.4% rating the service as very good (the highest) with an average of 14.5% rating it good with the rest ambivalent.

c. Patient Rated Outcome Measures – (PROMs)

- Horder Healthcare was invited to become involved in a project to electronically collect PROMS data to compare outcomes in the region between providers and within services as well as individual patients. This project commenced in July 2022. Whilst data collection rates for the project have improved over time and electronic collection also removes the bias inherent in the way it was previously collected by the clinicians on discharge, the way the data has been presented back has made it impossible to analyse in the same way as we did before. Recent meetings have identified that the data exists and can be presented in a more useful way but as the project involves most of the current physiotherapy providers across the region, some permissions need to be gained to enable this change. Once approved, we will be able to backdate the data to July 2022. The Patient Specific Functional Score (PSFS) and EQ5D is still collected but in addition the Graded Rate of Change (GRoC), a Net Promotor score (NPS) and Numerical Pain Rating Score (NPRS) are also collected.
- Below are the results from the 3-month period we could obtain results from our old system.



## 2. First Contact Practitioners

The service continues to provide experienced clinicians working directly in primary care alongside GPs in their practices. Called First Contact Practitioners (FCPs), they are managing patients presenting with undifferentiated and undiagnosed musculoskeletal problems where previously they would have been seen by a GP. This national programme has enabled the further development of skills of the Advanced Practitioners but also the recruitment or promotion of nine Band 7 clinicians to work in these roles. We provide to six local Primary Care Networks in areas covering most of our catchment in East Sussex. This service was started in September 2020 where we now employ 23 colleagues to work in these roles.

## 3. Physiotherapy Improvement Projects (PIPs)

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

- Back and Pelvic Pain in Pregnancy: it was recognised that there was limited experience to manage these conditions within the department, so a project was established to gather the most up to date evidence on the basic management of these common conditions and shared with the wider team at a training session
- Class Expansion: following the pandemic, it was recognised that the provision of classes at HH was taking some time to re-establish, so a working group was set up to coordinate increasing the provision back to enable pre-pandemic levels. We now provide almost as many classes per week as 2019 but occupancy rates continue to build.
- Physical Activity: it was recognised in an audit of inpatient length of stay, that more people were entering hospital less fit than before the pandemic, resulting in a longer length of stay. To tackle this, we developed a package of information and exercise classes that can be undertaken before entering hospital to improve fitness. This principle has now been expanded, with the assistance of Human Resources, to include exercise provision to staff groups.
- Research into Practice: to assist with the delivery of the Research Strategy, it was recognised that the team lacked some skills in the gathering, appraising and implementing research literature. Several sessions on improving these skills have been provided to colleagues and adaptations made to establish a “journal club” to critically appraise topics of interest.
- Gaps in service: this group has been working on assisting the development of staff by identifying the steps, knowledge and key skills required for physiotherapists to progress their careers and improve the service they provide.

Outcomes from these PIPs are presented back to the Team and wider organisation at our Quality Showcase each May and June.

## 4. Research Strategy and Research Assistant

- a. It is said that a service that is involved in research gets better outcomes for patients. To that end, a Research Strategy was written with short-, medium- and long-term plans for the Physiotherapy service. The team were asked for ideas to develop into research



projects and links with external supports such as the Kent, Surrey and Sussex Clinical Research Network (CRN) and KSS Academic Health Science Network were established.

- b. Fundamental to this strategy was the ability to provide some dedicated time to enable progress. To achieve this, the Kent, Surrey and Sussex CRN have agreed to provide HH with £10,000 funding support for 0.2wte Band 5 physiotherapist as a Research Assistant to drive forward the Research Strategy. A business case was written after several months of discussion and the money was agreed to be awarded in March 2023.

## 5. Support for Colleagues to Undertake Higher Degrees

The support to develop and further our clinicians' knowledge has resulted in us supporting some to undertake higher degrees (MSc). We currently have four staff progressing through this education route with two soon due to complete in the next year and two others having achieved sponsorship from Health Education England to support them to become accredited Advanced Practitioners. We have also agreed to support one of the FCPs to undertake an MSc.

A second equivalent route to become an accredited Advanced Practitioner is to collate a portfolio of evidence of your work to be assessed by a university. We currently have one of our existing Advanced Practitioners pursuing this portfolio route to ACP accreditation with three others accepted by a university.

## 6. Health, Fitness and Rehabilitation Instructor Competency

In line with guidance from the Chartered Society of Physiotherapy, we have developed a competency document that allows Health, Fitness and Rehabilitation Instructors who have completed the competency to independently take post-operative classes, to assess and treat post-operative patients against the protocols and progress the treatment of patients who have had their treatment objectives set by a physiotherapist. This has enabled us to increase in the capacity of the service to see more patients and provides opportunities to develop the skills of this staff group.

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Every one of my needs were met, I had complete trust in all areas of my treatment. Nothing was any bother. The staff were all very professional in everything they did for me, from the surgeon, nurses, porters, physio, catering staff etc. Thank you all so much. I would have no hesitation in recommending the Horder Centre to all.

**Source: Trustpilot**

## Safety

### Infection Prevention and Control (IPC)

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

#### Antimicrobial Stewardship

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

HH recognises the importance of prudent antibiotic usage and has committed to review its usage through the audit process on a quarterly basis. Initial findings have shown appropriate usage of antibiotics across the organisation. Findings from the audit are discussed at the Infection Prevention Committee, Governance and MAC meetings. Both sites have been encouraged by IPC to take part in national and global events to raise awareness of antimicrobial resistance. The Infection Prevention and Control Nurse Specialist (IPCNS) reviews the use of antibiotics when undertaking RCA's. The cases are discussed with our Microbiologist to ensure prudent and accurate use of antibiotics for our patients

#### Infection Rates

We are very proud of our low infection rates and participate in the reporting of a number of mandatory Healthcare Associated Infection (HAI) statistics to UK Health Security Agency (UKHSA) on a monthly basis. In 2022, this was submitted directly to UKHSA with a minimum data set, which included NHS number, date specimen taken, date of admission and date of birth only.

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

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

Other mandatory organisms reported to UKHSA are:

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

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

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

Table of identified reportable bacteraemia's and other organisms across HH in 2022/2023.

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

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

### **Surgical Site Infection (SSI) Surveillance**

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

- Total hip replacements
- Total knee replacements
- Breast surgery

Post discharge surveillance is undertaken for all these patients with the aim to capture  $\geq 75\%$  of patients through completion of post discharge questionnaires surveillance.

## SSI Rates for 2022/2023

The table shows numbers of identified reportable SSI for 1<sup>st</sup> April 2022-31<sup>st</sup> March 2023:

Procedure	Number of Cases	SSI reported (Including patient reported)	%Rate per 1000 bed days
Total Hip Replacements	1080	1	0.09%
Total Knee Replacements	1203	3	0.24%
Breast Surgery	305	3	0.98%

### Reported surgical site infection summaries

Total knee replacements:

**Patient 1** - Elective right, total knee replacement. No concerns pre-operatively, generally fit and well. Surgical procedure was uncomplicated. Recovery as per plan and discharged to home with surgical site being recorded as dry and intact. Re-admitted following a call into the ward where patient reported a wound infection diagnosed by General Practitioner that was not improving. Planned Debridement, Antibiotics and Implant Retention (DAIR) undertaken wound tissue and swab sent for MC&S, which returned growths of scanty staphylococcus aureus. Treatment planned following discussion with Consultant Microbiologist. Patient discharged to home with a peripherally inserted central catheter (picc) line in situ to continue 6 weeks of Intravenous Antibiotics under the care of the community team. Root Cause Analysis (RCA) - undetermined cause

**Patient 2** - Patient was known to have had previous high alcohol intake and brought alcohol into hospital with him. Suspect much higher use of admitted alcohol use. Haemoglobin 118 at pre-op assessment (current admission criteria suggests optimum Hb for arthroplasty 120): blood test not repeated prior to admission (admission delayed a month by patient choice). Patient was non-compliant with instructions from both nursing staff and physiotherapy staff, particularly with regards to appropriate knee bend. There is evidence that the patient removed his own dressings and was seen on occasions touching the wound. RCA findings - non-compliance of patient.

**Patient 3** - Admitted for right Vanguard cemented knee plus patella. Patient had an uneventful stay and was discharged home on. One month later patient was admitted to local NHS trust. Knee was red, swollen and discharge was coming from behind the wound. Patient had a DAIR procedure. Staphylococcus Aureus and Group A Streptococcus was isolated from wound swab, tissue and fluids.. RCA - High BMI may have delayed wound healing

Total Hip Replacement:

**Patient 1** - Patient was admitted for a minimally invasive right Corail Pinnacle total hip replacement. Patient had a lesion noted on left shoulder whilst in Anaesthetic room but it was just prior to discharge that it was reviewed. Was reviewed by RMO and Consultant and it was decided to transfer patient out for incision and drainage of the shoulder lesion. Patient was

reviewed in Accident and Emergency and admitted to the local hospital for Incision and Drainage of shoulder lesion. Discharged home. Presented again to A&E after GP visit with patient feeling unwell x3/7 with right hip feeling hot and looking infected. Patient underwent DAIR procedure. RCA - Patient had underlying shoulder infection that could have been treated before hip surgery.

Breast surgery:

**Infection 1** - Fit and well woman admitted for elective BBA surgery. Wounds drained significant amounts post-surgery and drains remained in situ for longer than usual. Wound site reported as being soft and healing well. Wounds were clean and dry on discharge with no signs of infection reported. Right breast cavity reported to have visual purulent pus present and wound swab taken for microbiology, culture and sensitivity (MC&S), which returned a result of light growth of *Serratia Marcens*. RCA - no cause identified.

**Infection 2&3** - These infections occurred in the same patient, an organ space infection and a superficial MRSA infection. This patient had multiple breast procedures and unfortunately developed a breast infection requiring removal of the implants at another hospital. *Enterobacter Cloacae* and Group A Strep isolated in pus in breast cavity - organ space infection. On another admission to HH it was identified that the patient was now MRSA positive in her nose. This was not identified until after the patient had undergone a further procedure. MRSA later isolated in diathermy burns on breast - superficial infection. Treated with antibiotics and patient recovered and went home. RCA - high risk patient

## **Performances and Audit**

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

IP&C links are allocated protected time each month to audit compliance to IPC standards using the IPS Quality Improvements Tools. These tools offer a valid and standardised approach to compliance monitoring, as they have been peer reviewed and are based on best practice guidance such as EPIC 3 guidelines (Loveday et al 2014). Horder Healthcare has an average score of 98% compliance for IPC standards across the organisation.

## **COVID-19**

2022 continued to prove a challenging year for infection prevention and control. The ongoing COVID-19 pandemic brought with it the emergence of new strains of COVID-19, which continued to have a huge impact on the amount of time and work required to be dedicated to ensuring patient and staff safety. High levels of staff and patient sickness due to COVID-19 resulted in significant numbers of cancellations of procedures throughout the year.

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

This included:

- COVID-19 Management Policy was reviewed and adapted each time new guidance was issued.
- All practices continued to be reviewed and standards were maintained throughout in line with national guidance. These were reviewed frequently to ensure they were being maintained.
- Clinical staff continued to receive additional training in the use of PPE, donning and doffing as part of their annual mandatory training.
- FIT testing was maintained for all new clinical staff
- Staff screening requirements changed in May 2022 with the changes to Government guidance with all screening dropped for asymptomatic staff and patients
- Staff who reported COVID-19 positive were supported with regular welfare checks and advice.
- PCR screening for patients continued to be part of a routine pre-assessment process but this changed in response to the Government guidance in Sept 2022. Screening for COVID now takes place using a Respiratory Risk Assessment and only symptomatic patients are screened using LFT's if necessary
- Restrictions on visiting were adapted when it was safe to do so to ensure all patients could receive a nominated visitor for the duration of their stay. This has reverted to normal visiting from the end of March 2023
- Inpatient and outpatient attendance pathways were adapted and the requirement for isolation prior to surgery ended at the end of March 2023
- Regular updates for staff continued on standards to be met in line with changing guidance, with additional 1:1 support for staff that needed it.
- Established contact was maintained with UKHSA for support should the need arise.
- Mandated wearing of PPE for all onsite at HH (exceptions and planning for those unable to do so) were removed at the end of March 2023. The COVID and respiratory virus rates will be observed, and we will review the need for PPE when necessary.
- Staff continued to be encouraged to participate in the national COVID-19 vaccination programme.

### **Vaccinations**

All staff were encouraged to ensure they took up the opportunity for both Covid 19 booster and influenza vaccinations. 150 vouchers were made available for staff to obtain the seasonal influenza vaccination, as this service is not available via the OH provider. 72 vouchers were used by staff but no clear numbers of staff who took the flu vaccine are available as many staff obtained their vaccines independently at GP surgeries.

The changing guidance posed us with challenges throughout the year as we continued to work throughout the COVID-19 pandemic, but throughout we maintained the highest of infection prevention and control standards as evidenced by the extremely low infection rates reported.

It is anticipated that COVID-19 restrictions will continue to be adapted throughout 2022 and our practices will continue to be aligned with national guidance.

## Future Planning

As activity continues to change and as new challenges are identified, the established Infection Prevention and Control team remains an essential part of Horder Healthcare. 2022 has shown how they respond quickly and efficiently in order to ensure that high IP&C standards are in place and maintained at all times in all areas of the organisation thereby ensuring both patient and staff safety. A new Infection Prevention and Control Nurse specialist came into post in October 2022, with the sole focus to deliver Infection Prevention and Control measures within Horder Healthcare and ensure robust Surgical Site Surveillance is undertaken with a view to identifying any areas of non-compliance that can be worked on to continue our excellent surgical practices.

## ANTT

As part of the IPC plan, the aim was to introduce ANTT (Aseptic Non Touch Technique) into the organisation and to achieve Bronze Accreditation. To achieve this, the ANTT eLearning package was rolled out to ANTT champions within relevant departments with a view to them undertaking a baseline audit of ANTT knowledge and practice.

In February 2023, the eLearning package was rolled out to all relevant clinical staff with a view to then completing their competencies. To date 244 staff have accessed and completed the eLearning. The ANTT champions will be assessed first for their competency and once they pass they will then be able to roll out the competency to all relevant staff within their department. As part of the accreditation process, an ANTT policy was developed for HH to support the ANTT process. ANTT posters have been given to each department with the relevant skills each department require so that all clinical staff are able to familiarise themselves with the correct ANTT process so that we can start to embed these into clinical practice.

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From the initial referral to the surgery itself I was kept fully informed. Staff were supportive and helpful when I attended appointments and at all times during my stay. It seemed that nothing was too much trouble. My consultant took the time to explain things to me and, despite being nervous, I felt confident in his skills. I cannot fault anyone involved. Thank you.

**Source: Trustpilot**



## Adverse Events

Over the past year, Horder Healthcare has consolidated the learning from incidents and encouraged a clearer pathway of shared learning throughout the organisation.

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, weekly incident review meetings, quarterly Patient Safety & Quality Improvement Committee and Morbidity and Mortality meetings 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.

### April 2022 – March 2023

Indicator	No. THC	% THC	No TMC	% TMC
Patient mortality (outside 48 hours of surgery) <sup>1</sup>	1	0.02	0	0
Peri-operative mortality (within 48 hours of surgery) <sup>1</sup>	1	0.02	0	0
Unplanned re-admission (within 30 days of discharge) <sup>1</sup>	4	0.09	15	0.45
Unplanned returns to operating theatre <sup>2</sup>	2	0.05	14	0.58
Unplanned transfers of inpatients to another hospital <sup>1</sup>	7	0.16	1	0.03
Mortality within 7 days of discharge <sup>1</sup>	0	0	0	0
Pulmonary embolus at the hospital <sup>2</sup>	7	0.18	0	0
Deep vein thrombosis (DVT) at the hospital <sup>1</sup>	1	0.02	0	0
Inpatient dislocation at the hospital <sup>2</sup>	3	0.08	0	0
Unplanned overnight admission after day case <sup>4</sup>	9	0.85	25	1.53

<sup>1</sup> = as a % of discharges episodes

<sup>2</sup> = as a % of anaesthetic episodes

<sup>3</sup> = as a % of total hip and knee arthroplasties

<sup>4</sup> = as a % of day case procedures

## Patient Mortality

There has been one incident of patient mortality within 48 hours of surgery during the reporting period. Following total knee replacement surgery, the patient suffered from cardiac arrest.

There has been once incident of patient mortality outside 48 hours of surgery during this period, patient passed away whilst still an inpatient following total knee replacement surgery.

Post mortem for both patients identified as pulmonary embolus as primary cause. Please refer to Venous Thromboembolism (VTE) Page 47.

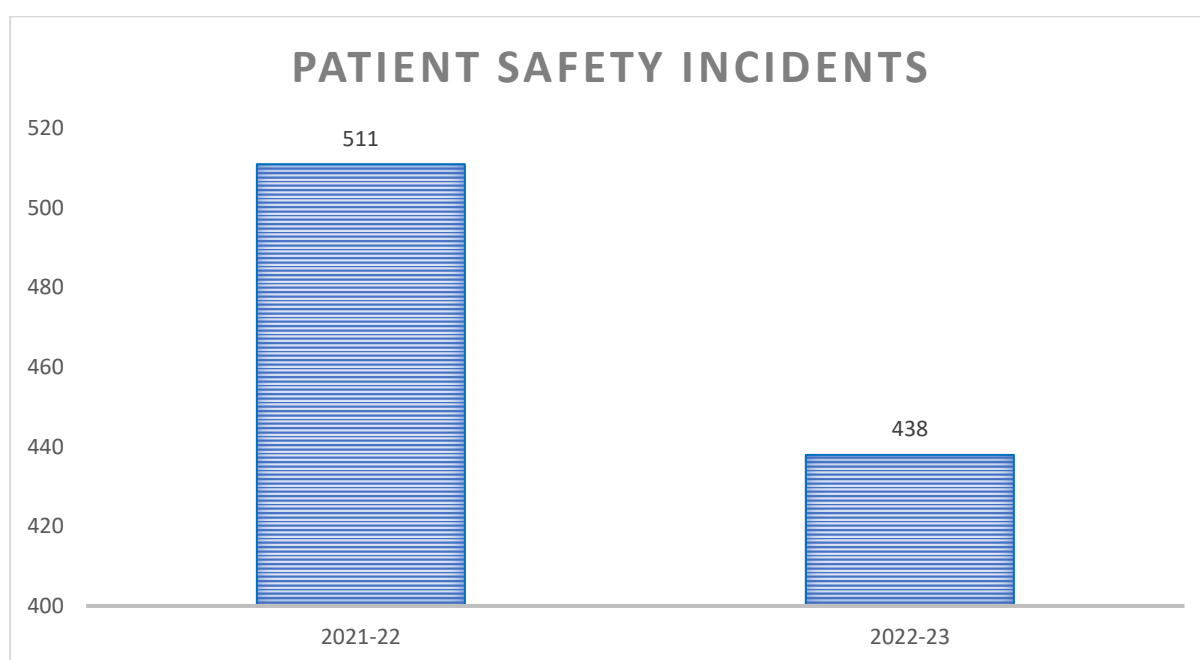
## Safe

### Incident Reporting

#### Patient Safety

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

During the period April 2022 to March 2023 there were 1106 incidents reported on our Incident Management System (Datix). This figure is inclusive of all Horder Healthcare facilities, The Horder Centre, The McIndoe Centre and Seaford Centre. Of the total number of incidents reported, 438 of these were patient safety incidents, this was a decrease from the number of incidents reported within the same timeframe the previous year.

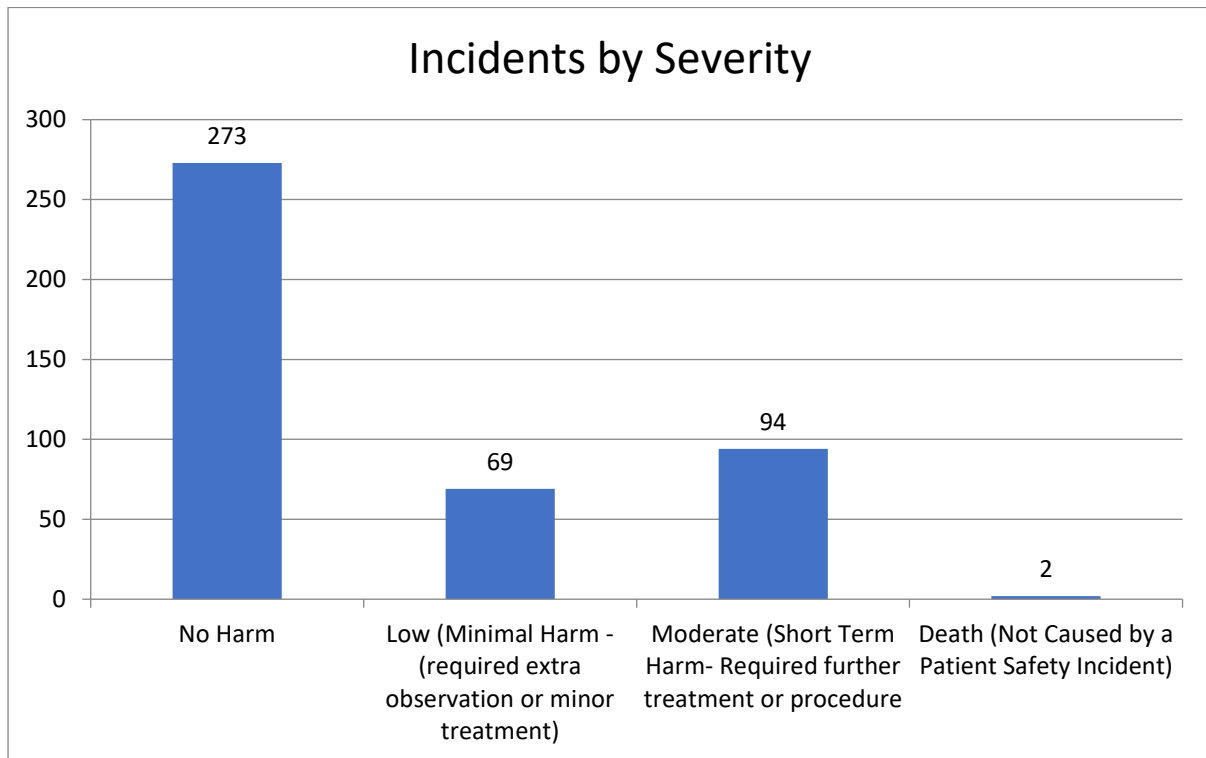


Serious incidents are fully investigated using Root Cause Analysis (RCA) methodology and treated under statutory duty of candour. This includes regular contact and follow up with the patient or relatives. The findings of appropriate investigations are shared with the respective departments through clinical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

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

1. 8331 – One incorrect implant used during bilateral breast augmentation. The two product codes were reviewed which indicted one of the implants was incorrect, although the implants shape and size are the same, there is a slight difference in the component. No surgical follow up required.
2. 8528 – Patient sustained pneumothorax (collapsed lung) following bilateral breast reduction, requiring patient to be transferred to NHS facility for treatment.

3. 7635 – One patient began to feel unwell after completing post-operative exercises and suffered from a cardiac arrest and unfortunately patient passed away ( post mortem identified pulmonary embolus) .
4. 8056 – One patient passed away post operatively on the ward ( post mortem identified pulmonary embolus).



### Medication Incidents

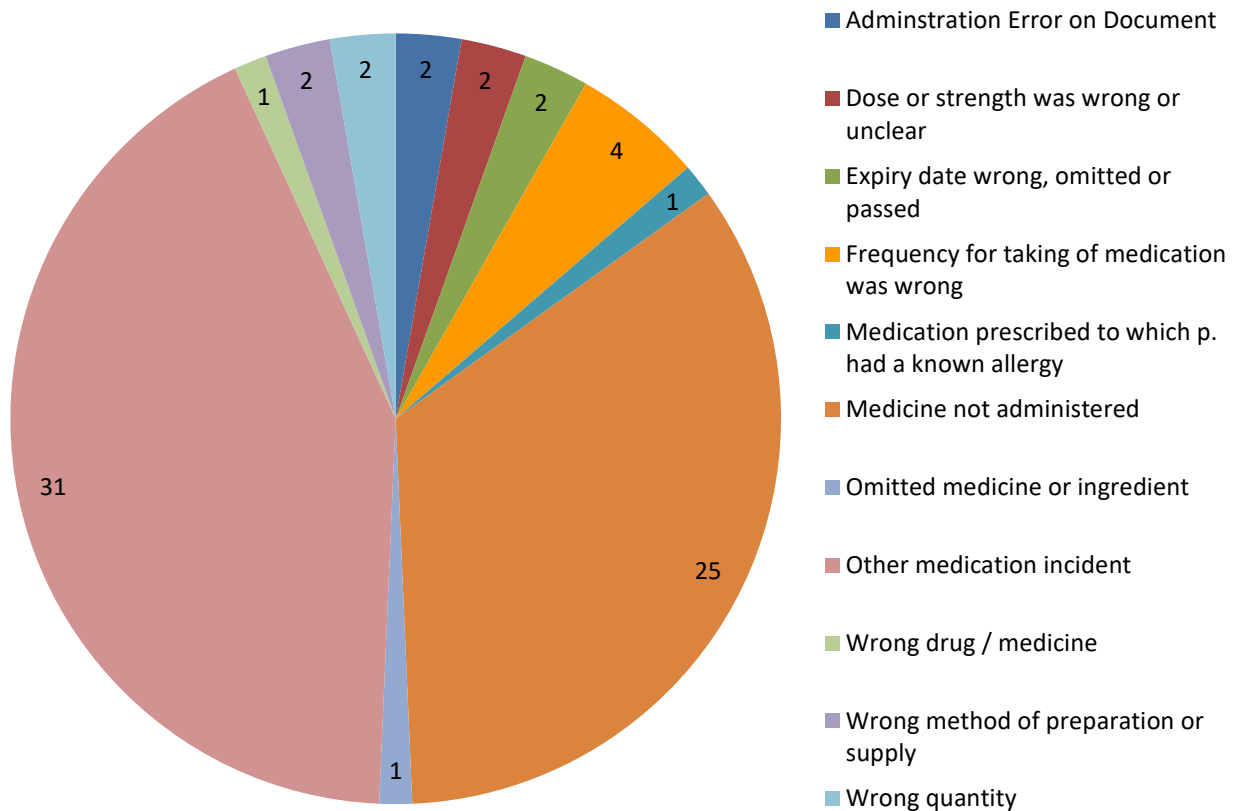
There were 73 medication incidents reported during the period from 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023. Of these, 71 caused no harm and 2 were recorded as causing low harm. The 2 incidents resulting in low harm required additional monitoring following the medication incident.

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From the moment I was greeted by a smiling nurse, I was treated with respect and care. I was made to feel I was in an environment that really cares for its patients. The whole environment was calm and peaceful, and I had complete confidence in the hands of the whole team.

**Source: Trustpilot**

## Medication Incidents by Adverse Event



### Duty of Candour

Horder Healthcare (HH) is committed to the principle and promotion of a culture that encourages openness and honesty at all levels and has open and honest communication with patients, carers, staff, healthcare organisations and healthcare teams. 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 duty of candour and monitor the completion of any action plans. To support members of staff to understand the duty of candour, a policy is available alongside targeted training on an individual basis.

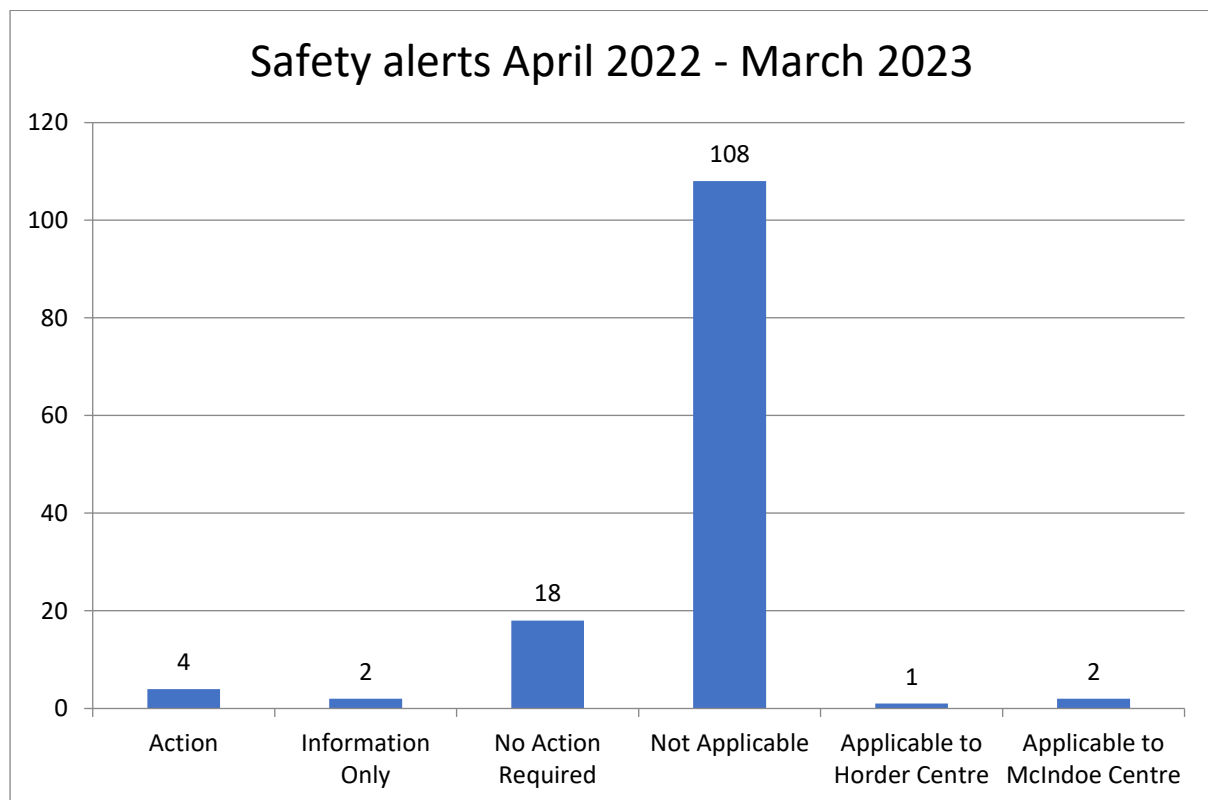
### Safety Alerts

The robust process for managing safety alerts has continued over the last 12 months with Horder Healthcare's clinical governance team working closely with all departments to ensure that the distribution, review and response of safety alerts are completed within the timeframes set within each alert.

The Central Alerting Service (CAS) alongside other select organisations send a variety of different alerts that are distributed by the clinical governance team to the appropriate

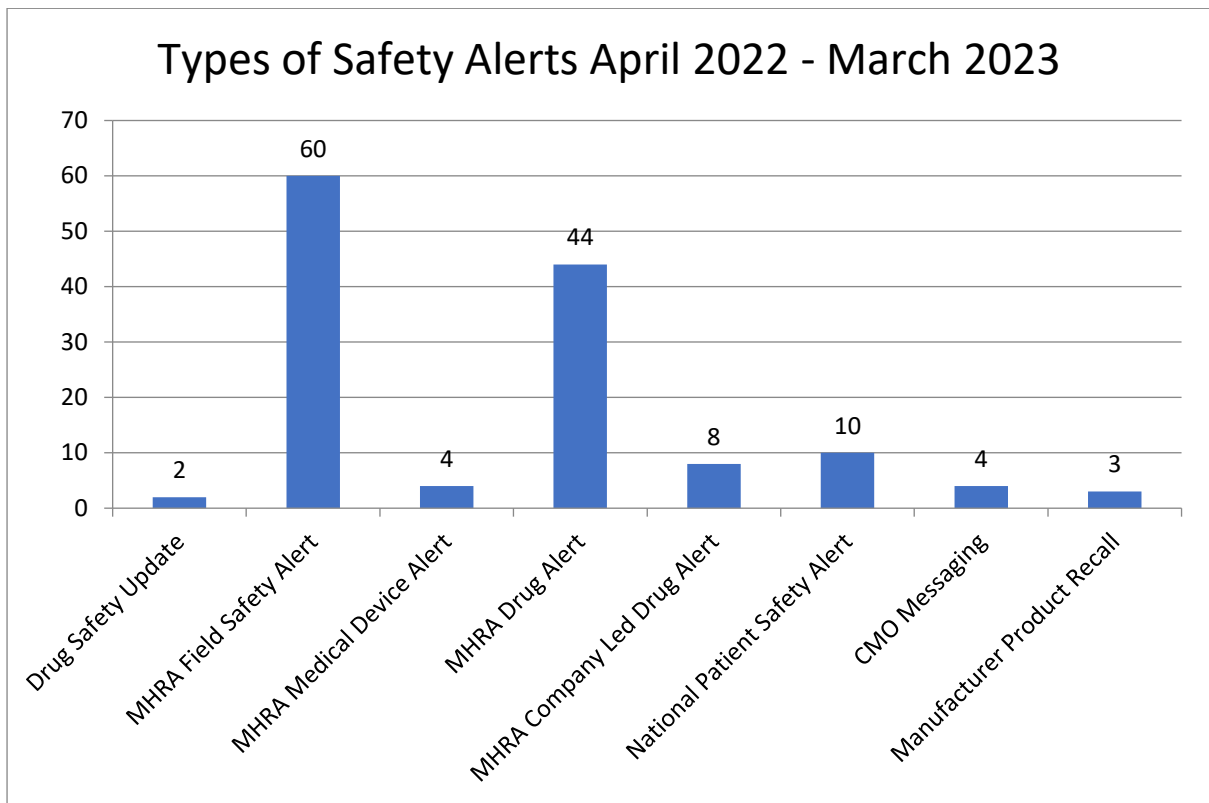
managers/department leads. The Clinical Governance team works with departments to confirm whether the alert is applicable within their area and then collates all responses to ascertain the impact of the alerts within the organisation and confirms any required actions which have been taken.

100 safety alerts were received within Horder Healthcare between 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2023. The below graph demonstrates how many of these alerts were applicable. The 4 alerts requiring action have all been completed in line with the requirements of the alert.



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I recently had a mole removed. My GP referred me to the McIndoe Centre. I was seen within one week of being referred.  
The treatment I received was first class. Efficient, painless, and no problems with the wound. Highly recommend.  
**Source: Trustpilot**




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Recently I had cataract surgery at the McIndoe Centre. I was initially nervous about this but every aspect of my treatment was excellent. The atmosphere was friendly and efficient. Any queries I had were immediately dealt with and all appointments were on time.

I had no uncomfortable side effects after the procedure and immediately had excellent eye sight.

I give it top rating and fully recommend every aspect of my treatment . Thank you to my excellent consultant and all the staff.

**Source: Trustpilot**

## 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 to ensure that the standard of care remains the same at weekends as well as Monday – Friday. Through our governance agenda we aim to ensure the appropriate review of services are in place.

- **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. Our practice is consultant led and our Resident Medical Officers, who are on duty for 24-hour periods, will report to consultants directly any concerns raised by patients at weekends or out of normal working hours. Should a consultant be on annual leave he will identify cover for such to ensure that there is no gap in service. We have an on-call consultant physician who is able to provide timely follow ups for any medical concerns.
- **Time to first consultant review** – This is not applicable as relates to emergency admissions.
- **Multidisciplinary Team review** – This is applicable to our TMC site for breast reconstruction and skin cancer pathways. This forms part of our admitting policy i.e. the MDT summary is received and checked by the Head of Clinical Services prior to patients being booked for surgery. We have this year also launched MDT reviews for any revision surgery for our orthopaedic patients at THC. Other MDT reviews are carried out and led by the Head of Clinical services for certain patients as and when required eg: discharge planning.
- **Shift handovers** – All patients are reviewed on a daily basis by members of the multidisciplinary team led by a competent senior decision maker. Formal handovers take place in the morning and evening where members of the multidisciplinary team can attend. At our THC site we have introduced a 14.00 safety huddle whereby a further review of all patients occurs.
- **Diagnostics** – Horder Healthcare works in partnership with Medical Imaging Partnership and Nuffield 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.
- **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 locally. Due to our independent status we are not able to access discharge planning prior to admission and have to plan carefully any discharge requiring a social care bed post discharge.



We work hard with our patients to identify issues pre admission to ensure safe discharge can be achieved.

- **Quality Improvement** – All colleagues are involved in our quality improvement programme and information on patient outcomes is disseminated to all departments. This year we have renamed our clinical harms quarterly meeting as patient safety and quality improvement. This will assist us to ensure that any trends in adverse events are being scrutinised and reported at Board Governance. Our standard governance reports cover length of stay/readmissions and safe staffing incidents.

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

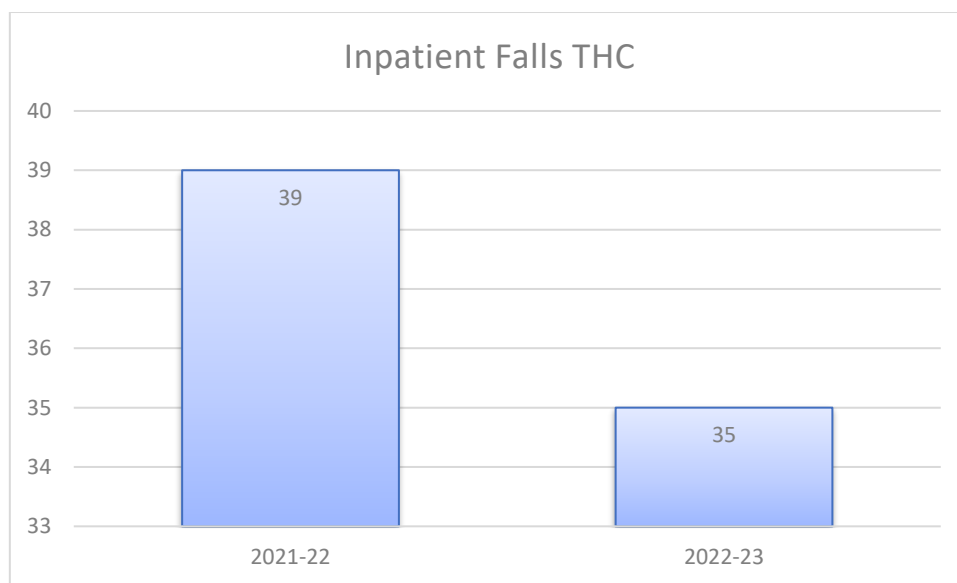
**Source: Trustpilot**

## Patient Falls Report 01/04/22 – 31/03/23

### Inpatient Falls

#### THC

There was a total of 35 inpatient falls during the reporting period. This equates to a patient falls rate of 2.99 per 1000 bed days. This is an improvement from the previous year by 1.06 where there were 39 inpatient falls, where the rate was 4.05 falls per 1000 bed days.



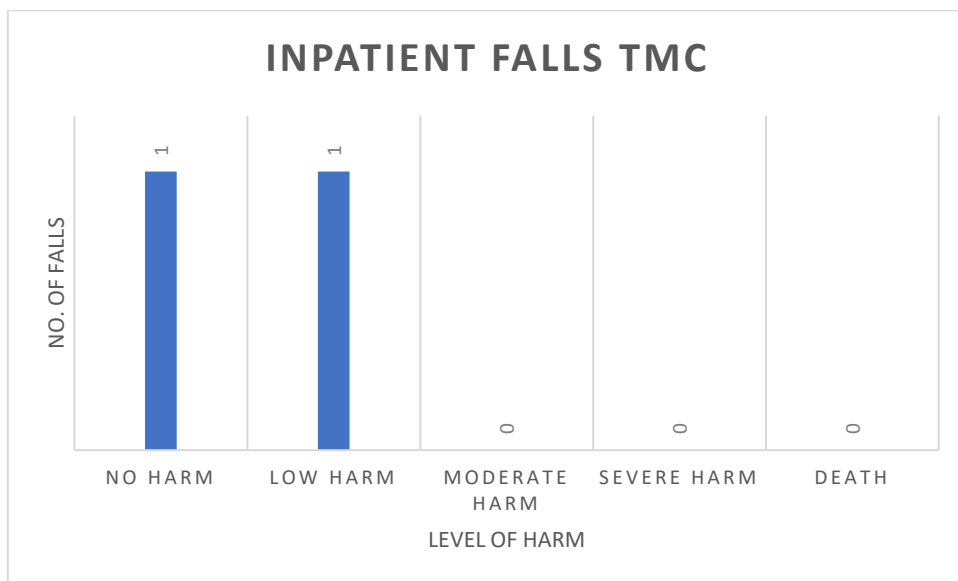
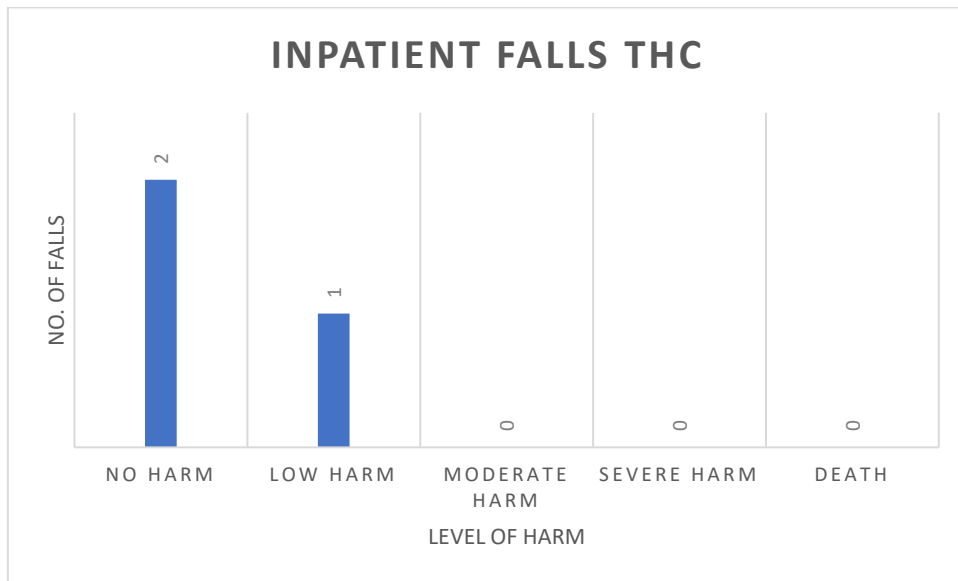
#### TMC

There was a total of 2 inpatient falls during the reported period. 1 was reported in 2021-2022.

The National Patient Safety Agency (NRLS) requires reporters to assign one of five degrees of severity of harm: no harm, low harm, moderate harm, severe harm and death.

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



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From the initial appointment to after the operation every person and visit to the Horder centre was excellent.  
**Source: Trustpilot**

## Outpatient/Day-case Falls

### THC

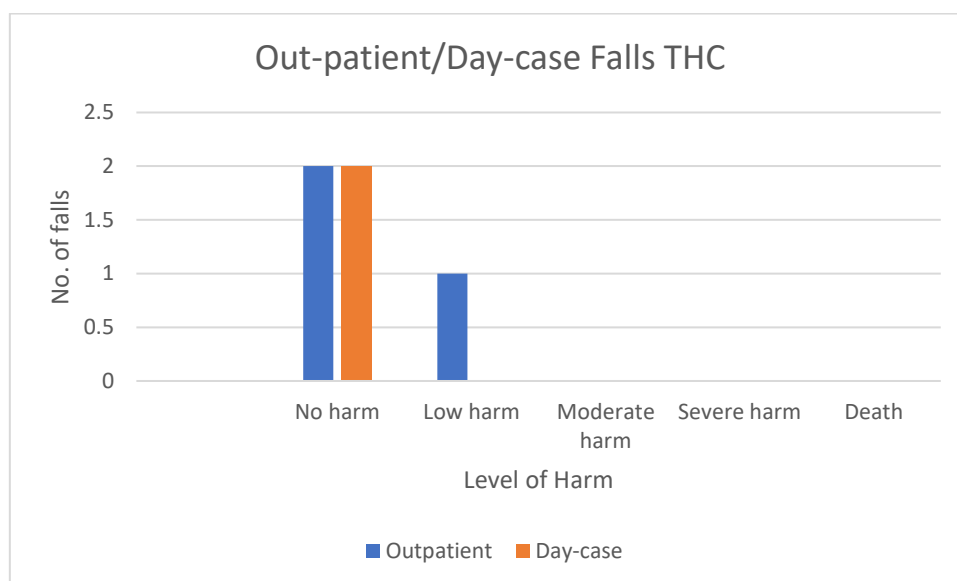
#### Out-Patient Falls

There were 3 outpatient falls for 2022-23 (1 from the Parkinson's class). A reduction of falls in this department with 5 falls reported the previous year in 2021-22.

#### Day-case Falls THC

There were 2 day-case patient falls reported for 2022-23. 1 was reported in 2021-22.

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



### TMC

#### Out-patient Falls TMC

There were no outpatient falls reported during 2022-23.

#### Day-case Falls TMC

There were no outpatient falls reported during 2022-23.

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

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

The following measures planned for the reporting year are to:

- 1) Instigate an 'after action review' or 'safety huddle' as soon as possible after any patient fall within the hospital.
- 2) To review the falls policy to include actions for outlying areas such as Outpatients and Outpatient Physiotherapy Gym.

Within the reporting year, a safety huddle has been implemented daily at 14.00pm. This provides the MDT on the ward a place to discuss any risks to patients and staff, not just falls. It promotes discussion about all patients on the ward, as well as the patients who are coming up to the ward that day. All patients who are at higher risk of falls are highlighted at pre-assessment and this is communicated to the ward prior to the patient's admission date.

An after-action review has been included as part of the post-fall protocol. Evidence of this is submitted to Datix as part of the investigation.

The falls policy has been reviewed and updated.

The protocol for falls at home was reviewed. This was to ensure that should a fall occur with a patient in the presence of a THC Porter, there was clear understanding of what actions the porter should take. The Porters have also undergone clinical moving and handling training to increase their awareness and competence.

A new post-fall checklist has been created and added to the falls policy to accommodate falls that occur in an outpatient setting at THC and can also be used at our other Horder Hubs in Seaford and Eastbourne. The post-fall checklist can also be used at TMC and is not exclusive to THC.

A new design to individual patient whiteboards was undertaken and currently awaiting quotes for bespoke printing.

Due to a number of falls that occurred in patient bathrooms, the bathroom environment was assessed to increase space and reposition equipment in the bathrooms to reduce the risk of falls.

The falls signage in individual patient rooms was updated and the feedback has been positive.

Falls training is now part of the Clinical induction for all new starters.

Pre-habilitation classes were introduced for pre-operative patients who are due for hip and knee surgery. This is not mandatory, but patients can attend as a one-off or continue to attend weekly. This pre-habilitation class consists of exercises to enhance patient's strength and condition pre-operatively. There is also a task based element of the class where patients are taught how to use the different types of walking aids. By familiarising and educating patients pre-operatively, this should make them mobilise safer post-operatively. Patients are also taught how to perform transfers post-operatively, so they are better prepared with how to mobilise and manoeuvre post-operatively.

Though the implementation of non-slip socks has been successful, this was reviewed and it was decided that anti-slip socks should be replaced with a new pair of socks every 3 days to ensure that patients who stayed longer than 3 days had good grip when mobilising.

Planned actions moving forward:

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

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I have nothing but praise for Horder Healthcare at Crowborough. The pre-op and aftercare were excellent as was the catering during my stay. Thank you to everyone at HH.

**Source: Trustpilot**

## Resuscitation Update (2022/23)

Availability of training spaces has reverted to pre-COVID-19 pandemic capacity, in keeping with the continuing steady relaxing of COVID-19 restrictions. The increase in capacity has correlated with a rise in training sessions attended, however the attendance rate remains in the usual range – this is mainly due to staff having to cancel training due to a variety of reasons or having to cover clinical shifts for staff unable to attend. Emphasis continues to be driven towards improving attendance rates in order to have an optimum compliance record.

Relevant clinical audits continue to be implemented as scheduled, nil anomalies of concern noted. Learning points are captured, shared and actioned accordingly.

Unannounced emergency scenarios continue to be held on a quarterly basis, with lessons learnt being communicated and actioned accordingly. A need to consider other strategies in undertaking emergency scenarios, including the management of non-technical skills, is being explored. This will hopefully diversify the learning opportunity moving forward.

During 2022/2023 there were two incidents whereby Cardio Pulmonary Resuscitation was commenced.

One patient had a witnessed collapse in the corridor with prompt CPR commencement. patient unfortunately passed away.

One patient was found collapsed with no output in the bathroom. Subsequent actions by the cardiac arrest team were unable to successfully resuscitate the patient.

Cardiac arrest audits were reviewed by external resuscitation officer , appropriate actions were taken and small learning points were shared with the teams involved.

An organisation wide procurement plan to replace current resuscitation trollies is underway with trollies already delivered in some departments. This is taking place in conjunction with launching the latest Resus Council UK (RCUK) quick reference handbook which will be located on the resus trollies.



## Health and Safety

The last twelve months has shown the continuation of a mature health and safety culture within the organisation. This is demonstrated by the continued positive engagement in health and safety audits, risk assessments and commitment to H&S representative and committee meetings.

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

Following a period of six months where the role was vacant, a qualified Health and Safety Advisor was recruited at the end of February 2023 to provide specialist technical advice and to support the colleague representatives in their H&S duties.

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

Although the estates and facilities support transferred to in-house management, the following contractors are retained for the specialist services:

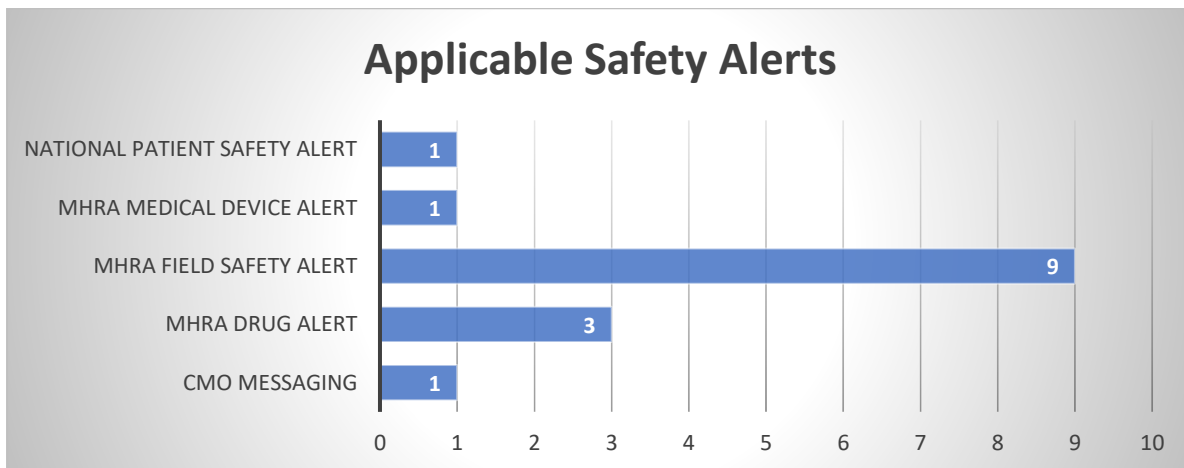
- Concept Water Services are retained to maintain water quality services. They provide six monthly tests for legionella and pseudomonas
- Pro-Economy maintain the mains water which is treated with copper and silver
- Crays Fire maintain and service fire all fire safety equipment on a six monthly and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

The Estates strategy continues to focus on ensuring statutory compliance and best practice.

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

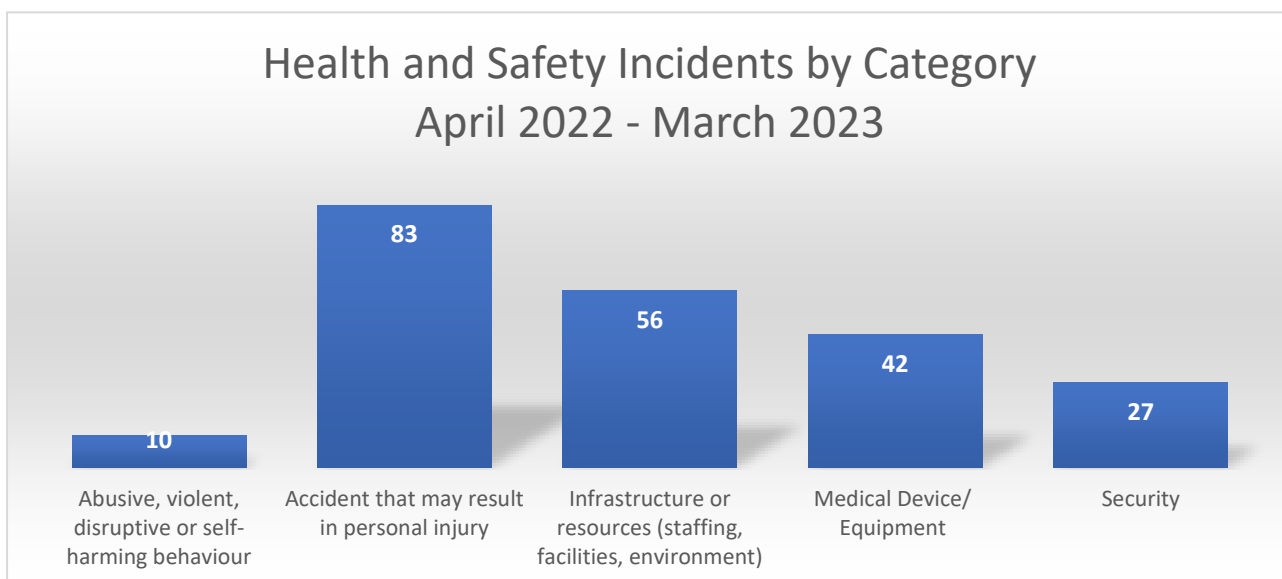
Safety alerts are managed within the Datix system at Horder Healthcare. Reports are produced and discussed within the Health & Safety and Medical Device Committee meetings.

There were 35 safety alerts issued between April 2022 and March 2023, of which 15 were applicable to Horder Healthcare.



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

There were 218 Health & Safety incidents reported and investigated, below is a graph showing the number of incidents reported in each category. These were presented at the Health & Safety representative and committee meetings. Lessons learnt were shared with all departments across the organisation. Additionally, any medical device incidents were discussed via the Medical Devices Committee Meeting.



### Fire Safety

Horder Healthcare operates comprehensive systems of fire safety management. A system of evacuation at all HH sites, involving fire marshals sweeping the building to provide assurance that everyone has left the building in a fire emergency, is in place. Fire drills have been carried out in all HH managed sites and any learnings have been applied.

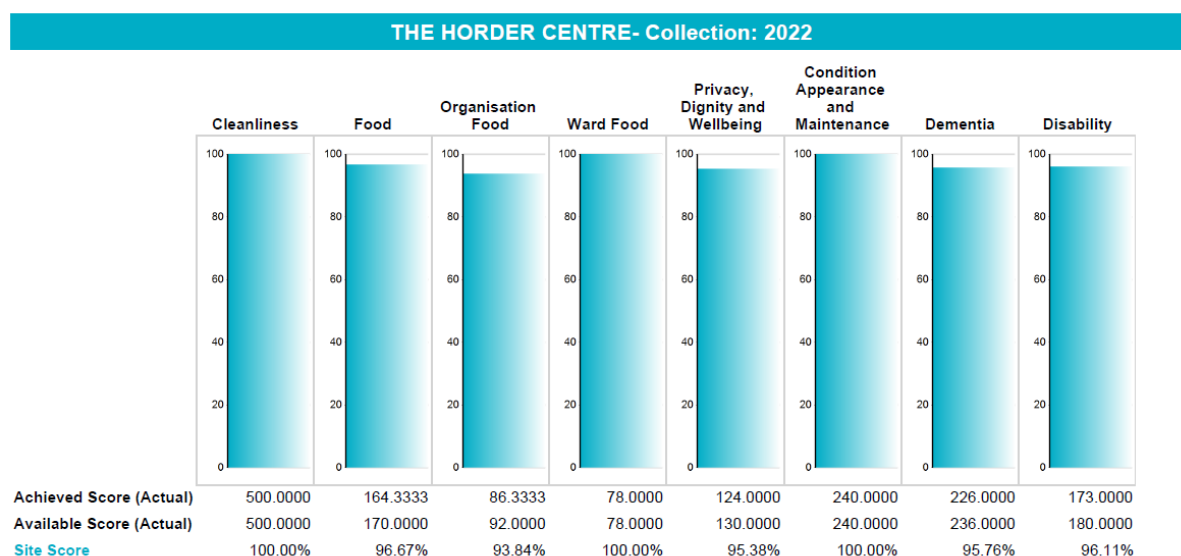
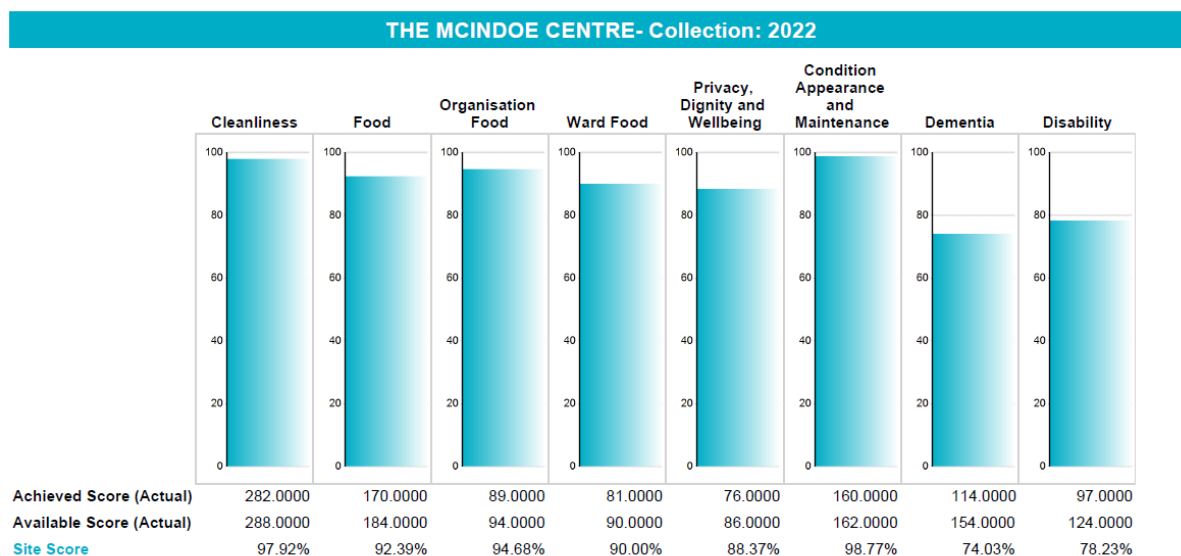
The required active fire precautions that detect and operate in the event of a fire, including fire alarm systems, emergency lighting systems and firefighting equipment have all received their respective statutory service and checks. Departmental fire safety checks are carried out weekly by the designated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

Crowe, our external auditors, carried out a fire audit at the start of the year and good compliance was recorded overall and identified actions are being addressed.

## Environmental and Waste Management

The Patient-Led Assessment of the Care Environment (PLACE) is an assessment completed within Horder Healthcare annually as part of internal quality inspections. This was undertaken in 2022, the table below shows the results. Patients and volunteers were able to carry out the audits.

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



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

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

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

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I cannot recommend The McIndoe Centre highly enough. The nurses are all so lovely and I felt well looked after, the facilities and food are also great.

The surgeons are so talented at what they do, I know I would happily go back if I needed to.

**Source: Trustpilot**

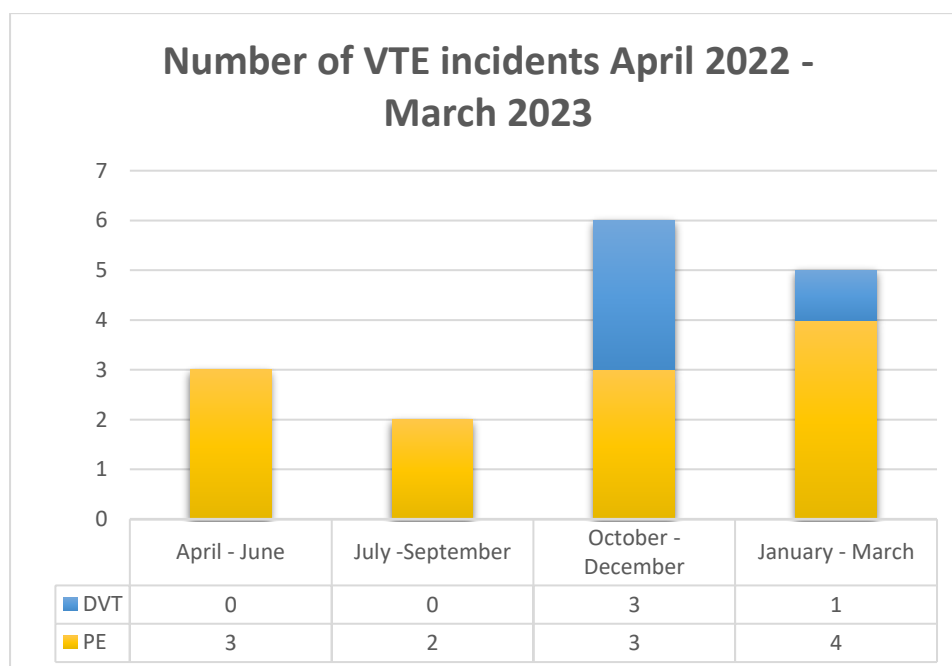
## Venous Thromboembolism (VTE)

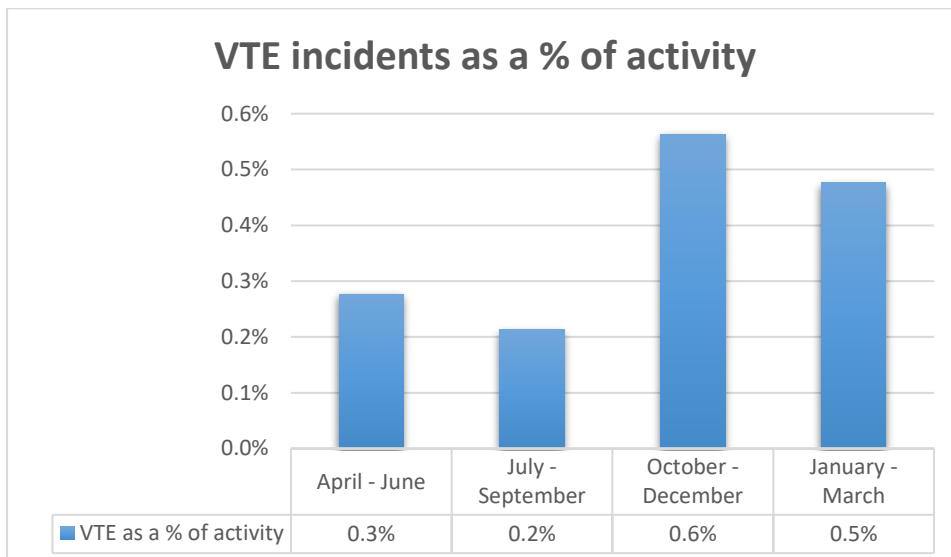
The Horder Centre (THC) has maintained VTE exemplar status after its accreditation from King's College Hospital in 2015 and re-assessment in 2017. Horder staff contribute to the National Nursing and Midwifery Network (NNMN) for VTE Prevention in England, whose aim is to provide nursing and midwifery leadership and innovation in VTE prevention nationally. The VTE revalidation deadline was extended to March 2023 due to the Covid-19 pandemic. The required information was submitted to the Exemplar Centre who are reviewing this information pending final results.

The VTE team meet on a two monthly basis to review any VTE episodes and discuss and review any changes to policy or national guidance to ensure best practice is always in place. Any learning is shared with the Patient Safety & Quality Improvement Committee and subsequently the Medical Advisory Committee (MAC), involving consultants and clinical staff across both sites with practice reviewed and altered as required. The McIndoe Centre have their own VTE meeting which reports into the Patient Safety & Quality Improvement Committee with its findings.

The VTE Lead (THC Ward Manager) is a member of the VTE National Nursing and Midwifery Network (NNMN) which is supported by the Director of Nursing Leadership at NHS Improvement and led by Nurse Consultant, Thrombosis & Anticoagulation at King's College Hospital NHS Foundation Trust and Director King's Thrombosis Centre, Director VTE Exemplar Centre Network.

There has been a higher prevalence of VTE incidents in the second half of the reporting year compared to the first. Also of note is that there were 4 DVT incidents between October and March, whereas there were zero DVT incidents in the prior 6 months. All VTE events undergo a full root cause analysis to recognise if any omissions in care are identified.





In response to two patient deaths in 2022 from VTE incidents, and following internal investigations into the two RCAs, the VTE policy was changed to state that patients who have undergone a total replacement of a knee or hip will be given their first dose of chemical thromboprophylaxis within 6 hours of the patient entering recovery. Previously this could be up to 12 hours.

The two RCAs were also reviewed by King's College Hospital. In response to this review, the VTE policy was changed so that the body weight related dose of chemical thromboprophylaxis has been changed for patients undergoing total knee or hip replacement surgery. An audit has been set up in response to this change in a process to capture any complications associated with an increase in dosage of chemical prophylaxis for those over 100kg.

In 2022 The Horder Centre sought to raise VTE awareness on both National Thrombosis Week and World Thrombosis Day. Sessions covered topics such as best practice, risk assessments & practical advice as well as NICE guidelines and the impact of Covid-19. Posters were also prominently displayed around the hospital. We will continue to raise VTE awareness throughout this coming 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 processed internally by the coding department using ICD-10 5th Edition and OPCS-410. Procedures for private patients at The McIndoe Centre are coded using CCSD codes as appropriate.

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

### **Audit of standards**

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

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

### **Training**

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



## Effectiveness

### Internal Audits

Within Horder Healthcare (HH) there is an overarching quality and effectiveness audit schedule; this was re-launched in January 2021. The audits undertaken include statutory, contractual and local audits. The below specified audits are discussed within the quarterly Patient Safety & Quality Improvement Committee meeting and audit reports are included within the monthly and quarterly governance reports.

The audit schedule is a dynamic tool and as new issues, concerns and changes to services are identified, audits can be added, removed or amended.

Any outcomes or actions identified are discussed with relevant teams and where appropriate escalated via the Clinical Audit Committee to the hospital specific Clinical Governance Committee.

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

The following formed part of HH's internal audit programme in the reporting year 2022 - 2023:

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

- M2 – Controlled drugs Pharmacy (THC) – **95%**
- M3 – Controlled drugs – Clinical areas (THC) - **96%**
- M4 – Oxygen prescribing – **81%**
- M5 – Safe & secure storage of medicines – **97%**
- M6 – Medicines reconciliations – **93%**
- M8 – Drug fridge audit – **97%**
- M9 – Medicines management – **97%**
- M10 – Prescribing of medications – drug chart – **95%**
- M11 – FP10 – **98%**
- M12 – TTO prescribing – **95%**

(Percentage denotes average compliance)

**Clinical** – In 2021, a comprehensive clinical audit schedule was introduced which continued in 2022. The audit schedule is a fluid document, open to change, dependent on audit results, new services and other needs identified via many different sources – such as incidents, complaints, NICE and other audit results.

Clinical audits include:

- C1 – Acute kidney injury (AKI) – **100%**
- C2 – Discharge audit - **97%**
- C3 – Pain – **92%**
- C4 – VTE – **95%**
- C5 – WHO Observational – **96%**
- C6 – WHO Documentation – **100%**
- C7 – Blood transfusion – **98%**
- C8 – Braden – **98%**
- C9 – Consent – **89%**
- C10 – Falls – **95%**
- C11 – MUST – **96%**
- C12 – NEWS2 – **88%**
- C13 – Sedation – **95%**
- C14 – TMC WHO Observational (Minor operations) – **100%**
- C15 – TMC WHO Documentation (Minor operations) – **100%**

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

- D1 – Nursing record keeping – **93%**
- D4 – Physiotherapy (in & outpatient) documentation – **93%**

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

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

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

National audits led by Healthcare Quality Improvement Partnership (HQIP) are monitored and where applicable HH will participate. Historically, the independent sector has struggled to meet criteria to participate within national audits, however there is an initiative to open up national

audits to all healthcare providers. The independent healthcare national audit project is supported by an advisory steering group that includes representation from:

- Public Health England
- Private Healthcare Information Network
- Independent Sector Providers
- NCAPOP Audit Providers

New internal audits have been set up in the reporting year 2022-23. In some cases, audits may be used to monitor a particular trend or concern that has become apparent. Audits are also used to monitor outcomes and identify any complications associated with changes in procedure. In the year 2022-23, the following audits were commenced:

- **Catheter Audit.**  
This audit was set up in December 2022 in response to a seemingly high number of inpatient catheterisations noted via incident reporting. Results from this audit will be available on a quarterly basis.
- **VTE audit of patients over 100kg.**  
As part of the VTE exemplar group, King's College Hospital reviewed the two RCAs which were completed in response to two patient deaths from VTE related incidents in 2022. As a result of this review, HH introduced a change in procedure which meant that patients over 100kg were now given a higher dose of VTE prophylaxis. This audit was therefore implemented in February 2023 to review the outcomes of this measure.
- **Duty of candour – New audit commencing in April 2023.**  
A duty of candour audit has been drawn up to provide clarity on how effective HH staff are at completing duty of candour. The aim of this audit is to identify any areas of learning that will need to be implemented to meet the engagement requirements of the Patient Safety Incident Response Framework (PSIRF) which we will be required to move to by the end of 2023.

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

## **NICE**

NICE publications are disseminated to relevant departments monthly and responses collated and included within the monthly clinical governance reports.

At the Clinical Audit Committee meeting in March 2022, it was decided that NICE publications would be reviewed retrospectively within the committee meetings. Responses assuring compliance and where necessary actions required to meet guidance will be monitored via the committee meetings. Where applicable the committee will review if any NICE publications require audit within Horder Healthcare and these will be added to the audit schedule.

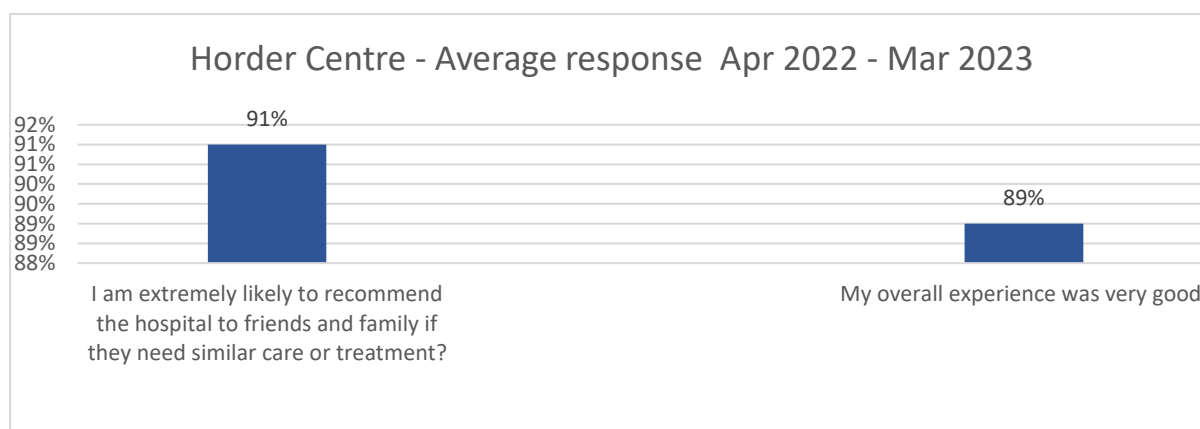
## Caring

### Patient Satisfaction

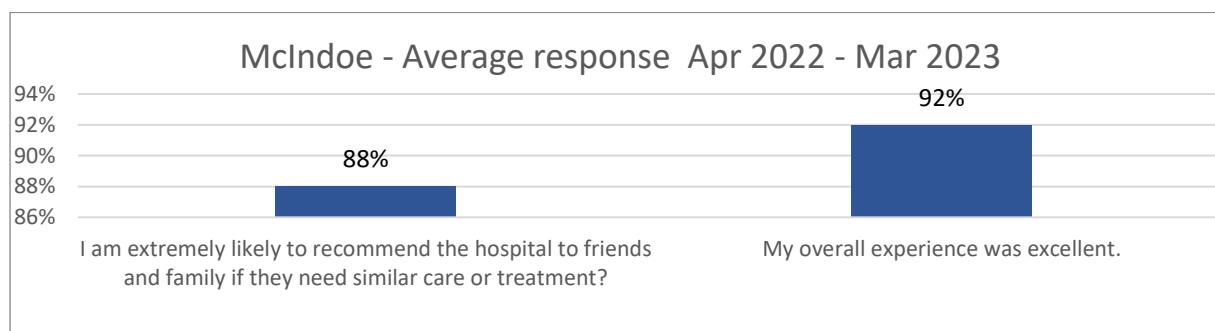
#### Patient satisfaction questionnaire (PSQ)

For the period April 2022 to March 2023, Horder Healthcare received 3,787 completed PSQs. This represented 51% of the combined total of inpatients and day-case patients.

At The Horder Centre, 61% (2426 responses/3998 total patients) of inpatient and day-case patients completed and returned their PSQ. The chart below shows the average combined response from day-case patients and inpatients to the overall satisfaction questions. These figures show a slight increase on last year's results.



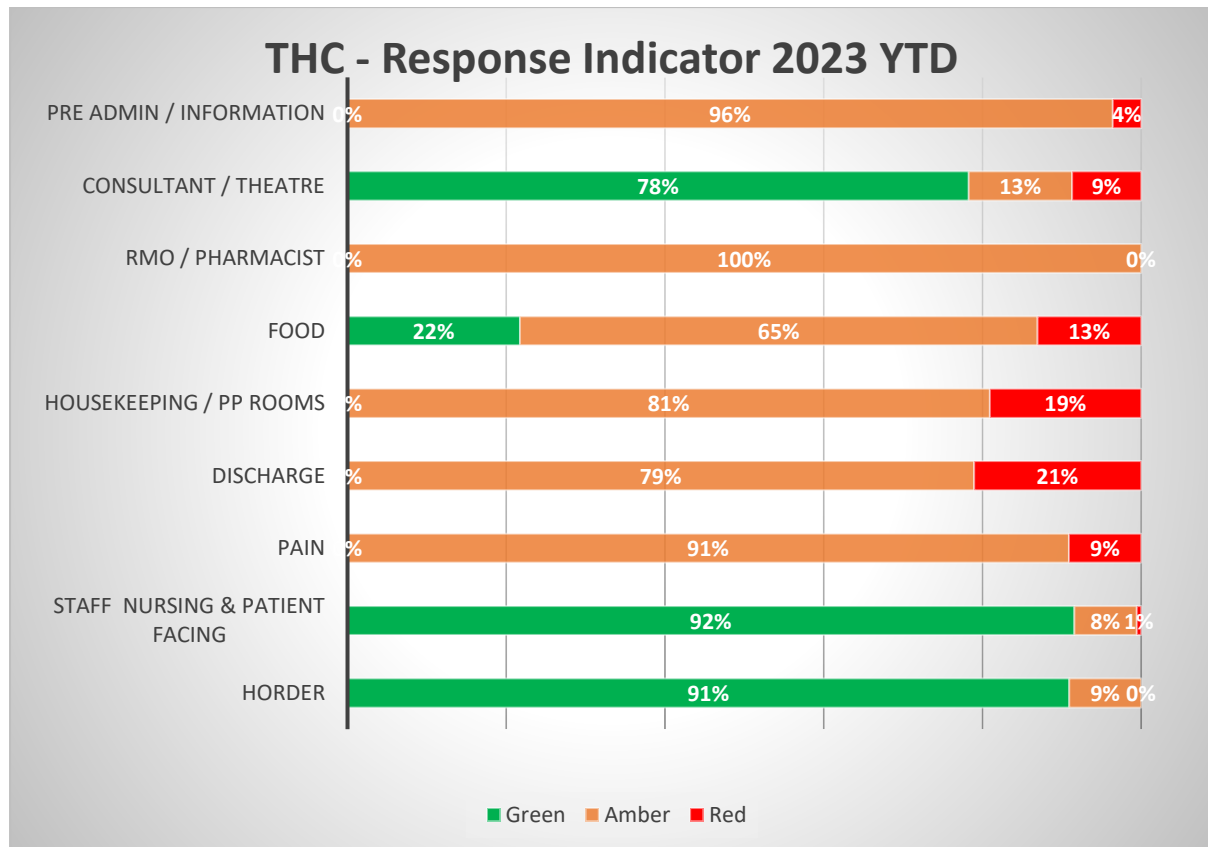
At The McIndoe Centre, 40% (1361 responses/3375 total patients) of inpatient and day-case patients completed and returned their PSQ. The chart below shows the average combined response from day-case patients and inpatients to the overall satisfaction questions.



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

- Site
- Nursing & patient facing staff
- Pain
- Discharge
- Housekeeping/PP Rooms
- Food
- RMO/Pharmacist
- Consultant/Theatre
- Pre-Admin / Information

Green indicates a positive response. Amber indicates where we could have done things better and Red is a call to action. The table below indicates how The Horder Centre patients responded in those categories.



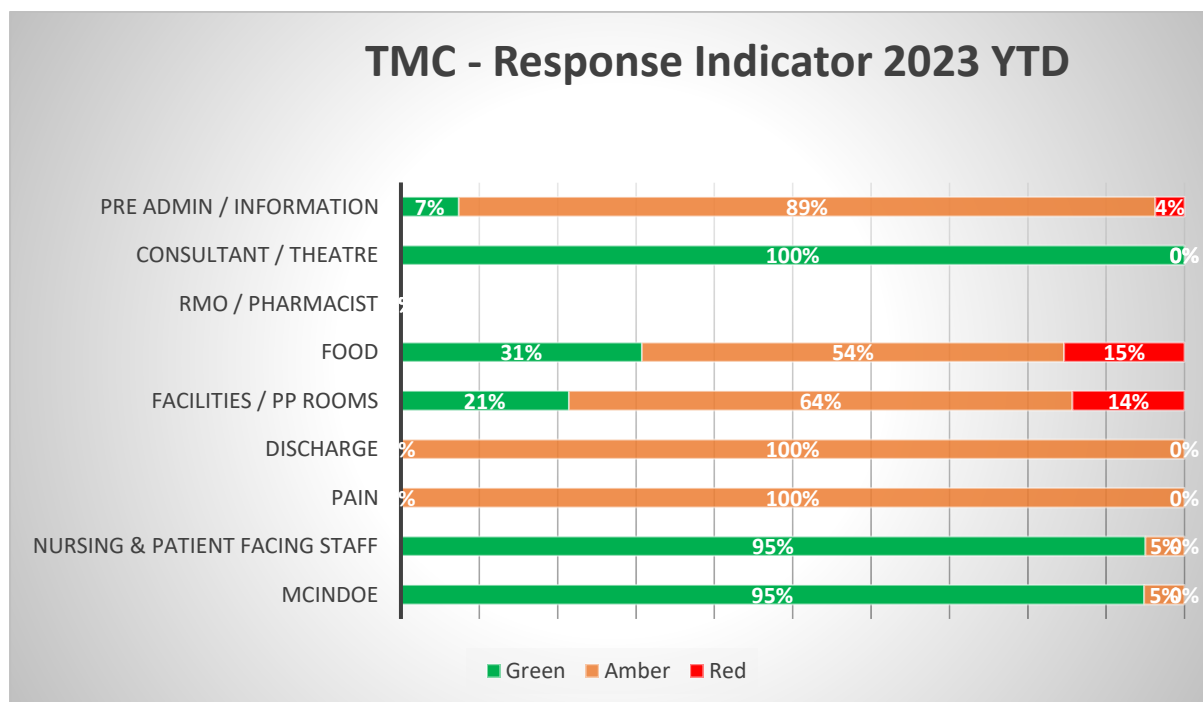
The Heads of Clinical Services are advised monthly of all comments and calls to action. These are disseminated to the relevant Heads of Departments for action.

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From my very first consultation to the last everything has been excellent staff are amazing from surgeons down to reception so helpful and aftercare is always on hand if you need it would highly recommend The McIndoe Centre

**Source: Trustpilot**

The table below indicates how The McIndoe patients have responded in these categories.



The 'overall satisfaction' and 'nursing and patient facing staff' scores have been consistently high across both sites during the past year. The areas where patients have commented that there was an opportunity to do things better are around 'facilities and PP rooms' and the 'discharge process'.

### Friends and Family Scores - Outpatients

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

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

The Horder Centre - 98%. 257 patients completed the survey.

## Complaints

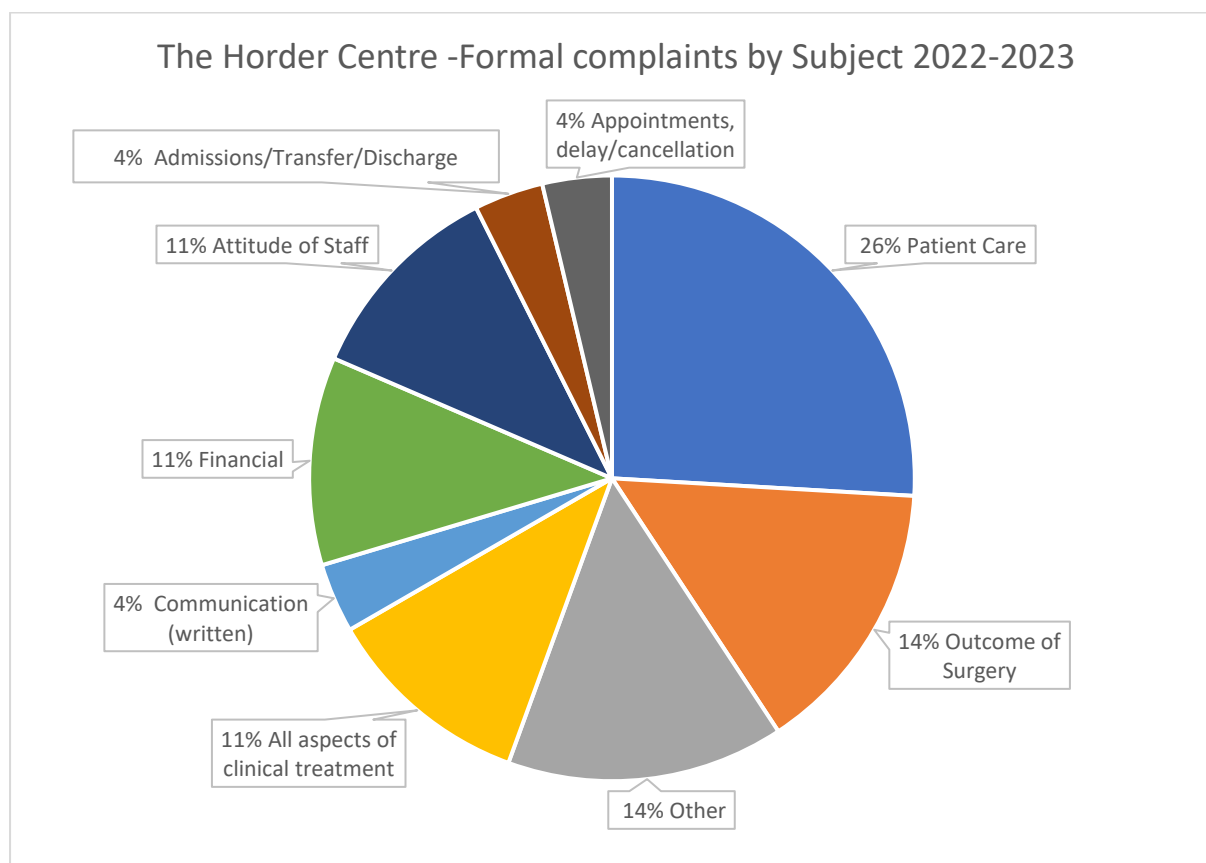
Horder Healthcare has a comprehensive complaints process and acknowledged 100% of all complaints within two working days. In accordance with our process, we also responded to 100% of complaints within twenty working days or ensured that the complainant was informed of a new response date if we were unable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

Our complaints are reported, reviewed and managed internally by the Claims & Complaints Lead, a member of the Clinical Governance Team. This ensures consistency and effective timescale management are adhered to. The complaints are then investigated by the Head of Clinical Services (HoCS) responsible for the relevant hospital. The HoCS then ensures the appropriate heads of department, within their clinical teams, carry out a thorough investigation and, with the support of the Governance Team, will respond to the patient with a detailed response. All complaints are reported and scrutinised by the Clinical Governance Committee.

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

Between April 2022 and March 2023 Horder Healthcare received thirty-one formal complaints.

The Horder Centre received twenty-seven formal complaints.



The chart above shows the formal complaints received at The Horder Centre, by subject. The percentages include complaints where there were multiple subjects for each complaint. The highest reported subjects of complaints were:

## **Patient Care**

The complaints that related to patient care, the themes were as follows:

- Four patients felt that they were discharged too early. One patient was still suffering from complications from surgery and the other patient felt they were given inappropriate advice on their rehabilitation exercises which caused them to experience severe pain and delayed their recovery. Two other patients felt that due to poor communication whilst in the hospital and when trying to contact the hospital after they were discharged their recovery was delayed and again resulted in a patient attending A&E.
- Two patients were very unhappy at their experience as self-pay patients. They did not feel they had the hospital experience that was advertised on the website. Disappointed in the facilities and lack of dedicated private patient nursing team
- Two patients were unhappy with their consultant's attitude during their consultation.

## **Outcome of Surgery**

The four complaints that related specifically to the outcome of the patient's surgery were:

- Patient experienced 'foot drop' post her surgery. This was investigated with THC and patient referred for second opinion and further diagnostic tests to RNOH Stanmore.
- Patient was unhappy with the outcome of arthroscopic knee surgery and experienced more pain after the operation.
- There were two complaints where patients were unhappy about the outcome of their initial surgeries. Both cases were referred for second opinion. They have both had successful revision surgery.

## **Other**

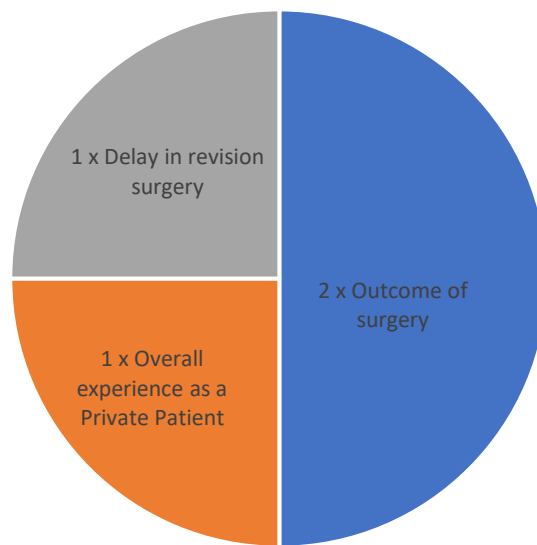
Issues that were raised included:

- Ambiguous information re finance for self-pay patients.
- Delays in accessing physiotherapy and after care as a private patient.
- Surgery cancelled at short notice due to concerns re managing rehabilitation.
- Integrity of implants that were used in hip replacement surgery.
- Length of pre-assessment appointment (over 3 hours)

Between April 2022 and March 2023, The McIndoe Centre received four formal complaints.



## The McIndoe Centre - Formal Complaints by Subject 2022-2023



The highest reported subject of complaints at TMC was:

### **Outcome of Surgery**

In the field of plastic surgery, it is vitally important that consultants manage patients' expectations to avoid future complaints. Comprehensive notes in the patient files are valuable in assisting an investigation of a complaint. When a patient is not satisfied with the outcome of surgery, we are happy to assist the patient and facilitate the process between the patient and the consultant. This ensures 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 into account when their practice agreement is reviewed.

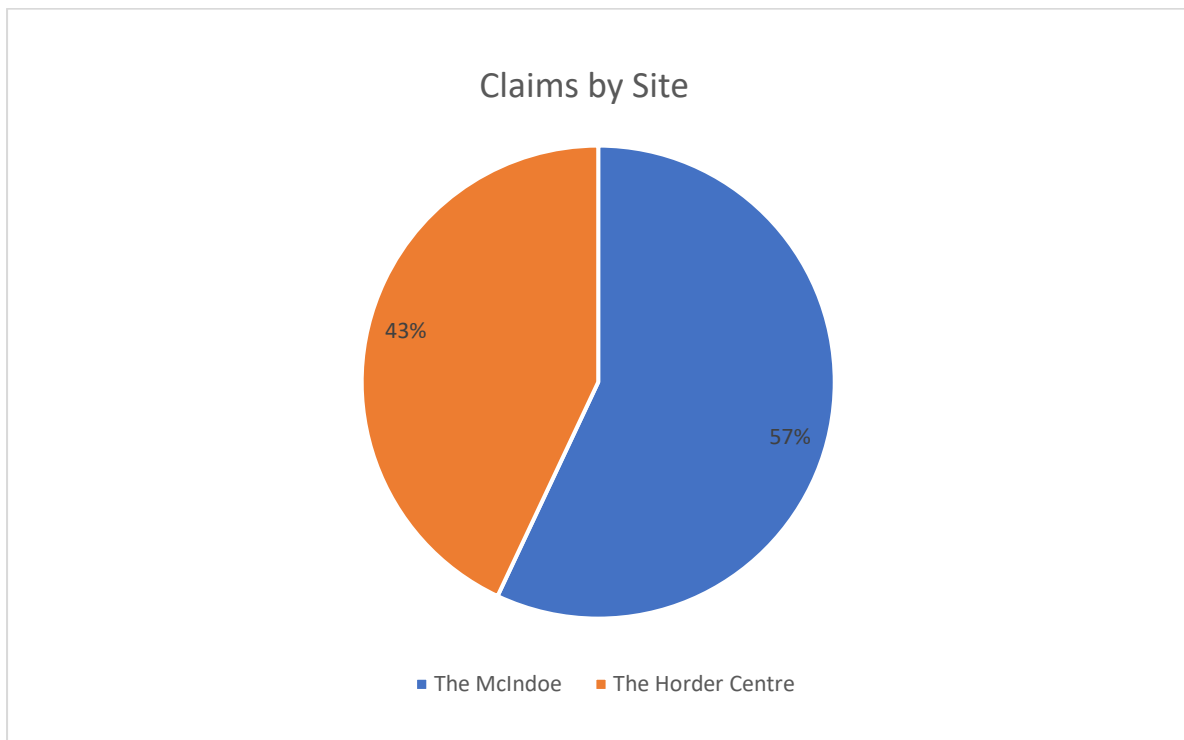
### **Overall Experience as a Private Patient**

- Lack of and poor communication between patient and hospital.
- Dissatisfaction with hospital environment. Room standards were not as expected, silverfish were noted in the bathroom and towels and food were of a poor standard.
- Lack of adequate pain relief post procedure.

### **Litigation**

Between April 2022 and March 2023 Horder Healthcare received seven potential patient claims. The Horder Centre received three potential claims and The McIndoe Centre received

four potential claims. All these potential claims relate to clinical negligence/poor outcome of surgery and have been directed to the relevant consultants, to inform their insurers.



## Responsiveness

### Patient Forums

We have held 2 face to face patient forums in the last year. It should be noted that despite many invitations and an option to appear online we had a disappointing uptake. There are many reasons for this including:

- Recent pandemic causing anxiety on visiting hospital sites
- Lack of ability or inclination to use digital connection
- Not inclined to participate due to time constraints/workload etc
- Happy with stay and have no comment to make

On 28/09/2022 a patient forum held at The McIndoe Centre included 7 patients happy to attend and to share their experiences. (Over 30 pts invited.) We used the opportunity to survey those present as to their digital expectations and wishes. The results are shown below:

- 1) Would you prefer to have text messages to remind you of appointments – 100%
- 2) Would you be happy to access your paperwork from your smart phone ie; click on a link that takes you to the appropriate information that you need to access – Most agreed – however there would always need an alternative for those patients unable to access a smart phone.
- 3) Would you be interested in attending future webinars on procedures – 100% no patients felt that they would access the hospital again should they want to for advice or signposting for particular procedures.
- 4) Would you be happy to be contacted via email to comment on future projects eg change in décor or pathways – 90% yes

This information will be used to inform our digital agenda in the coming year.

On 17/03/2023 a patient forum held at The Horder Centre included 3 patients happy to attend and to share experiences. (Over 50 patients were invited and 4 cancelled on the day due to bad weather.)

All patients attending were very positive about their experiences. They all said they would be happy to be part of a patient experience group in the future and would recommend The Horder Centre to others. They also commented on the high standard of cleanliness on site. A selection of individual points raised have been shared with individual departments. An example of these were:

- Concern over accuracy of weighing scales in admissions unit (scales have been removed.)
- Timely arrangements around discharge – medication to take home not ready in time.

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Courteous, efficient and caring treatment from arrival to departure. It may be routine these days but total knee replacement surgery is a major operation and the Horder Centre provides the advice, support and care needed for the best possible outcome. An excellent physiotherapy team gave the support and encouragement to maintain the extensive exercise programme set out in the indispensable guide book provided by the Horder which takes patients through every step from pre-op exercises to post-op recovery. Even the food is well prepared and generous!

**Source: Trustpilot**

## Volunteers

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

Over the coming year we are looking to enhance our volunteer program through providing greater volunteering opportunities and initiatives.

## Fundraising

### **Horder Healthcare Bursaries**

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

In March 2023 two recipients of such bursaries attended the Medical Advisory Committee to feedback on their experiences and learning.

One commenced a research fellowship at the EndoKlinik in Hamburg in January 2022 and shared the uniformity and standardization that the clinic strictly adheres to. The other commenced an Upper Limb Trauma Fellowship in Australia where individualized innovation was key. Both recipients have had the opportunity to gain invaluable experience before continuing with their career paths.

Two further bursaries were awarded in 2022. The Horder Healthcare Gallannaugh Bursary was awarded to support a Trauma Fellowship at Groote Schuur Hospital, Cape Town South Africa and a further Horder Healthcare Bursary was awarded to support a training opportunity at the ENDO-Klinik in Hamburg to gain experience into the management of prosthetic joint infection.

### **Aesthetic Fellows at The McIndoe Centre**

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

The current aesthetic fellow at The McIndoe Centre says:

“I have really enjoyed the experience of being an aesthetic fellow at The McIndoe Centre. So far, this experience has enhanced my exposure to several breast, face, abdomen and limb contouring procedures. I have had the opportunity to ask questions and choose which cases I observe each day, and I have also had an opportunity to shadow in clinics and learn from

the clinicians. The staff have been very friendly and welcoming. I feel very fortunate to have this exposure and opportunity within my clinical training and I hope this is an experience that can be extended to many more trainees.”

### **Doctors in training**

The Horder Centre through its links with the local Deanery and Memorandum of Understanding (MOU) with the local NHS Trust supported ‘Doctors in Training’ by offering placements to junior orthopaedic surgeons to allow them access to elective cases in order to increase their numbers of surgery, something that has been identified as a national problem due to the pandemic. During the year The Horder Centre were able to support 2 trainees.

### **Trainee Nurse Associates (TNAs)**

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

## Websites

Our websites strive to provide our visitors with an exceptional online experience by continuously monitoring and optimising the sites' performance. We offer a tailored experience to ensure that visitors can quickly and easily access our patient service information and library of health and wellbeing articles and videos.

Our content is designed to help patients prepare for and recover from surgery, with many videos demonstrating exercises and techniques led by physiotherapists, including Pilates and breathing exercises. Additionally, we provide informative consultant videos regarding procedures.

In August 2022 we split the content from [www.horderhealthcare.co.uk](http://www.horderhealthcare.co.uk) between two sites, one on the current domain to include corporate content and one on [www.hordercentre.co.uk](http://www.hordercentre.co.uk) to include treatment and location-specific information.

The screenshot displays the Horder Healthcare website. At the top, the logo 'HORDERHEALTHCARE' is on the left, and a navigation menu includes 'About us', 'The charity', 'Careers', 'The Horder Centre', and 'The McIndoe Centre'. A green 'Contact' button with a search icon is on the right. Below this is a large hero banner featuring a smiling female specialist in blue scrubs with the text 'Outstanding specialist healthcare'. A dark blue navigation bar below the banner contains 'About us', 'For referrers', 'News', 'Careers', and 'Horder Healthcare', along with an 'Excellent' rating of four stars. The main content area features 'The Horder Centre' logo and contact numbers: Reception (01892 620939), NHS (01892 620932), and Private (01892 317441). A secondary navigation bar includes 'Patients', 'Treatments', 'Specialists', 'Healthy Living', and 'Exercise Classes', with a 'Locations' link and another 'Contact' button. The bottom section shows a banner for 'The Horder Centre Launches New Private Services E-magazine' with an image of a magazine cover titled 'Orthopaedic Procedures'.

We created a new microsite for [www.horderhealthcare.co.uk](http://www.horderhealthcare.co.uk), incorporating the original Horder Centre branding, showcasing it as the company hub, and allowing easy navigation to both location-specific sites (The Horder Centre and The McIndoe Centre). Pages for the microsite include a homepage with a new design and layout including [About us](#), [The charity](#) and [Careers](#).

The McIndoe Centre website benefited from extensive work that included an update to all consultant profiles, the inclusion of consultation fees, and the addition of responsive search functions.

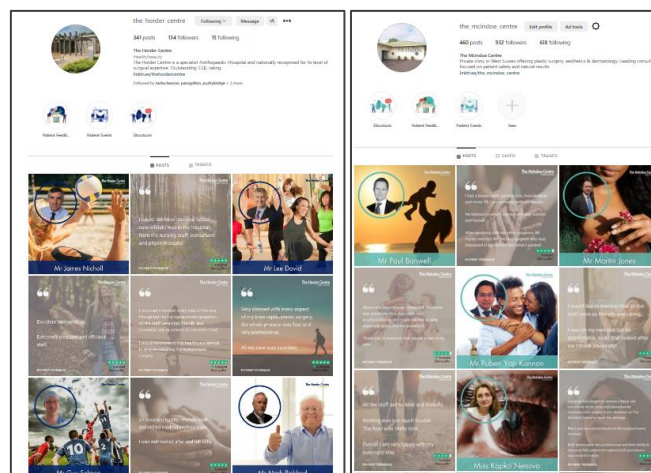


### E-Newsletter

Every month, the Horder Healthcare e-newsletter is distributed to requested subscribers from both The Horder Centre and The McIndoe Centre, with a combined total of over 8,500 recipients. Our e-newsletters feature the latest news and updates from Horder Healthcare sites, along with details of upcoming events. We also provide healthy living information and recipes to promote overall wellness among our readers.

### Social Media


The Horder Centre and The McIndoe Centre engage with their followers on various social media platforms, including Facebook, Instagram, Twitter and LinkedIn. Through our regular posts, we provide up-to-date and relevant information on healthy living, patient stories, and event updates across all Horder Healthcare. We also showcase our support for various campaign initiatives and awareness events. In addition, we share details about current job openings and provide our followers with an inside look into what it's like to work at Horder Healthcare. By connecting with our followers on social media, we aim to promote our commitment to improving health and well-being for everyone.





## Trustpilot

The Horder Centre and The McIndoe Centre patients now have the opportunity to share their experiences on Trustpilot. This review platform enables us to gather valuable feedback, gain insight into our patients' perspectives, and highlight our achievements. By utilizing these reviews, we can enhance confidence in our services and strive for continuous improvement.


We are thrilled to announce that The Horder Centre has received 488 reviews, with a 96% rating of 4 or 5 stars. Although The McIndoe Centre has received a smaller number of reviews with only 41, we are pleased to see that 96% have given us a rating of 4 – 5 stars, demonstrating a similar trend to The Horder Centre.



### The McIndoe Centre

 4.7 


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 5 days ago



**Dr Emma Sloan - Highly Recommend**

I cannot recommend Dr Emma Sloan enough. I'm experiencing a difficult peri menopause & Emma gave me the time I needed to discuss my symptoms & was reassuring. She's very knowledgeable on up to date guidance & treatment regimes. Her written summary arrived promptly & I feel I've found a practitioner who is both sympathetic, compassionate & professional. My initial consultation was online but it worked well & I felt Emma listened & I had no problem with the online service.



**Date of experience:** 03 May 2023



### The Horder Centre

 4.8 

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  Verified 3 days ago

**Every one of my needs were met**

Every one of my needs were met, I had complete trust in all areas of my treatment. Nothing was any bother. The staff were all very professional in everything they did for me, from the surgeon, nurses, porters, physio, catering staff etc. Thankyou all so much. I would have no hesitation in recommending the Horder Centre to all.

**Date of experience:** 05 May 2023

## E-magazine

We are excited to inform you about the release of The Horder Centre's latest e-magazine that outlines our new private patient services. The publication provides valuable information on how self-pay patients can easily access our affordable orthopaedic services, such as hip and knee replacement, without having to endure the current waiting lists on the NHS.

The McIndoe Centre launched a new private services e-magazine showcasing our procedures, treatments, and exceptional consultants. A NEW YOU Is Closer Than You Think. Our ultimate goal is to empower our patients with the knowledge needed to make an informed decision.



## **Hip and Knee Books**

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

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I'm currently two weeks post-op (knee & ankle) and cannot praise this facility and it's staff enough. Staff, at all levels, come across as having a positive, professional, friendly and helpful attitude. The facilities appear to be well maintained and have a pleasant calm and efficient air about them. The ongoing care of a slight post-op issue has been excellent.

I have no hesitation in commending Horder Health to others - healthcare as it should be.

**Source: Trustpilot**

## Leadership

### Recruitment and Retention

We have continued to expand our Recruitment Strategy specifically looking to increase our direct sourcing to ensure we are attracting the best possible candidates. An area that has been reviewed is our recruiting platforms and an increased use of LinkedIn. HH will be launching open days for specific areas of such as Theatres and we are ensuring that we partner with Universities and other community Organisations to attend recruitment events. HH has also recruited to cohorts of nursing staff from overseas adding valuable resource and diversity to clinical areas. Having the right skills alone is no longer sufficient; attitudes and behaviours are also key to ensure sustainable and compassionate care. HH provides every member of staff with the support, information, facilities and environment they need to develop in their roles and careers.

### Human Resource (HR) Strategy

The HR strategy focuses on Organisational Development, through engaging, valuing and leading our people. This strategy continues to develop to not only focus the team on attracting the best candidates, engaging, motivating training colleagues but also focusing on retention and key HR metrics to address areas of concern. People Advisors work in a partnering approach with heads of department to provide support on People and empower managers and leaders to ensure our values are displayed at all levels. The future HR strategy is to ensure that Horder Healthcare engages all staff with the aim to becoming one of the Sunday Times Top 100 Best Not for Profit Organisations by 2025, this has included increasing internal communications and health and wellbeing initiatives.

### Development and Training

The Training and Development functions have had a strong year, embedding the Functional Skills and Leadership Academy training programmes throughout the organisation. The Leadership Academy has now supported 26 colleagues to achieve their NCFE Level 2 Team Leading qualification, with a further 18 planned between now and December 2023.

Excitingly, the organisation has also been successful in delivering its pioneering Leadership and Development programme (ELEVATE) alongside its colleague development programme (ASCEND). These programmes are vital in creating and sustaining an engaged workforce, and helping the organisation achieve its goal of achieving Sunday Times Top 100 Best Not for Profit Organisations.

The updated in-house clinical training opportunities have proven invaluable in enhancing and embedding excellent skills and knowledge within the clinical areas of the business in subjects such as venepuncture, phlebotomy, cannulation, IV Therapy and bite-size clinical training modules spanning a large catalogue of subjects. In addition, the creation of our own in-house Human Factors in Patient Safety training has received outstanding feedback following its launch at the start of 2023.

The apprenticeship levy continues to be used to strong advantage, currently supporting six active apprentices across the organisation: consisting of three Trainee Nurse Associates and

three non-clinical roles in the IT, Training and Guest Services departments. The business continues to explore multiple options for effective utilisation of the levy, such as Flexi-Job apprenticeship agencies.

The training calendar of course requirements continue to be reviewed on an annual basis to ensure alignment to national requirements, with the most recent addition to the calendar being the Oliver McGowen Learning Disability and Autism training programme.

### **City and Guilds**

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

The team offers qualifications across both sites and has aspirations to widen its offering to more staff and cover more subjects as it continues to thrive and grow. To achieve this, two members of staff are working towards achieving their IQA status, which is progressing well. In addition, the Centre has created a complement of link role programmes to support link nurse development in line with best practice.

### **Colleagues' Well-Being and Occupational Health**

Colleague health and well-being remains a focus at Horder Healthcare and is visible through a variety of means including reviewing our family friendly policies, implementing a sports and social committee, signing the workplace menopause pledge and a day-to-day commitment to staff wellbeing such as freshly made healthy meal options provided on site at both hospitals and free gym membership at The Horder Centre. All colleagues go through a pre-employment health screening process with our occupational health providers and support continues to be made available during employment with our occupational health provider. From April 2023 immunisation clinics are being held onsite at The Horder Centre to ensure staff can access clinics. We also offer a health-care plan that gives colleagues access to an employee assistance programme (EAP) and includes six free counselling sessions, as well as full medical cover. Horder Healthcare continues to operate a well-being programme to help with mental health issues, with Mental Health 1<sup>st</sup> Aiders, Mental Health Advocates and Speak up Guardians to ensure there are multiple layers of support.

### **Appraisals**

The appraisal programme aligns individual goals with the organisation goals to ensure all colleagues' performance is managed appropriately and they understand how they as individuals can impact the organisation's success, focusing on Patients, People and Purpose.

## 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 wellbeing meeting to review sickness levels and offer support. The total absence hours owing to sickness has decreased during the reporting period partly due to changes in the Covid levels. The HR team is committed to working with staff on long-term sick to assist with a return to work.

## Revalidation

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

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Amazing staff, so supportive and caring and nothing was too much trouble, put me at ease from start to finish.

**Source: Trustpilot**

## **Information Technology and Informatics**

### **Data Quality**

Horder Healthcare (HH) has extended data warehouse to bring in financial reporting data and embarked on a data quality programme, which has started with identifying common issues, with a working group created to manage the resolution of these data quality issues.

In addition, HH's continued membership of the Private Healthcare Information Network (PHIN) remains strong with regular attendance at their data quality meetings, ensuring HH is benchmarking itself externally against industry best practice.

### **NHS Number and General Medical Practice Code Validity**

Horder Healthcare submitted records during 2022/23 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 and continues to demonstrate excellent compliance.

### **Information Technology**

Horder Healthcare continues to follow its IT Principles of cloud first, internet accessible systems. We also continue to invest in our hardware as part of our ongoing refresh cycles, we have replaced a quarter of computers throughout the year.

### **Information Governance**

Horder Healthcare has renewed its relationship with its external virtual Data Protection Officer (DPO) to provide assurance and guidance to our inhouse Senior Information Risk Officer (SIRO), Information Governance Officer (IGO) and Caldicott Guardians.

The organisation will submit its Data Security and Protection Toolkit (DSPT) self-assessment, which demonstrates its compliance against the National Data Guardian's standards for data security and protection, by the 30 June 2023. We last submitted in June 2022 with a "Standards Met" outcome. We also had our internal audit carried out by Crowe, an action plan was formed and improvements had been made since the audit was done in 2019.

Horder Healthcare has not had any Information Security breaches reportable to the Information Commissioners Office (ICO) or the Charity Commission in 2022/23.

### **IT Security**

Horder Healthcare continues to invest in external penetration and vulnerability testing and acts on the results. In addition, as part of the NHS DSPT we 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 allegations of fraud, bribery or corruption. It also complies with the NHS England fraud, bribery and corruption policy. During this year, Horder Healthcare did not have any issues raised with regard to fraud.

## Quality Priorities Identified for 2023/2024

The identification of priorities to improve the quality of what we do at Horder Healthcare is key to our strategic intent of being outstanding in all that we do. This year we will continue with the work that we started in 2021/2022 but having reflected on incidents and culture within our organisation we have chosen to focus on particular themes as shown below. We will continue to view these under the Care Quality Commission headings of safe, caring, responsive, effective and well led as these provide a broad base to build upon, knowing that these endorse our strategic principles and support us in achieving our objectives.

### Strategic principles:

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

People: we recruit, develop and support talented individuals.

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

### Supporting the specific objectives of:

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

The key quality priorities identified for 2023/2024 are:

### Safe

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

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

Q2 (July - Sep) Governance & Quality Monitoring

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

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

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

- **The embedding of the National Safety Standards for Invasive Procedures (NatSIPS) 2**

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

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

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

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

Q4 (Jan – March) Audit new paperwork

## Caring

- **Reduction in pain scores for patients undergoing Analgesia Total knee Replacements**

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

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

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

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

Q4 (Jan - March) Reaudit patients having introduced new analgesic template

## Responsive

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

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

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

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

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

## Effective

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

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

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



## Well-Led

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

We aim to:

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

## **STATEMENT FROM THE CHAIRMAN OF THE BOARD**

I became Chair of Horder Healthcare in March 2023 and reading through this Quality Account reinforces my gratitude at joining an organisation that has achieved so much in 2022/23, against a background of significant change and challenge; and which has set its standards so high for the coming year.

Following a comprehensive introduction to the charity, its staff and services, and conversations with patients past and present, I would be happy to recommend Horder Healthcare to any friend or family member who required the healthcare we provide. I am confident that our people, practices and values are outstanding and that we are committed to continually improving.

**Susan Sjuve**  
**Chair, June 2023**