

HORDERHEALTHCARE

Quality of Care for All



Quality Account 2021

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Introduction from the Chief Executive

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

Hospitals
2
Outreach Centres
2
In patients
1874
Day cases
4008
Outpatient appointments
44698
Employed colleagues
497

2020/21 was an extraordinary year, and I am extremely proud of the role that Horder Healthcare played in supporting the NHS throughout the Covid crisis. In a very short space of time, we transformed The McIndoe Centre into a trauma unit, enabling the Queen Victoria Hospital in East Grinstead to become a regional cancer hub. Similarly, we switched the Horder Centre from elective orthopaedics to orthopaedic trauma, reducing the impact on local accident and emergency departments. In the midst of the crisis, we were also able to maintain our community physiotherapy services, with our team switching to on-line and telephone consultations. Similarly, as we moved out of the immediate crisis, we were able to return to elective surgery, treating those patients who had been delayed, and beginning to make inroads into the growing waiting lists.

Inevitably, the Covid crisis had an impact on our annual objectives. However, this year's Quality Account serves to highlight our ongoing commitment to improving the quality and effectiveness of our services and this commitment has been retained throughout the Covid period. As we move out of the immediate crisis, we will continue to focus on quality improvement, whilst 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 provide a means for delivering clinical and wellness services to people in their local communities through advanced practitioners and physiotherapists and we provide musculoskeletal services across East Sussex for physiotherapy and extended scope practitioners.

Our people are 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

“As an NHS patient I was asked for my choice of hospital. Having received so much positive feedback it was an easy decision to make. I was being dealt with by professionals, caring, supportive and able to answer all my queries in a way I could understand. A pleasant welcome at the door, courteous at all times and always done with common sense and humour. Whether it was a surgeon, doctor, nurse, auxiliary, physio, member of catering staff or cleaner I was treated as being important”.

Source: NHS Choices

Performance Against Last Year's Quality Priorities

Key quality priorities for 2020/2021:

A range of quality priorities were identified for 2020/2021 to support the organisation in focussing on quality as something that was routine; 'all day – every day'. Below summarises what has been achieved during this year which as summarised previously has been a challenging year due to managing the Horder Healthcare response to the COVID pandemic. This has meant some priorities could not be achieved or have been deferred until 2021/2022.

In 2020/2021 we said we would:

Safe

- **Reduce patient falls to under the National average.**

- As an organisation Horder Healthcare participated in the National Falls Prevention awareness day on 22nd September 2020. Activities were limited due to COVID however we took the opportunity to raise awareness to staff via a mocked up socially distanced fall and experience and through internal messaging.
- Investigate 'after action reviews' or safety huddles as soon as possible after any in hospital fall, these have commenced and support immediate action to prevent reoccurrence.
- Create a falls audit tool to evaluate progress on falls prevention strategies. An audit tool is in place and quarterly audits are undertaken. During January 2021 the Falls policy was reviewed and updated.

- **Maintain VTE exemplar status at THC and attain VTE exemplar status at TMC.**

At all sites we have maintained our routine practices during the COVID pandemic, though have not progressed to applying for exemplar status at The McIndoe Centre. Activity during 2020/21 has included review of all VTE events, participation in the Kings Exemplar audit and participation in the GIRFT audit. Additional activity has included reviewing the VTE thromboprophylaxis for total hips and as a result of this reviewing the GIRFT audit results we have changed our VTE policy for total hip patients.

- **Ensure patient, staff and visitor safety prioritised as part of the restoration plans post Covid-19 with regimes in place for PPE, swabs, cleaning etc.**

Patient safety has been a priority through 2020/2021, post COVID plans remain under constant review as we return to more normal working in 2021/2022 while taking the learning from the previous twelve months. The provision of personal protective equipment remains plentiful with no anticipated delivery issues. We are screening all patients and visiting continues to be restricted and will be adapted in line with national guidance. Housekeeping continues to maintain their high standards and are providing additional touch point cleaning. Where visitors or service contractors need to access what are called our 'green pathways' they undertake lateral flow testing so we can continue to ensure staff and visitor safety.

- **Continue to manage safe staffing levels in clinical areas with flexibility for cover if a positive swab result or staff member identified via test & trace.**

Safe staff was maintained with interdepartmental staff working encouraged to cover vacant shifts and to manage the skill mix of staff required. All staff engaged in working flexibly in order to ensure the safety of patients.

- **Review security measures in the case of threat to staff particularly out of hours i.e., reception.**

We reviewed our security policy and updated this. During a time when our patient admissions were increased and of an increased complexity we reviewed and increased our onsite security presence. Risk in our reception areas was reduced by introducing new security screens.

- **Complete a full review of fire safety across all sites and action any recommendations.**
Fire risk assessments were carried out across all sites during 2020. This led to a range of actions being identified, all high priority work identified has been completed including the upgrade of the fire alarm system at The McIndoe Centre. Other actions are related to training, including the fire marshal training.
- **Ensure full compliance to statutory and mandatory training.**
During this challenging year we are very proud that our staff have managed to achieve our highest ever level of compliance with statutory and mandatory training reaching 97%.
- **Increase uptake of staff receiving the annual flu vaccine.**
This year we achieved a 36% uptake for flu vaccination for our substantive staff. While this is an improvement on last year, we know that we would want to achieve a higher rate of uptake. During 2021 we will look at how we are providing this service to our staff and aim to provide a more flexible approach to providing the vaccine.
- **Ensure systems, policy and processes in place to offer self-medication to all patients whilst in hospital at both THC and TMC.**
During 2020 due to managing external NHS trauma capacity our patient mix at the Horder Centre became a more complex group of patients who in the main did not have the capacity for managing their own medication so this has not been progressed to date. At The McIndoe Centre it was identified that approximately 85% of patients were day case patients and as such progression with self-medication was not a priority.
- **Review and align medication and CD competencies across all sites.**
Competencies for registered nurses have been reviewed during 2020 and now align across both sites. Roll out of updated competencies will occur during 2021.
- **Embed daily operational huddle at TMC once de-escalated from trauma activity.**
Daily huddles have become well established and routine across both sites. Digital technology has meant engagement from a wide range of areas within the organisation and has facilitated and improved communication within each hospital.

Caring

- **Commence bedside handovers on the wards, encouraging active patient involvement in shared decision making.**
- **Ensure two patient forums take place across both hospital sites during the year.**
Due to a change in our patient profile meaning we were not undertaking our usual surgery but supporting NHS activity from other organisations we opted not to undertake patient forums during 2020/2021. This also supported national guidance on no group meetings though we were

cognisant that the use of digital platforms would be useful in engaging with our patients in the future. This was demonstrated when we managed our AGM via a digital platform.

- **Maintain patient satisfaction levels and increase return rate of questionnaires at TMC.**
This has remained an area of challenge, it is hoped that with a return to more usual activity and efforts made to provide patients with a stamped address envelope that our return rate will increase during 2021.

Responsive

- **Continuously review staffing levels in all departments against new activity levels and adjust accordingly, managing staff cost base appropriately.**
All departments review their staffing levels against their base activity and during this last year this has meant we have furloughed staff where activity was significantly reduced, utilised flexible working or supported the use of bank and agency staff where activity has been higher than usual, or staff sickness has impacted on the ability to provide consistent care. All departments undertake a budget review, and this would include looking at their staffing and future anticipated staffing requirements.
- **Develop and commence virtual outpatient clinics for Consultants, therapy staff and pre-admission – review effectiveness.**
Video consulting using 'Attend Anywhere' has been implemented across the organisation and is in use in the following areas, Inpatient Therapy, Pre-assessment, and Outpatient Consultants. Phase 2 has seen video consulting implemented in Pain Management.
- **Complete annual Patient-Led Assessments of the Care Environment (PLACE) audit and complete any recommendations.**
Formal PLACE inspections were cancelled during 2020 due to COVID. To ensure that we were satisfied with the standards across our hospitals we undertook an internal inspection of The Horder Centre in January 2021 and will shortly be undertaking the same assessment at The McIndoe Centre. From March 2021 PLACE-lite is being introduced until a full revision of all standards is then introduced.
- **Enable IT access to televisions in patient bedrooms to facilitate physio exercises on screen.**
During phase 1 we installed Wi-Fi and cabling, then video in the correct format was identified. We then undertook a proof of concept to test access to videos using TVs in patient rooms. This was successfully completed.
We then undertook phase 2 and now have Live Lab currently underway using USB sticks in patient TVs to access videos. We additionally identified the use of iPads with videos loaded on to them which has also proved beneficial. Finally, we have put in a budget submission for FY21/22 for full implementation of the system.
- **Commence a programme for nurse apprenticeships.**
Interviews were undertaken during 2020 with a full programme in place from December 2020 in addition a fully supportive preceptorship programme has been established.

- **Produce a CLIP report for each Senior Management Team (SMT) detailing:**
 - **Complaints**
 - **Litigation**
 - **Incidents**
 - **Patient satisfaction**

These reports were established at the beginning of January 2021 after establishing the availability of metrics to support the reports. These will be reviewed and amended over the next months to meet the needs of the senior management team but have provided a level of routine reporting at each hospital.

- **Complete the refurbishment programme for The McIndoe Centre (TMC)**

The remaining areas of the hospital have been refurbished on a phased basis during the past three years including replacing all carpets in patient bedroom and corridor area with vinyl flooring. To date 12 patient bedrooms have been refurbished. This leaves 9 patient bedrooms and the Outpatient Department (OPD) including 2 treatment rooms still requiring refurbishment. Plans are in progress to redecorate and to replace the nurse call system in the 9 remaining bedrooms and OPD consulting rooms before the end of June 2021. Full refurbishment of the remaining 9 bedrooms has been included in 2021-22 request for capital expenditure.

- **Identify a business case to upgrade the theatre suite at THC.**

A schedule of works to complete the upgrade has been identified and the capital costs for this have been agreed. During 2021 we will move to the next phase and identify a work plan and timings for commencement of the specified works to be undertaken to minimise disruption to patients and staff as far as is possible.

- **Audit completion of action plans post incident/complaint/feedback recommendations and action as required.**

Incidents are only closed on the monitoring system once all actions have been completed. Currently an audit of actions that arise from formal complaints is in process and audit for significant incidents and their actions will take place at the end of each quarter a year from when the incident was closed. This will enable us to confirm that learning was embedded and that any change to policy is still active.

Effective

- **Ensure monthly governance dashboard added to HUB boards – trends, learning from incidents, complaints etc.**

A 'Shared learnings' update is sent to the heads of departments on monthly basis, this is displayed in non-patient facing areas of the hospitals and discussed at team meetings. In addition, a monthly operational quality report is to be trialled.

- **Utilise outcome tools to inform practice, i.e. – QPROMS, deep dive into orthopaedic PROMS.**

Orthopaedic patient reported outcome measures are used routinely by the therapy team to inform Horder Healthcare of how well the organisation is doing at not just undertaking surgery but improving the overall outcomes for patients.

- Pilot cryotherapy for knee replacement and audit results.**

This service was to be piloted for our patients undergoing elective knee replacement. During 2020 we found ourselves undertaking in the main non-elective hip surgery, so this pilot was placed on hold. During 2021 we have to date started piloting the service and data collection has now commenced. Our goal is to provide the service to benefit both our elective knee and hip replacement patients to this end we have identified this as a quality improvement priority for 2021.
- Develop Ophthalmic PROMS at TMC.**

Ophthalmic patient reported outcome measures (PROM) are collected for patients at The McIndoe Centre however during 2020 due to the changed activity due to COVID no private or self-pay activity was undertaken. From April 2021 we will return to collecting this information from the patients undergoing cataract surgery. Data is collected from patients at their outpatient appointment and then again post-surgery therefore, we do not undertake the collection of data from NHS patients, this remains with the referring hospital.
- Commence an iron infusion service to optimise patients pre-operatively at THC.**

Staff undertook the training to commence this service however due to national concerns raised by the National Patient Safety Officer on limb discoloration this service has not yet started, and the provision of the service as a whole will be reviewed once the findings from the NPSA are released.
- Quarterly clinical audit data at The McIndoe Centre to be presented by the aesthetic fellow at the Medical Advisory Committee (MAC) and shared with relevant stakeholders.**

Due to the change in patient activity, there has been no aesthetic fellow in post during 2020. This post will recommence in April 2021 and it is an expectation of the role that the individual within the position will present to the Medical Advisory Committee.

Well-led

- Achieve 'Planet Mark' for green sustainability.**

Due to the COVID pandemic it has not been possible to follow up on achieving any sustainability certification during 2020. Therefore, we are looking to identify how we can be more effective in reducing our carbon footprint during 2021 and are identifying this as a quality priority for 2021.
- Achieve 'Food for Life served here' accreditation.**

During 2020 we have been collecting the evidence to go ahead with applying for accreditation with delays again due to the COVID pandemic. We now have one final piece of evidence to collect from our butchers and will then apply for accreditation which we would hope to achieve during 2021.
- Complete annual CQC mock inspections at both hospitals and complete actions identified.**

Mock CQC inspection dates have now been identified for both hospitals. These could not take place during 2020 due to the altered environments and restricted access put in place to support managing the COVID pandemic arrangements for patient care. The inspection of The Horder Centre has now been completed with no significant areas of concern identified by the team. The inspection at The McIndoe Centre will be completed in April 2021.

- **Heads of department to complete root cause analysis training.**
Staff who would benefit from this training have completed their training and are supported by the risk management team in completion of significant investigations requiring a root cause analysis.
 - **Develop and roll out a training programme for senior managers.**
The start date of this programme was deferred from 2020 due to the COVID pandemic, during this time managers were required to work in differently and for many this also required a change from working at the hospital sites to working from home. Our goal is to commence the planned programme from July 2021.
 - **Implement a programme of 'job swap' and 360° feedback for managers.**
The start date of this programme was deferred from 2020 due to the COVID pandemic as during this time managers were required to work in differently and for many this also required a change from working at the hospital sites to working from home. Our goal is to commence the planned programme from June 2021.
 - **Complete a gap analysis against the new Charity Governance Code regarding Board Governance.**
Due to changed circumstances because of the COVID pandemic this work was deferred from 2020 and will be completed by the end of May 2021.
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5 stars: Excellent - 1 Jun 2020

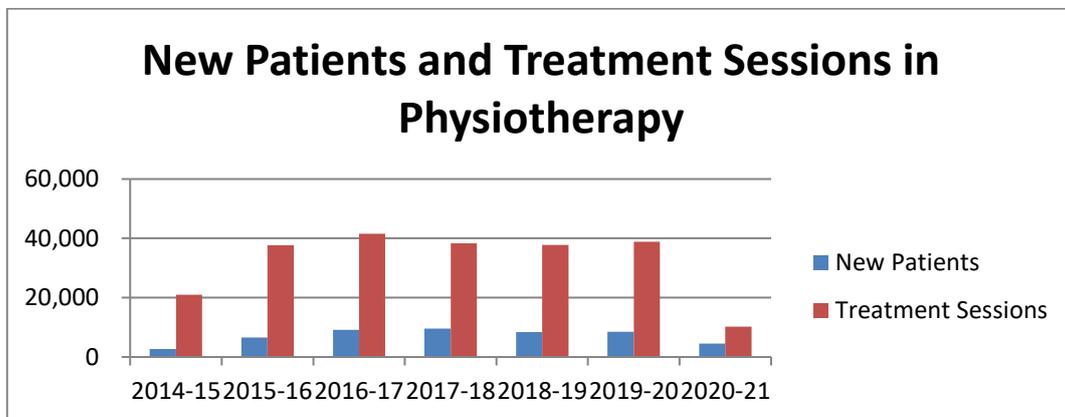
"Excellent care and attention. Operation before lockdown which has meant I can walk without pain about 4 miles a day. Amazing return to a pain free life. Thank you".

Source: Trustpilot

MSK Division

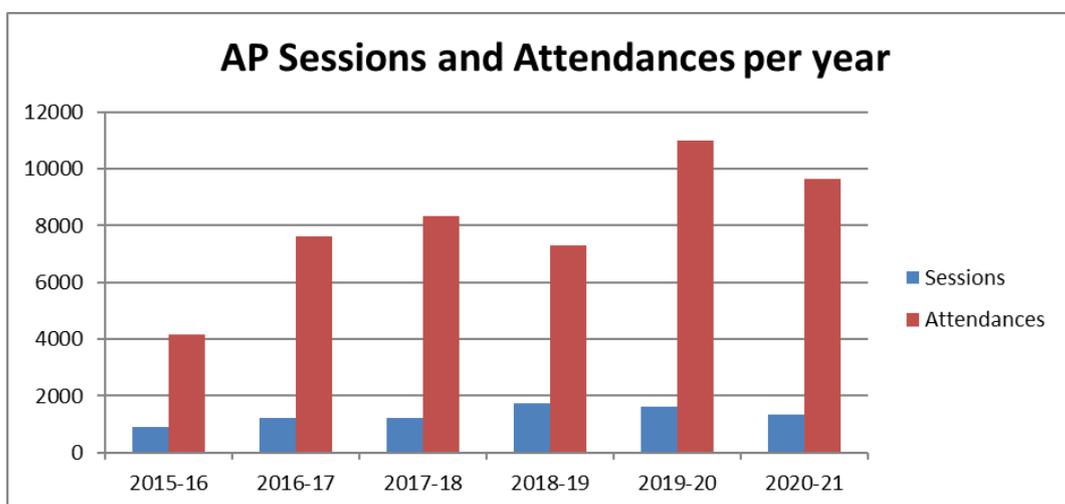
Activity

The Covid Pandemic has severely affected 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, with the service reverting to telephone only appointments during the lockdown periods. Our services in Eastbourne were consolidated to Seaford for a few months while the whole team worked through the existing waiting list. When all patients from this waiting list had been treated, there was no work for the majority of team to do and most were placed on furlough from 10th June until 10th August 2020, with a small team left to manage the few post-operative patients being referred for treatment. All classes were also stopped, which has significantly reduced the number of treatment sessions undertaken. Almost 85% of referrals have come from GP referrals via Sussex MSK Partnership East (SMSKPE) with the remainder being post-operative, consultant or private referrals.



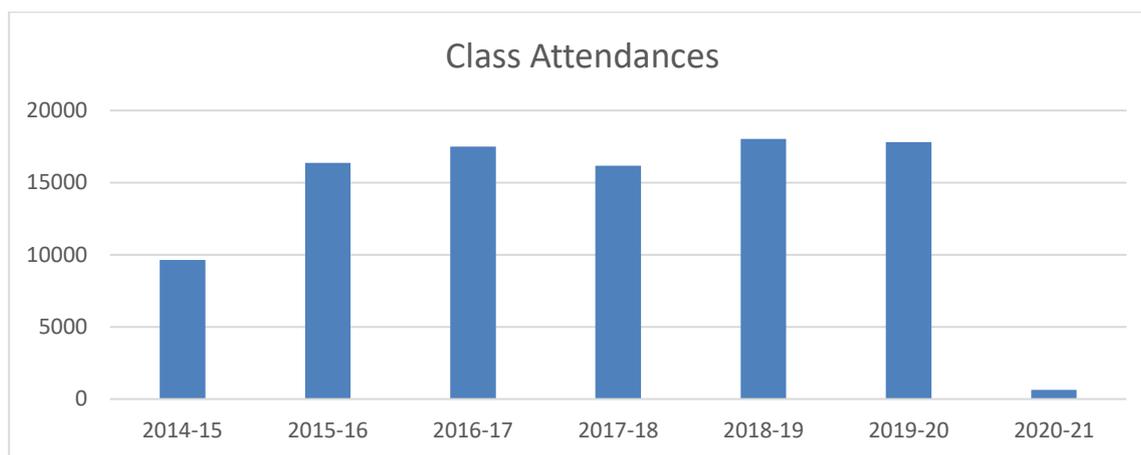
Advanced Practitioner Activity

Since commencing seeing patients with face-to-face appointments in April 2015, the number of patients seen has steadily risen from just over 4,000 patients in 2015-16 to 10,982 patients in 2019/20. The Covid Pandemic also affected the provision of AP services with a small decrease in the number of clinics held, due to a 6 week period of furlough for this team, but a relatively smaller impact on the number of patients seen. This is reflective of better utilisation of the available clinicians.



MSK Health and Wellbeing Classes

The number of people attending the Health and Wellbeing was also significantly impaired by the Covid Pandemic. The Government restrictions on group gathering and the need to limit footfall into the hospital buildings has meant that all face to face classes stopped in March 2020. We have since sought to undertake more innovative and virtual Pilates classes which have experienced limited take up. Where we previously ran 69 classes per week, we have only recently been able to expand our virtual offering up to 21 classes per week being led by either a Health and Fitness Rehabilitation Instructor or Physiotherapist with a total of 628 people attending compared to almost 18,000 in 2019-20.



Quality

The key areas for MSK services chosen for development during 2019/20 were:

1. Clinical Effectiveness

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

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

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

- b. Clinical audits – internal and external.

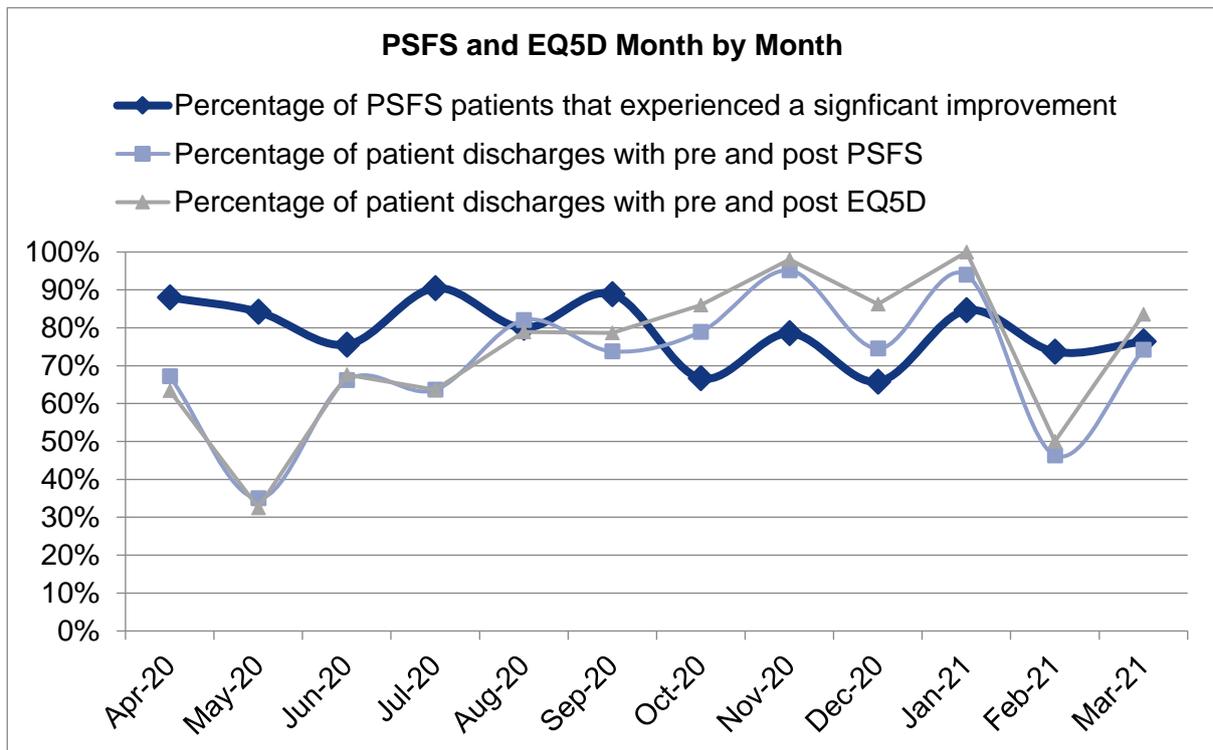
- Notes audit: (Yearly) - Completed

An audit of the notes written by HH Physiotherapists was not undertaken during 2020/21 due to the Pandemic. A huge number of different ways of working had to be implemented over the course of the year while most of the team also spent a period of time on furlough. It has been agreed that from March 2021, the notes audit will be reinstated.

- Quality of Discharge letters audit (ongoing)
In November 2020, some informal feedback to the MSK Clinical Quality Group raised some concerns about the quality and content of discharge and transfer of care letters being generated by the Physiotherapy team. It was decided to undertake an audit of these letters. This process still ongoing and results are expected to be reported in the next reporting year.
- c. Measure Patient Rated Experiences (PREMs) – Completed.
- A PREMS audit has not been undertaken this year due to the Pandemic. There are currently plans to undertake a patient questionnaire to seek feedback for areas to improve and identify gaps in service.

2. Outcomes – PROMs

Order Healthcare continues to collect clinical outcome data to demonstrate the effectiveness of the MSK Physiotherapy services at all sites. The Patient Specific Functional Score (PSFS) has been collected for some years. Since January 2018, the service has been collecting the EQ5D5L, which is a population based health measure. Overall, the benefits recorded by patients receiving physiotherapy treatment remain very high with compliance of completion of the scores also remaining high. This is quite remarkable given the majority of the Physiotherapy interventions are being undertaken over the telephone.



3. Development of First Contact Practitioners

Despite the disruption caused by the Pandemic, the service was able to roll out on a new service working directly in the community. Working alongside GPs in their practices, our new First Contact Practitioners are managing patients presenting with musculoskeletal problems where previously they would have had to be seen by a GP. This has been a rapid rollout of a national programme which has enabled the further development of skills of the Advanced Practitioners but also the recruitment or promotion of a number of Band 7 clinicians to furnish these roles. We have been contracted to provide to six local Primary Care Networks in areas covering most of our catchment, ranging from Hartfield to Eastbourne and Herstmonceaux to Lewes and Newhaven. This service was started in September in Seaford and continues to develop as recruitment progresses.

4. Physiotherapy Improvement Projects (PIPs)

PIPs already developed and launched include:

- the Osteoarthritis Primary Access Class (OAPAC) to ensure patients with osteoarthritis (OA) can access appropriate treatment as soon as possible;
- the ESCAPE knee pain class which is an evidence based exercise course to improve pain and function of people with knee OA;
- the Back pain Primary Access Class (Back PAC) to enable screening (using StArtBack tool) and stratification of according to the severity of back pain and to implement a simple back pain class.

Unfortunately, despite the success of these classes, they had to be stopped during the Pandemic.

Several PIPs were commenced in 2020 but will be carried into 2021 include:

- Improved management of neck pain
- Audits of notes, discharge letters, management of lower limb conditions and back pain
- Implementing virtual clinics and improving our environmental impact
- Identifying mental health resources to support patients

In 2021 we also plan to:

- Improve service efficiency by reducing rates of people who fail to attend their appointments

5. Support for Colleagues to Undertake Higher Degrees

We have supported four staff into higher degrees (MSc) which has directly assisted them to progress to become APs within the organisation while their studies are ongoing.

5 stars: Excellent - 25 May 2020

"My physio therapist has helped me improve my shoulder mobility by listening to me observing my movement and advising accordingly with exercises that I've been building on even through this Covid period. Telephone consultations have had a monitoring effect on what I'm able and still unable to do well - and I think this continuity has been a great help. Thank you for all your advice - hoping soon to personally show you the progress you've helped me make".

Source: Trustpilot

Safety

Infection Prevention and Control (IPC)

Order Healthcare (HH) is an independent healthcare provider that routinely undertakes elective admissions. During the COVID 19 pandemic in 2020 HH supported the National Health Service England (NHSE) by facilitating trauma surgery at both its hospital sites.

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

Infection Rates

We are very proud of our low infection rates and we have subscribed to participate in the reporting of the following mandatory Healthcare Associated Infection (HAI) statistics to Public Health England (PHE) on a monthly basis. In 2020, this was submitted directly to PHE with a minimum data set, which included NHS number, date specimen taken, date of admission and date of birth only.

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

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

Other mandatory organisms reported to PHE 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 PHE have up to now only published experimental statistics for these healthcare providers. PHE also note that comparison across organisations is problematic, as they do not consider the variable sizes and patient population of groups seen in each facility.

Table of identified reportable bacteraemia's and other organisms across HH in 2020.

Organism	Order Healthcare total reported (per 100,000 bed days)
MRSA bacteraemia	0
MSSA bacteraemia	0
Pseudomonas bacteraemia	0
Klebsiella spp bacteraemia	0
Escherichia coli (E coli) bacteraemia	0
Clostridium <i>difficile</i> infection	0
COVID-19	

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

Horler 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 and telephone surveillance.

SSI Rates for 2020

Table shows numbers of identified reportable SSI for 2020

Procedure	Number of Cases	SSI reported (Including patient reported)	Rate
Total Hip replacements	731	0	0.00%
Total Knee replacements	667	1	0.15%
Breast surgery	147	0	0.00%

Note: 2020 had significantly reduced numbers of procedures compared to previous years due to the COVID-19 pandemic.

Reported surgical infection summaries

Total knee replacement – a thorough review of the infection identified that this was a very complex case and there was no identifiable cause of the infection. All appropriate steps in the delivery of care to prevent infection occurring had been taken. The patient underwent further surgery and went on to recover fully.

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 now has a link IPC member who assists in the monitoring of standards and supports the IPC strategy for maintaining our high standards to prevent infections occurring where possible.

IP&C links are allocated protected time each month to audit compliance to Infection prevention and control 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).

COVID-19

2020 proved a challenging year for infection prevention and control, the declaration of COVID-19 pandemic understandably had a huge impact on the amount of time and work required to be dedicated to ensuring patient and staff safety.

At the beginning all planned work was cancelled and Horder Healthcare transformed our service provision from elective surgery to trauma support for NHSE. IPC was critical in supporting the changes and ensuring both patient and staff, safety was maintained throughout. This included:

- COVID-19 Management Policy was developed and implemented.
- All practices were reviewed and standards were maintained throughout in line with national guidance.
- Clinical staff received additional training in the use of PPE, donning and doffing.
- FIT testing was carried out on all clinical staff.
- Staff screening was undertaken with IPCN supporting HR with individual assessments as requested.
- PCR screening for frontline staff was implemented.
- Staff who reported COVID were supported with regular welfare checks and advice.
- PCR screening for patients became part of a routine pre-assessment process.
- Purchasing of room sanitiser to support housekeeping with increased deep cleaning regime.
- Restrictions on visiting.
- Patient attendance pathways.
- Regular updates for staff on standards to be met and changes made, with additional 1-1 support for staff that needed it.
- Contact tracing implemented and liaison with PHE established for support should the need arise.
- All national standards were met with national guidance and were reviewed frequently to ensure they were being maintained.
- Introduction of mandated wearing of PPE for all onsite at HH (exceptions and planning for those unable to do so).
- The COVID vaccination programme has been rolled out to all staff across the organisation.

The fast 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 expected that COVID -19 restrictions will continue to be implemented/adapted throughout 2021 and these will be maintained in line with PHE guidance.

Future Planning

As activity changes and new challenges are identified, the established Infection Prevention and Control team remain an essential part of Horder Healthcare. 2020 has shown how they can 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.

"I was able to have my initial appointment, my scan, my follow up appointment, book in my surgery and even my MRSA swabs for surgery in...ONE MORNING! I honestly could not believe the speed and efficiency; it was actually quite eye opening".

Source: Google

Adverse Events

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

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

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

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

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

Indicator	No. THC	% THC	No. TMC	% TMC
Patient mortality ¹	0	0	0	0
Peri-operative mortality (within 48 hours of surgery) ¹	0	0	0	0
Unplanned re-admission (within 30 days of discharge) ¹	9	0.24	9	0.31
Unplanned returns to Operating Theatre ²	8	0.20	9	0.35
Unplanned transfers of inpatients to another hospital ¹	11	0.29	6	0.20
Mortality within 7 days of discharge ¹	0	0.00	0	0.00
Pulmonary embolus at the hospital ¹	4	0.10	0	0.00
Deep vein thrombosis (DVT) at the hospital ¹	1	0.02	0	0.00
Inpatient dislocation at the hospital ³	6	0.57	0	0.00
Unplanned overnight admission after day case ⁴	6	0.3	15	0.66

¹ = as a % of discharges

² = as a % of anaesthetic episodes

³ = as a % of total hip arthroplasties

⁴ = as a % of day case procedures

Patient Mortality

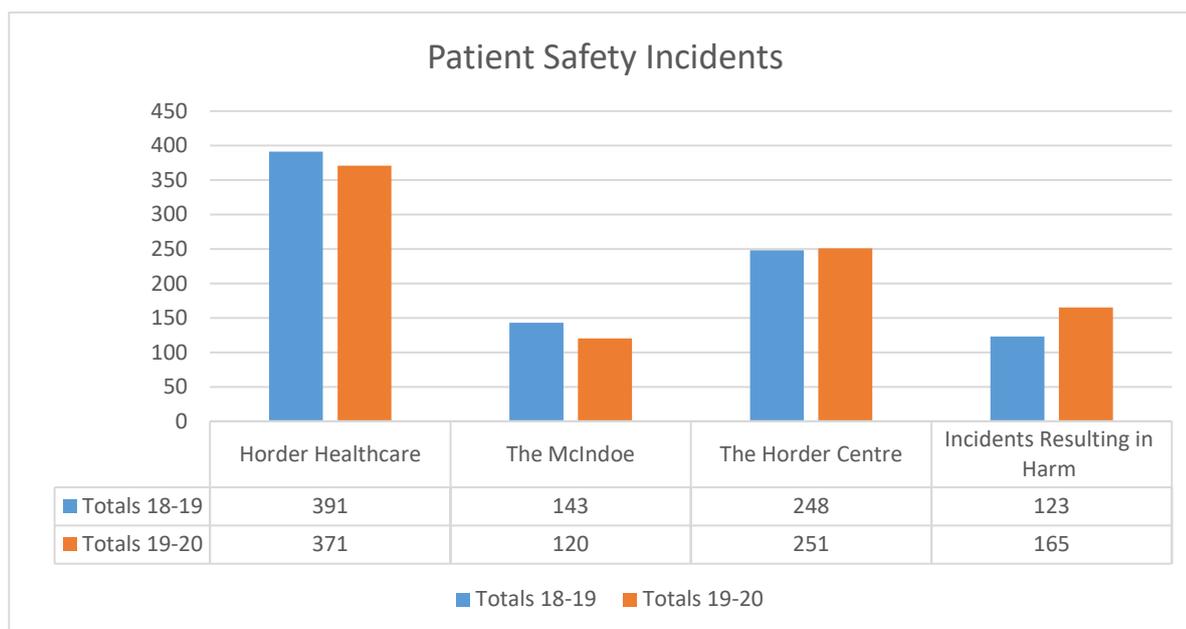
There have been no incidents of patient mortality within Horder Healthcare during the reporting period.

Patient Safety Incidents

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

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

During the reporting period of April 2020 to March 2021 there were 371 patient safety incidents reported across Horder Healthcare. Of those, 251 incidents were reported by The Horder Centre (THC) and our Outreach (O/R) centres and 120 were reported by The McIndoe Centre (TMC). Horder Healthcare reported 165 incidents that resulted in low, moderate, severe harm and death (expected), 5 of these incidents were reported as serious incidents (SI's).



Serious incidents are fully investigated using Root Cause Analysis (RCA) methodology and treated under statutory Duty of Candour. This includes regular contact and follow up with the patient and relatives. The findings of any investigations are shared with the respective departments through the Clinical Governance process via the Clinical Focus Group, Clinical Governance Committee and the Medical Advisory Committee.

5 stars: Excellent - 25 May 2020

"I spent approximately 65 hours at the Horder Centre during February 2019.

From my very early morning efficient reception through to immediate surgery, with Mr. Apthorp and his team undertaking my full hip replacement. The continuous aftercare, with pain relief and all night monitoring through to physio therapy, pleasant choice of meals, all within comfortable ensuite facilities, until escorted safely to my transport home, I have no qualms that I am about to be revisiting this establishment for a second full Hip replacement,(originally due mid-April) - when deemed safe after CV 19 outbreak. Lucky me". **Source: Trustpilot**

The five SI's reported by Horder Healthcare during this period were:

1. Patient received a wrong side cervical medial branch block. Patient was uncomfortable in the position they were in on the table in theatre, patient was turned over and repositioned. The consultant did not move sides with the patient and proceeded to inject on the wrong side. Consultant discussed with the patient what had happened and the patient was happy to continue on the correct side. No harm to the patient. Learning from the event for all staff included a complete 'stop' and second WHO checklist to be completed in future.
2. Patient suffered a Pulmonary Embolus (PE) whilst an inpatient post-surgery requiring additional treatment. Although it is known that having total hip replacement surgery presents a thrombosis risk factor, this patient was disadvantaged by having a 5 hours 30 minutes duration without any fluid intake/administration whilst awaiting surgery. Changes were made to the hydration policy to monitor hydration status if a list is delayed and administered additional fluids as required.
3. Patient suffered with a foot drop post total hip replacement surgery. Patient returned to theatre for left hip exploration. Patient's foot drop was improving and patient continued with physiotherapy after discharge from the ward. Surgical complication.
4. Patient suffered a fracture whilst in theatre for a total shoulder replacement, 2 mitigating issues that may have contributed; Spider Arm Support that was holding the patients arm failed and there was a new design within the instrumentation. The representative who attended was unable to provide the level of support expected with new instruments. Any representative from prosthesis companies are required to have competence of equipment and knowledge of instruments prior to attending theatre.
5. Patient received a wrong side cervical medial branch block. Patient was positioned and marked correctly. Patient was rebooked for the correct side. The 'Stop before You Block' process was then adapted to formulate part of the checking process in theatre not just the anaesthetic room. No harm to the patient.

Medication Errors

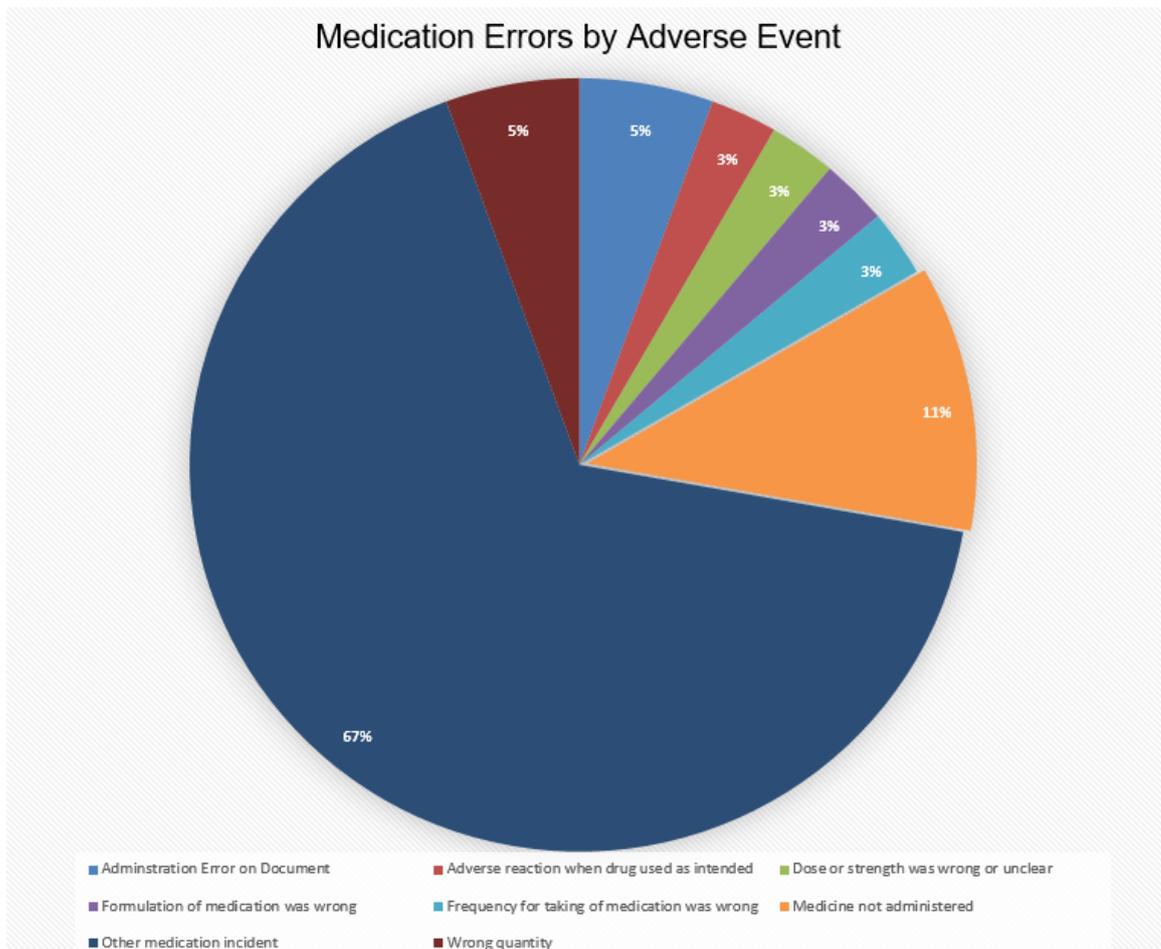
During the reporting period there were 36 medication errors reported all of which had a negligible outcome.

All medication incidents are recorded whether they are near misses or have actually occurred. A full investigation takes place to ensure any lessons learned are shared with all clinical staff. All incidents are discussed further at the Clinical Governance Committee, Pharmacy Review meetings and any incidents pertaining to Controlled Drugs are reported to the local intelligence network. Any member of staff involved in a medication error is required to complete a further medication competency assessment prior to administering medication.

"Lovely staff and felt very safe in the hospital. I don't think they could have done more to make me comfortable and relaxed".

Source: iwantgreatcare.org

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



The 24 medication errors within 'other medication incident' did not have an adverse event to categorise them. Two were due to incorrect labelling on medication, three were due to disposal of medication, five were due to administration errors by staff, 10 down to incorrect documentation, 2 due to equipment being broken and two connected to patient error.

Duty of Candour

A culture of openness and honesty is well-embedded practice within Horder Healthcare and staff are encouraged to apologise if a mistake is identified. As part of this process, we ensure that the person affected has an opportunity to discuss what went wrong, how we can help them to cope with any harm caused and what we will do to prevent it happening again. Any learning following a thorough investigation is shared with the patient or their nominated representative and any feedback is acted upon. The clinical governance team oversee the investigation and reporting under the Duty of Candour and monitor the completion of any action plans. To support members of staff to understand the duty of candour, policies and standard operating procedures are available alongside targeted training on an individual basis.

Safety Events

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

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

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

The number of alerts received by Horder Healthcare between April 2019 and March 2020 was 197. Of these, 58 were applicable to Horder Healthcare with 13 applicable only to The Horder Centre and 6 applicable to The McIndoe Centre.

"My consultant and his assistant were very accommodating and knowledgeable; it felt that every element of the treatment was done right first time, there was no second guessing whatsoever. Was also impressed with the infrastructure and facility at a glance; very clean and well organized".

Source: Google

Seven Day Services Clinical Standards

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

- Patient experience – All colleagues who work in our community outpatient clinics have received training in shared decision making to ensure patients make an informed choice about treatment options. We regularly review all patient feedback and deal with complaints in an efficient and open manner.
- Time to first consultant review – This is not applicable as relates to emergency admissions.
- MDT review – This is not applicable as it relates to emergency admissions.
- Shift handovers – All patients are reviewed on a daily basis by members of the multi-disciplinary team led by a competent senior decision maker.
- Diagnostics – Horder Healthcare works in partnership with Medical Imaging Partnership and Spire Pathology to provide access to diagnostics, radiology and pathology seven days a week.
- Intervention / key services – 24 hour access, seven days a week to key consultant-directed interventions. A service level agreement is in place with the local NHS Trust to transfer patients requiring key services not provided locally.
- Mental health – Not applicable as Horder Healthcare does not admit patients with mental health issues.
- On-going review – Patients with high dependency needs are transferred to our local NHS Trust as per service level agreement.
- Transfer to community, primary and social care – support services are provided seven days a week i.e. pharmacy, transport, physiotherapy etc.
- Quality Improvement – All colleagues are involved in our quality improvement programme and information on patient outcomes is disseminated to all departments.

5 stars: Excellent - 20 May 2020

“Amazing staff and attuned care. Excellent facilities and brilliant food. Had a bi lateral total hip replacement and could not fault my care from pre op to post op. Thank you. You have given me my life back”.

Source: Trustpilot

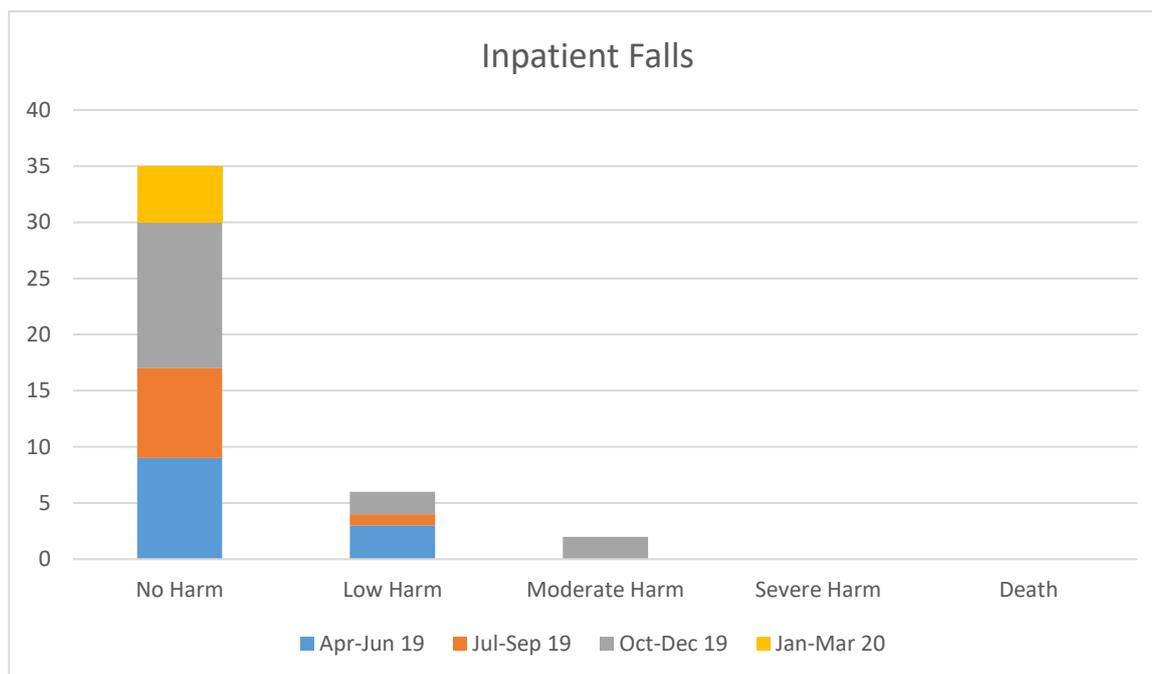
Patient Falls

Inpatient Falls Summary

There was one inpatient fall at The McIndoe Centre during the reporting period.

There have been 43 inpatient falls at The Horder Centre. This equates to a patient fall rate of 6.53 falls per 1,000 bed days.

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



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

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

The two falls that resulted in moderate harm were:

1. A patient fell in their room, upon transferring the patient back to bed the patient reported severe pain in their hip. X-ray confirmed hip dislocation. Patient returned to theatre for successfully relocation of the hip, no further complications.
2. A patient fell whilst mobilising to the bathroom and fractured their left ring finger, the fracture was managed conservatively and was discharged 6 days later with no further complications.

Outpatient / Day Case Falls Summary

The McIndoe Centre:

There were no falls reported for outpatients or day surgery cases.

The Horder Centre:

Patient slipped from a plinth whilst attending physio follow up appointment.

Patient was attending an outpatient consultation when they suffered a severe stroke, which resulted in them falling.

There was one further fall in the carpark after the patient had attended a physiotherapy clinic.

There was one fall in the outpatient gym at The Horder Centre relating to members of the public attending classes and patients under treatment by the therapy team. The fall resulted in no harm.

Fall risks and the learning is continuously reviewed by the network of falls champions within the hospital. A robust review of all patient falls (witnessed and unwitnessed) is ongoing as part of the weekly incident review meetings and the falls prevention group. Over the past year, the following measures were introduced:

1. Increased visual awareness campaign of falls risks to patients within the in-patient setting.
2. Successful implementation of the anti-slip socks for all patients deemed a falls risk.
3. Falls prevention group formed, members include Physiotherapists and Nursing staff.

There are further measures planned in the coming year:

1. Ensure Horder healthcare actively participates in the “national falls prevention awareness” day on 22nd September 2020.
2. Instigate an “After Action Review” or “Safety huddle” as soon as possible after any patient fall within the hospitals.
3. To create a falls audit tool in order to evaluate progress on falls prevention strategies.

5 stars: Excellent - 18 May 2020

A really good experience

“From the first contact everything was organised with great care and what to expect was very well explained I felt I came in very well prepared for the operation and for my stay, which was important as I was anxious. On arrival, professionals introduced themselves fully and there were opportunities to ask questions all along. All procedure were well explained in a reassuring way.

After the surgery, care was wonderful, kind, with very quick response if one needed help. Excellent attention was offered throughout for pain relief, mobilizing and starting physio. The accommodation in a single room was very comfortable and the food really excellent. Everything was above what I expected and very difficult to improve upon. I hope you can continue to maintain this standard”.

Source: Trustpilot

Health and Safety

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

Working with our contracted facilities management provider, the Estates strategy has focused on ensuring statutory compliance and best practice whilst working in partnership to prioritise infrastructure spending as necessary. Medical devices continue to be serviced by St. Georges Hospital Trust who maintain our medical devices across the estate.

Fire Safety

Horder Healthcare operates comprehensive systems of fire safety management. During the past year, updated Fire Risk Assessments have been undertaken for each site and all recommendations identified within the respective assessments have been implemented. This included upgrading the fire alarm provision at The McIndoe Centre.

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. We have recently provided refresher Fire Marshal training for 50 staff members.

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.

Environmental and Waste Management

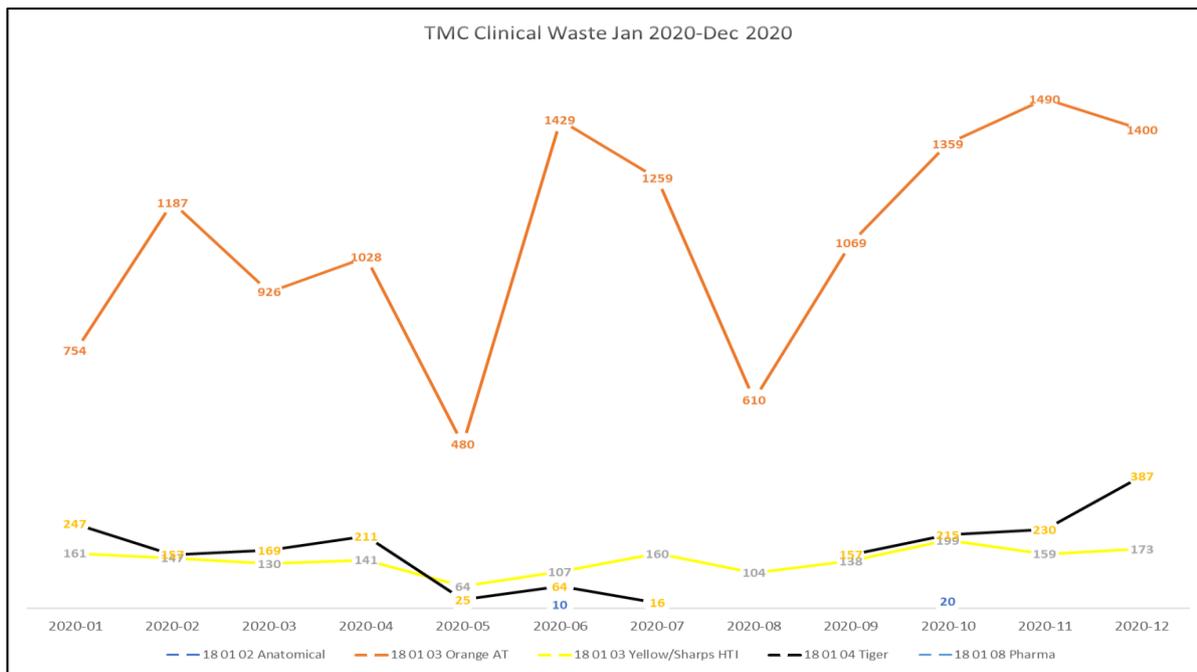
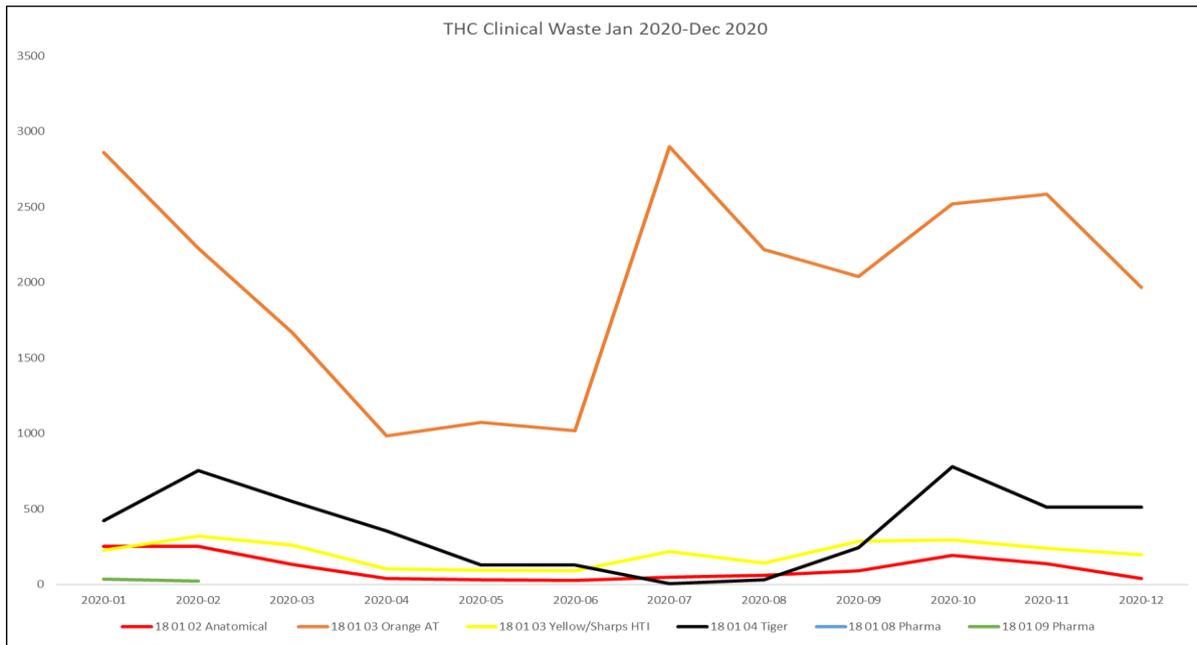
Our SLA partner for clinical waste disposal Albus Environmental, continued to support us fully during the challenges of Covid-19 without any problems. They renewed our Pre-Acceptance Waste Audits virtually for the two main sites, which was facilitated by on site photograph but directed by Albus for sound auditing. The graphs below clearly demonstrate a downturn in quantities when Covid first started and then peaks in line with our activity.

5 stars: Excellent - 19 May 2020

Total Knee Replacement

"From start to finish I received excellent communication and care. I was given very good pre-operation exercises and advice to prepare beforehand. The consultant, nurses, physio team and support team were outstanding. Cleanliness was very good. I was sent home only when staff were satisfied that I was fit and well. The post-op exercises and follow-up were first-class".

Source: Trustpilot



The general waste and dry mixed recycling collection contract with Biffa has continued successfully without any issues affecting our site services. The confidential waste disposal contractor S4B continued collections efficiently throughout 2020. There have not been any incidents reported from our third party waste collection contractors or any internal incidents for this period.

5 stars: Excellent - 25 May 2020

I had a total knee replacement carried out in 27th January by Mr Paul Gibb.

I stayed in the Horder for 3 nights during which I received excellent care and attention. My overall opinion of the facilities that the Horder provided can be summed up in one word. Marvellous.

Source: Trustpilot

Venous Thromboembolism (VTE)

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

The VTE team meet on a two monthly basis to audit compliance and review any VTE episodes to ensure best practice is always in place. Any learning is shared with the Medical Advisory Committee, Consultants and clinical staff with practice reviewed and altered if required. The VTE team also reviews policies, shares up to date research and knowledge with the cross site Clinical Focus Group, and in 2021 will help prepare The McIndoe Centre for accreditation for VTE exemplar

The Horder Centre took part in the 2020 "GIRFT Thrombosis Survey" which is co-badged by the Royal College of Surgeons and the Royal College of Physicians, and supported by the National VTE (venous thromboembolism) Exemplar Centres Network in collaboration with Thrombosis UK.

The purpose of the survey was to:

- Identify the number of cases of HAT (Hospital Acquired Thrombosis) in an eight -month period.
- Identify the clinical areas where HAT occurs, identifying whether HAT has occurred after medical or surgical admission and the type of surgical admission.
- Determine the proportion of HAT cases which are deemed potentially preventable.
- Identify common themes within cases of potentially preventable HAT.
- Assess local practice in the prevention of HAT.
- Provide data for participating trusts and Independent hospitals, to benchmark themselves against the national average and to drive better scrutiny and investigation of HAT and their causes.



Clinical Coding

The coding of diagnoses and procedures carried out on both NHS and Private Patients at The Horder Centre, as well as NHS patients at The McIndoe Centre, is processed internally by the coding department using ICD-10 5th Edition and OPCS-4.9. Procedures for private patients at The McIndoe Centre are coded using CCSD codes as appropriate.

Horder Healthcare submits PbR (Payment by Results) data to SUS+ for NHS patients at both The Horder Centre and The McIndoe Centre. External Auditors undertook a review of our coding in 2019/20 and the findings reported excellent standards of coding.

In 2020/21 we shall continue the regular internal auditing schedule of standards, whereby another coder recodes notes and the results are compared. Any discrepancies are reviewed at the monthly coding meeting to identify trends. If trends are noted then a rolling program of training will be instigated and further audits carried out on a monthly basis throughout the year to ensure we have addressed or corrected any of the issues highlighted by the audits and to ensure consistency of coding and adherence to National Coding Standards.

Our Clinical Coders are both completing external training and are studying towards the National Clinical Coding Qualification (UK) (NCCQ). Clinical coding forms part of the clinical staff mandatory training program to ensure that all relevant information for our patients is captured and recorded within their medical records.

Effectiveness

Internal Audits

Within Horder Healthcare (HH), there is an overarching quality and effectiveness audit schedule, which includes statutory and contractual audit requirements as well as regular local audits. Audit results are discussed by the Clinical Focus Group that meets monthly to review clinical standards. The audit schedule is a dynamic tool and as we identify new issues and concerns, ad-hoc audits will be added to the schedule. Any actions or concerns identified from the audits undertaken are discussed and where appropriate to do so escalated to the hospital specific Clinical Governance Committee (CGC).

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

The following formed part of HH's internal audit programme during 2020:

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

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

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

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

Private PROMs Submitted to the Private Healthcare Information Network (PHIN)

The McIndoe Centre submits the following data to PHIN for private patient cosmetic PROMs for the following procedures:

- Augmentation mammoplasty
- Rhinoplasty
- Abdominoplasty
- Liposuction
- Facelift
- Blepharoplasty

The Horder Centre and The McIndoe Centre submit private patient PROMs data to PHIN for the following orthopaedic procedures where applicable:

- Carpal Tunnel
- Hip Replacement (Primary & Revision)
- Knee Replacement (Primary & Revision)
- Shoulder Replacement (Primary & Revision)

During 2020/21 no data was submitted due to the Covid-19 pandemic when the McIndoe Centre was used to support the NHS services locally. From April 1st 2021 we will be returning to our usual activity and will recommence submitting PROMs data.

National Registries

Patients are asked to provide details when they undergo certain procedures to monitor the outcomes over time and identify any safety concerns. We continued to supply information where any patient underwent relevant surgery during the year 2020/21 though numbers were significantly lower than in 2019/20. Horder Healthcare submits information to the following registries:

National Joint Registry (NJR)

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

National Breast Registry (NBR)

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

National Ligament Registry (NLR)

The National Ligament Registry (NLR) was set up in 2018 with an aim to help improve the management and outcome of knee ligament reconstructive surgery. All Horder Healthcare consultants have been reminded about submitting data to the NLR.

British Spinal Registry (BSR)

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

CCG Quality Visits

Horder Healthcare welcomes quality visits from CCG's in order to assure commissioners of our service that it meets the expected quality and safety standards. During 2020/21 there have been no visits though contact has been maintained with our CQC assurance manager and no concerns have been raised and any information required has been readily available.

5 stars: Excellent - 25 May 2020

Eye surgery made comfortable

"I was dealt with efficiently on being received into the Centre for an eye operation. The surgery itself was handled with great competence and reassurance by all the staff with whom I had contact".

Source: Trustpilot

PLACE - Patient-Led Assessments of the Care Environment

At Horder Healthcare, we aim for continuous improvement of our standards of quality. One method used to facilitate this is by participating in the annual PLACE assessment, formerly Patient Environmental Audit Tool (PEAT).

The national PLACE Team confirmed that the regular PLACE collection would not go ahead in 2020. Approval for this decision was granted by Sir Simon Stevens; we appreciated that this was the best way forward given the risk to patient assessors and staff in undertaking the full assessment programme while the Covid-19 pandemic continued.

There have been some initial discussions on the feasibility of some form of national assessment programme for 2021, its implications, and possible timescales. The national PLACE Team are considering a number of adjustments to the programme which may facilitate some form of national assessment but given the huge amount of present uncertainty and pressures on the NHS, this will kept this under review for the time being.

We have however recently conducted Mock PLACE assessments at both The Horder Centre and The McIndoe Centre, the results of which once collated, although not collected or published nationally, will be shared internally with resulting action plans to show improvements.

"I've just had my second knee operation at the Horder and as before I received exceptional care and attention from all staff members. So, a HUGE BIG thank you to you all - you truly are the best in your field".

Source: Google

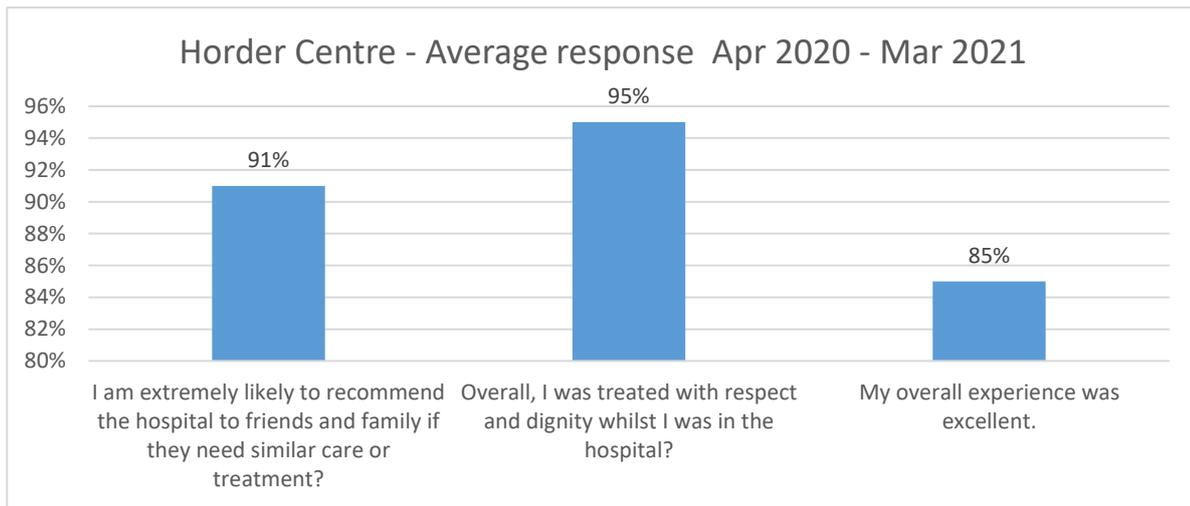
Caring

Patient Satisfaction

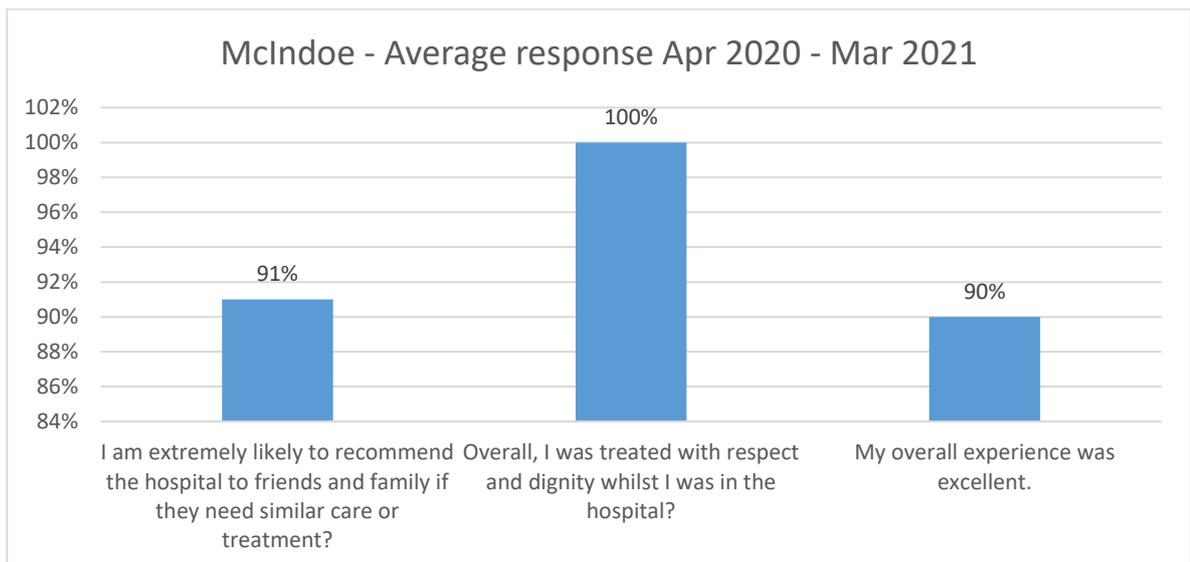
Patient satisfaction questionnaire (PSQ)

For the period April 2020 and March 2021, Horder Healthcare received 1,421 completed PSQ's this was 37% of inpatients and day case patients.

At The Horder Centre 57% of inpatient and day case patients completed and returned their PSQ. The chart below shows the average response to the overall questions.



At The McIndoe Centre 19% of inpatient and day case patients completed and returned their PSQ. This return rate is not an accurate reflection of McIndoe responses; patient numbers includes QVH patients who completed QVH PSQ's. The chart below shows the average response to the overall questions of McIndoe patients.



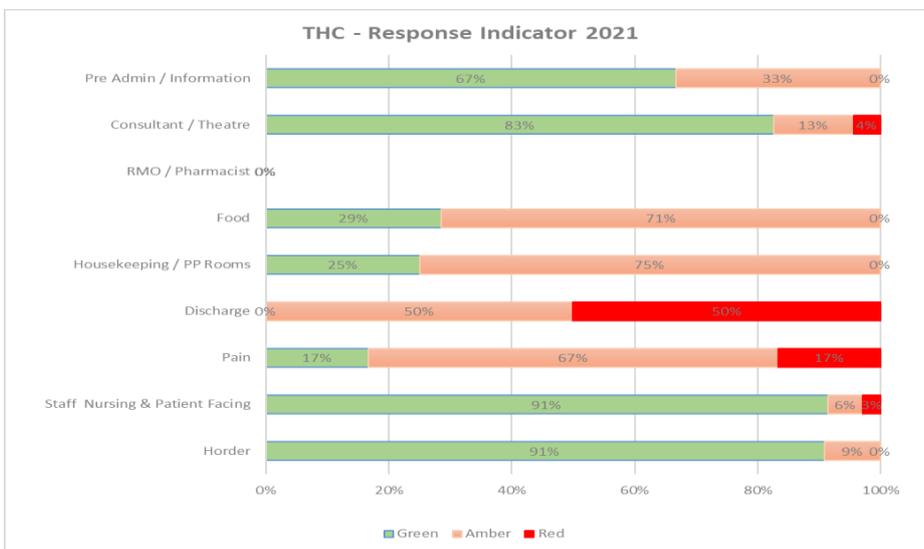
“Lovely staff and felt very safe in the hospital. I don't think they could have done more to make me comfortable and relaxed”.

Source: iwantgreatcare.org

Since September 2020 we have been monitoring patient comments on the PSQ's, we have categorised feedback by the following criteria:

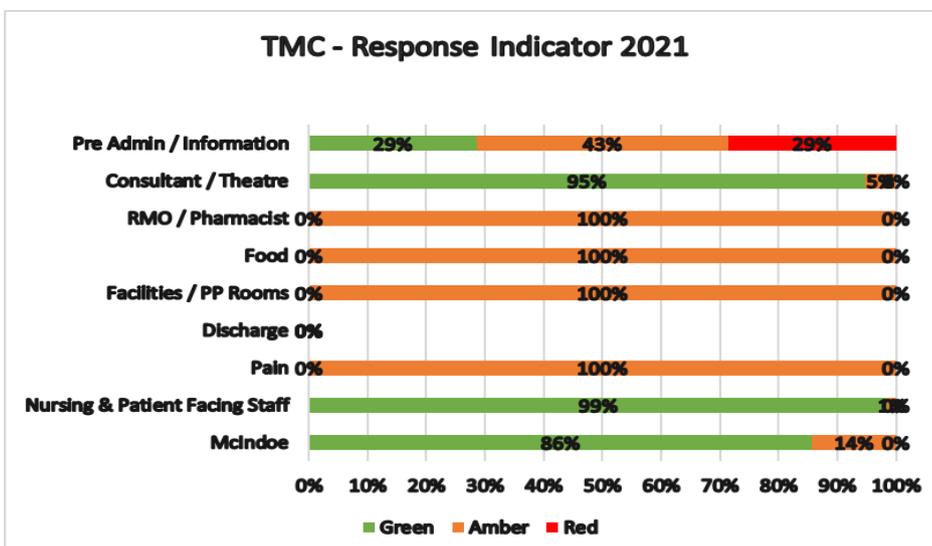
- Site
- Nursing & patient facing staff
- Pain
- Discharge
- Housekeeping / PP Rooms
- Food
- RMO / Pharmacist
- Consultant / Theatre
- Pre Admin / Information

Green indicates a positive response, Amber indicates we could have got things a little wrong and Red is a call to action. The table below indicates how Horder patients responded in those categories.



HCS are advised on a monthly basis of all comments and call to action. These are disseminated to their Heads of Departments for action.

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



Patient satisfaction levels have remained consistently high over the year for inpatients and day cases for both The Horder Centre and The McIndoe Centre. Return rates for surveys was challenging at the beginning of the COVID pandemic and resulted in disappointing return rates with The McIndoe Centre achieving overall a 14.5% return rate and The Horder Centre achieving overall a 50.3% return rate.

The number of patients who rated their experience as excellent this year were:

The Horder Centre	Inpatients	617 / 82.3%
	Day Cases	344 / 88.6%
The McIndoe Centre	Inpatients	68 / 94.4%
	Day Cases	378 / 90%

Friends and Family Scores

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

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

	Inpatients	Day Cases
The Horder Centre	739 / 98.5%	380 / 97.9%
The McIndoe Centre	71 / 98.6%	419 / 99.5%

5 stars: Excellent - 25 May 2020

“My whole experience from my first appointment, through surgery, and post op. follow up, was exceptional. I have already recommended the Horder Centre to all my friends and family. Thank you”

Source: Trustpilot

Complaints

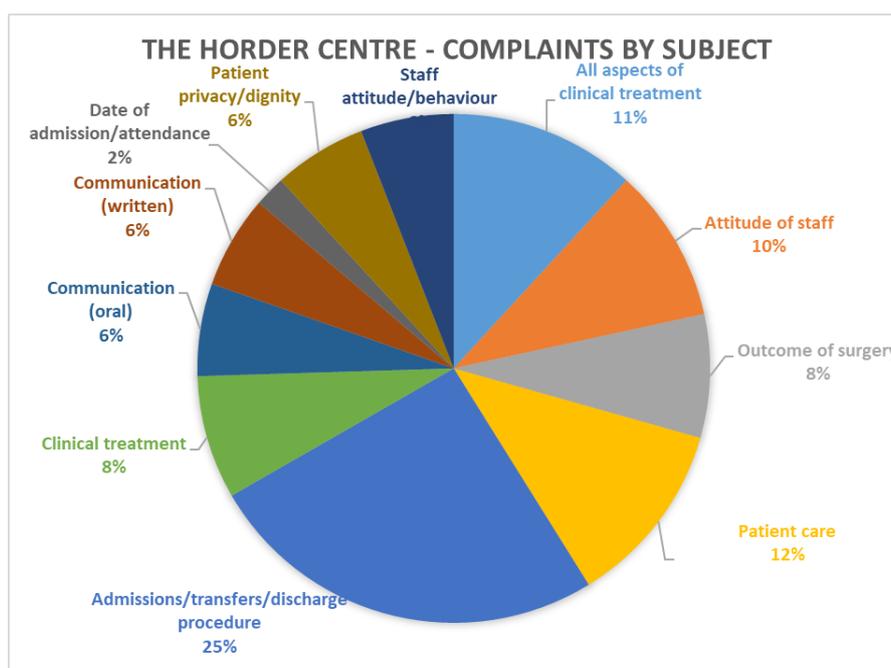
Horler Healthcare has a comprehensive complaints process and acknowledged 100% of all complaints within two working days. In accordance with our process, we also responded to 100% of complaints within twenty working days or ensured that the complainant was informed of a new response date if we were unable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

Our complaints are reported, reviewed and managed internally by the Claims & Complaints Lead, part 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 (HCS) responsible for the relevant hospital. The HCS 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 full detailed response. All complaints are then 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 2020 and March 2021 Horler Healthcare received twenty formal complaints.

The Horler Centre received fifteen formal complaints.



The chart above shows the formal complaints received at The Horler Centre by subject. The percentages include complaints where there were multiple subjects for each complaint.

The highest reported subject of complaints were:

Admissions Transfers & Discharges

Some patients felt they were discharged too early with insufficient details regarding post-operative care and pain management. Clear written instructions on the discharge notice and a verbal understanding from the patient is vital to ensure that the patient has a clear understanding. The Ward Manager has reiterated this to staff. Patients also complained that when they tried to call the hospital to ask for advice, they had difficulty getting a response. Staff training has been undertaken to enable a better understanding of how patients who are in pain and feeling vulnerable may misinterpret verbal conversations. The Ward Manager also raised with staff the importance of

recording all telephone calls. There is a new procedure in place to ensure compliance. Patients also complained about the wait between referral and their procedure, we explained that the 18-week pathway had been replaced by the Royal College of Surgeons classification during the current COVID-19 pandemic, and reiterated to patients how this influenced the wait times.

Patient Care

Patients complained about the care they received and the communication on the ward. It has been found that in most incidences the communication by the staff looking after the patients could have been improved.

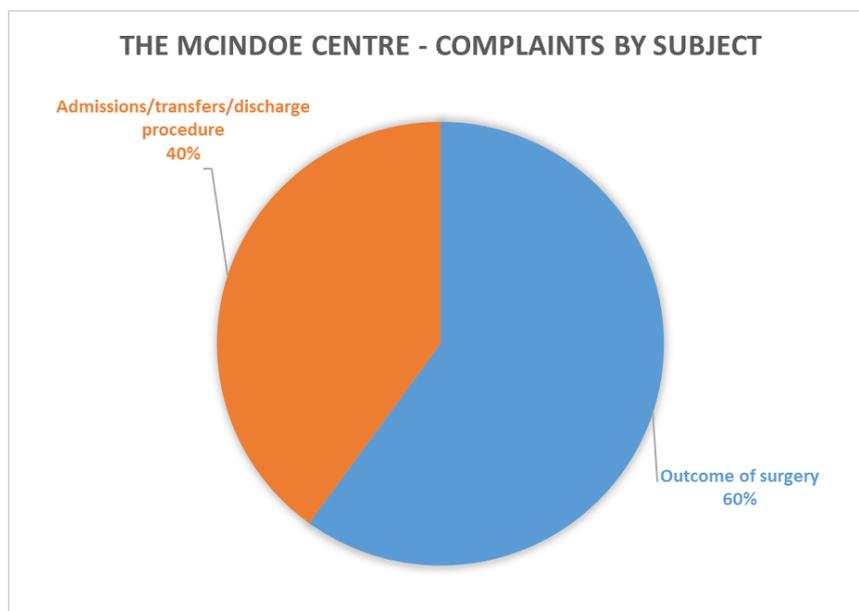
All aspects of clinical treatment

There was no identified trend and the subjects identified were varied, they included:

- Wait time between Outpatients and Theatre
- Too many treatments
- Poor record taking by consultants on patient notes
- Type of pain relief administered.

All complaints were investigated and the HCS reviewed the local anaesthesia and sedation procedures with our pain consultants to ensure that patients are provided with sufficient information to assist them in making an informed decision regarding pain relief. Consultants have been consulted and advised, to make legible notes on patient records and consent forms.

Between April 2020 and March 2021 The McIndoe Centre received five formal complaints. We have not included in the report any complaints made by Queen Victoria Hospital (QVH) patients, where we have participated in the investigation of the complaints.



The highest reported subject of complaints at TMC were:

Outcome of Surgery

Understanding and managing patient expectation is crucial in the field of plastic surgery; it is vitally important that consultants manage patient's expectation 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.

Admission transfer & discharge

A patient had their surgery cancelled at short notice because their BMI was too high; we reiterated our policy to the referring body and made sure they were aware for future reference. Another patient who had previously had COVID-19 but was now free of symptoms returned a positive COVID-19 test at pre assessment. He was told he could commence with surgery in line with the Horder Healthcare protocol however, there was a breakdown in communication with the anaesthetist, who refused to go ahead with the surgery. This has now been resolved and all parties are now aware of Horder Healthcare protocol.

Litigation

Between April 2020 and March 2021 Horder Healthcare received five potential claims, The Horder Centre received four claims and The McIndoe Centre received one claim. Four of the claims related to clinical negligence and have been directed to the consultants to inform their insurers. One claim relates to Horder Healthcare, and concerned a 'duty of care' to a patient. This is currently under investigation by our insurers.



"I recently had a procedure here and cannot praise The McIndoe Centre enough. From the moment I arrived I felt comfortable. The receptionist, the nurses, the porters and the lady who brought me a cup of tea. Cleaners. Theatre staff. All were so pleasant and friendly".

Source: Google

Responsiveness

Patient Forums

Due to the Covid-19 pandemic we have been unable to hold any public forums this year and will only return to holding these once there is national guidance for hospitals that allows gatherings to occur.

Our Annual General Meeting was held in November 2020 this was a Virtual Meeting and took place using a digital platform. This was a first for this meeting and we were delighted that people nominated themselves to attend.

Horder Healthcare Seaford

August marked the six year anniversary of Horder Healthcare's successful expansion of its outreach service in Seaford. Horder Healthcare Seaford opened its doors in August 2014 to provide musculoskeletal healthcare services to local people. Over the years, the centre in Sutton Road has continued to grow and offer affordable physiotherapy, exercise classes clinically led by expert physiotherapists and both NHS and private consultant orthopaedic appointments.

Volunteers

Our team of 33 volunteers are invaluable to our organisation and are involved in many aspects of the services we provide, from ward support and patient chaperone, to reception, administration, the café and grounds. We simply could not deliver our unique patient care without them and we are so grateful for every minute they give us.

5 stars: Excellent - 26 Oct 2020

"I am now recovering post operatively at home after having foot surgery as a day case last Wednesday 21st October. After having a total knee replacement last year I knew I would be well cared for throughout my stay at the Horder Centre once again. It was really amazing how all the staff were coping so well within the confines of Covid-19. All the extra paperwork and pre-operative checks were carried out with their usual efficiency and good nature.

I will admit to be feeling slightly apprehensive around all the Covid-19 measures. But in the main it was groundless as I need not have had to worry. At no point after being booked in did I feel any more concerns.

From my excellent consultant whom I had last year to all the wonderful dedicated staff, everyone played their part it was a real vocation for them. It was also comforting to hear that a couple of the team mentioned what a wonderful place it was to work in.

I can truly believe that, as the whole centre eludes a calmness and serenity that immediately puts you at ease. Thank you everyone. I am recovering very well".

Source: Trustpilot

Fundraising

Cold Compression Therapy for Total Knee Replacement patients

Cold therapy is already offered post-surgery to patients in the form of ice packs, but it was felt a better form of ice therapy would provide greater relief. Due to continued fundraising, we decided to trial a portable ice unit with a sleeve that applies ice and compression.

The first trial of the portable ice unit commenced on the 1st September 2020 for those patients who had undergone total knee replacements and fit within selected criteria. So far we have administered the new units to 176 patients.

- We were delighted to observe the following results in our patients:
- Reduction in usage of painkillers
- Reduction in swelling and fluid retention post- surgery
- Increased range of movement and mobility
- Reduction on length of stay for 31 of the patients who went home after two days

In conjunction with the supplier, we were able to achieve a free consignment of cold compression therapy for all total knee replacements procedures from 1st January 2021. We are now trialling this therapy for our hip replacement patients as of 1st April 2021.

Patient reviews

“My husband has Parkinson’s and mild dementia - the ice helped my husband immensely as he cannot take any pain medicines - he went home a day early and we have hired a machine to help him at home”

“Just found it fab - Hardly any pain compared to my other knee which was so painful. The wrap around my whole leg was so much more beneficial than the pack I used before which just sat on my knee. This one actually massaged as well as being comforting”.

Horder Healthcare Bursaries

We are continuing the three 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.

The three bursaries include the ‘Horder Healthcare Gallannaugh Bursary’ for £9,000 per annum, supporting international travel for training opportunities and two ‘Horder Healthcare Bursaries’ for £2,500 each per annum, to support European travel for training opportunities.

Websites

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

News & Healthy Living

All Types

All Tags



6 Easy lifestyle choices for a healthier you

Lifestyle

Find out more →



"5 Star Service through and through"

Patient Feedback

Find out more →



"Caring and skillful"

Patient Feedback | Physiotherapy

Find out more →

Home > News & blog

News & blog

All Types

All Tags



Five things to look out for on your skin: treatment for skin damage and skin cancer

Skin

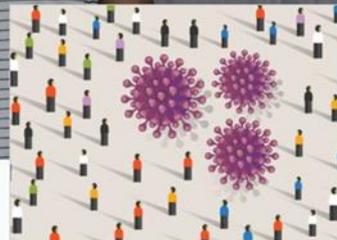
Find out more →



World Glaucoma Week

Ophthalmology | Awareness Days

Find out more →



Coronavirus: Public Information

Find out more →

We are constantly monitoring and optimising the websites, ensuring our visitors have a great tailored experience online. We have made it quick and easy for them to access our outstanding patient service information and library of health and wellbeing articles and videos, created by our numerous healthcare specialists.

Our unique content includes many videos demonstrating exercises on how to prepare and recover from surgery, physiotherapist led Pilates and breathing exercises, as well as informative consultant videos on procedures.

Patients can also download the comprehensive hip and knee recovery booklets, which will guide them through their entire joint replacement journey.

COVID-19 Patient Information and Videos

In order to reassure our patients and visitors that our hospital environments are COVID-19 secure, we have created a highly informative web page which describes the new measures people can expect when they visit and receive treatment. We have created two new videos for both The Horder Centre and The McIndoe Centre, so patients can view the different areas of the hospitals and how the new safety measures have been implemented.

E-Newsletter

The Horder Healthcare monthly e-newsletter is sent to both Horder Healthcare and The McIndoe Centre requested subscriber lists, which have grown month on month. E-newsletter content includes our latest news and details of events happening across Horder Healthcare sites, as well as healthy living information and recipes.

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

Social Media

Horder Healthcare and The McIndoe Centre interact on social media via Facebook, Twitter, LinkedIn, Instagram and YouTube. Our combined followers have continued to grow across all platforms, reaching over the 12,000 mark. Our regular posts allow followers to access up to date, relevant, healthy living information and news and event updates from across the whole of Horder Healthcare. They can also see how we are supporting campaigns, initiatives and awareness events.

Trustpilot

Patients can now review their experience at The Horder Centre and The McIndoe Centre via Trustpilot. This review website enables us to collect feedback, understand our patients and showcase our success. We can also use these reviews to create confidence and improve our services.

We are delighted that we have now reached 100 reviews for The Horder Centre, with 90% having an excellent rating.

Staff are so lovely! Had an operation yesterday and they treated me so well, thank you".
Source: Facebook

Celebrating our 'Horder Heroes'

At the start of 2021, the organisation invited staff members to nominate their colleagues as Horder Heroes. This was an opportunity to celebrate those who had gone above and beyond for others during the first wave of the COVID-19 pandemic. Every week a different individual was highlighted from across the organisation, and posted on social media. These posts will eventually form a Horder Hero page on both websites.



I have had many cosmetic procedures over the last few years at different hospitals so I have some good comparisons... the care I received at the McIndoe has definitely been the best so far. The staff were really, really lovely. The processes, from pre-op through to follow-ups, all felt really thorough and professional. Communication was great from beginning to end.

Source: Google

Leadership

Recruitment and Retention

We have continued to expand our Recruitment Strategy working with outside partners to ensure we accurately monitor workforce trends. Particular focus is being given to new ways to attract staff to the organisation. HH is totally dependent on having a workforce which is motivated, stable, service user focussed and effective. Having the right skills alone is no longer sufficient, attitudes and behaviours are also key to ensure sustainable and compassionate care. Our new HR system will allow us to effectively monitor our staff and skill mix to respond and effectively make changes when needed. HH will provide every member of staff with the support, information, facilities and environment they need to develop in their roles and careers, and we will recruit and retain people we need to deliver high-quality services to our patients and other service users.

Human Resource (HR) Strategy

The HR strategy will focus on Organisational Development, through engaging, valuing and leading our people. This strategy continues to focus the team on attracting and recruiting the best candidates, engaging, motivating and training colleagues to achieve their potential and deliver a fantastic patient journey; and raising the capability of our managers and leaders in order to create an environment where the best clinical and non-clinical talent want to work. The future HR strategy is to ensure that Horder Healthcare engage all staff with the aim to achieving the Sunday Times Top 100 Best Not for Profit Organisations by 2025.

Development and Training

The Training and Development offering has grown considerably, with the introduction of Functional Skills Training in Maths and English (available to everyone within the organisation), the utilisation of European Funding sources to provide a catalogue of developmental training opportunities across the business, spanning healthcare related courses through to ILM Accredited qualifications. In addition, the business has 4 active apprentices at present, with a further 7 at application stage, utilising the apprenticeship levy to its full potential.

The training calendar of course requirements continues to be reviewed on an annual basis to ensure alignment to national requirements and is planned through to the end of quarter 1 in 2022, with the additions of Human Factors Training, the Legal Challenges of Nursing Practice, Mental Health First Aid, updated and revised blood transfusion training (developed through negotiation with NHS Scotland) and a revised Safeguarding Level 3 offering being developed in line with new national guidelines (effective from Autumn 2021).

Several new projects are planned for the coming year, with the development and launch of cross-site standardised core clinical and department specific competencies (launched in April 2021 for RN and ODP roles) and the introduction of augmented reality Fire Safety Training. One of largest projects for the business will be the introduction of a digital skills literacy programme, aimed at supporting all levels of the business to enhance and develop their existing skills and create a streamlined and effective digital workforce.

City and Guilds

As a city and guilds (London) approved training centre within Horder Healthcare, our aim as a training team is to promote learning and development throughout clinical departments by providing inspirational assessment and teaching methods. We endeavour to create a calm, relaxed learning environment to meet the individual needs of those we support in our hospitals. Our aim is to facilitate learners to develop the skills and knowledge required to deliver excellent standards of care across a broad range of healthcare environments.

City and Guilds diplomas are flexible and allow learners (with the support of their assessors) to choose a pathway that meets the individual needs required by their specific work environments. Full diplomas can be achieved or bespoke programmes can be created unit by unit, to meet the needs of the hospital, changes to occupational standards or to develop learners in areas of interest or speciality. Due to team growth we are now able to offer qualifications across both sites and we have recently delivered our first module to a non-clinical member of the organisation. This was a new venture towards an exciting opportunity for shared learning and development within our hospitals and a positive step towards our ultimate goal of delivering awards externally.

Colleagues' Well-Being & Occupational Health

Colleague health and well-being remains a focus at Horder Healthcare and is visible through a variety of means including freshly made healthy meal options provided on site at both hospitals and free gym membership (currently on hold due to Covid restrictions) at The Horder Centre. In addition there is a monthly wellbeing calendar promotion, which is distributed through the WOB. Protection against illness through flu & Covid jab provision to all colleagues, regardless of job role and provision of Covid screening for clinical facing roles. All colleagues go through a pre-employment health screening process with our occupational health providers and support continues to be made available during employment with an occupational health nurse on site monthly. We also offer a health-care plan that gives colleagues access to an employee assistance programme (EAP) and includes six free counselling sessions, as well as full medical cover. Horder Healthcare has a well-being programme to help with mental health issues, with Mental Health 1st Aiders and Speak up Guardians.

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 organisations success.

Sickness Absence

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

Revalidation

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

Well-Led

Horder Healthcare aims to join the Sunday Times Top 100 Best Not for Profit Organisations, being well led as an organisation is key to achieving such accreditation and requires engagement and commitment over time. Therefore our goals in 2021/22 remain modest with us looking to achieve the following:

- Engage workforce to ensure they understand the aims and requirements of entering the Sunday Times top 100.
- Improve company productivity through continuous employee development
- Develop leaders and upskill workforce
- Develop a culture for a modern, dynamic, inclusive and diverse organisation

Information Technology and Informatics

Data Quality

Order Healthcare has extended data warehouse features with

1. The commencement of phase 2 of the data quality plan
2. Automation of the SLAM and Waiting List reports
3. Improved inter-working with Finance

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

NHS Number and General Medical Practice Code Validity

Order Healthcare submitted records during 2020/21 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), Order Healthcare is able to trace and verify NHS numbers, which continues to demonstrate excellent compliance.

Information Technology

Order Healthcare has deployed Microsoft Teams to all staff to aid communication during the COVID-19 Pandemic, in addition we have deployed the use of video consulting for use in pre-assessment and physio follow-ups.

We have also continued our investment in the digital transformation, with a proof of concept for robotic process automation and the enhancing of patient experience by making available physio videos in patient rooms on our ward at The Order Centre.

Information Governance

Order Healthcare have appointed a new DPO to provide assurance and guidance to our inhouse Senior Information Risk Officer, Information Governance Office and Caldicott Guardians.

The organisation will also submit its yearly 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 30th June 2021. (The date of submission has been pushed back nationally due to the COVID-19 Pandemic). We last submitted in June 2020 ahead of the deadline in September with a "Standards Met" outcome.

Order Healthcare has not had any Information Security breaches reportable to the Information Commissioners Office (ICO) or the Charity Commission in 2020/21.

IT Security

Order Healthcare invests 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

Order Healthcare is committed to maintaining honesty and integrity in all of its activities and to the rigorous investigation of any such allegations. It also complies with the NHS England tracking fraud, bribery and corruption policy and corporate procedures updated in November 2019. During this year, Order Healthcare did not have any issues raised with regard to fraud.

“From when I arrived until I left after my hip replacement, I received nothing but excellent treatment from all of the staff. Everyone went the extra yard to make my stay as comfortable as possible”.

Source: NHS Choices

Quality Priorities Identified for 2021/2022

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 this following year we are choosing to look more broadly at what we would like to achieve and recognise that some of our identified goals will take longer to achieve than a year but will support our goal of being an outstanding organisation. 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 2021/2022 are:

Safe

Horder Healthcare prides itself on delivering safe care to our patients. To show our commitment to patient safety HH is aiming to achieve ANTT accreditation. This is in aseptic non-touch technique (ANTT) a skill used by clinical staff on a daily basis. Demonstration of clinical competence is key to achieving accreditation which can be achieved as a bronze, silver and gold accreditation. Over time we would aspire to achieve gold but will initially work to achieve bronze accreditation. This supports our strategic principle for Patients and our objective of delivering outstanding care. During the year 2021/22 we aim to;

Q1 Register with ANTT.org for accreditation and review training requirements.

Q2 Achieve completion of ANTT audit and complete a train the trainers programme.

Q3 Create an action plan and commence work on achieving audit recommendations and commence staff training.

Q4 Aim to start staff assessment in line with action plan recommendations.

Caring

Pain following surgery is known however pain is experienced differently by each individual. At Horder Healthcare we know that specifically at The Horder Centre where we undertake a significant number of elective knee and hip replacements our patients undergoing knee surgery frequently raise that post-surgery pain is an issue. For this year we have therefore chosen to focus on pain management at The Horder Centre but will over the year at our Patient Experience Group consider how we can focus and improve care at The McIndoe Centre.

At The Horder Centre we will expand our use of cryotherapy. Cryotherapy, the application of cooling and compression is used to help reduce pain, swelling and inflammation. To support our aim of being known as an organisation that supports the delivery of outstanding care for our patients we wanted to ensure we supported post-surgery pain management. We trained our staff in the use of cryotherapy equipment at the end of 2020 and purchased equipment for use on patients undergoing knee surgery at the beginning of 2021. Audit of the benefits for these patients is ongoing but we wanted to know that all our patients could benefit so our goals over the next year are to:

- Q1 Commence cryotherapy on elective hip replacement patients.
- Q2 Review the ongoing audit findings linked to length of hospital stay, range of movement and pain control.
- Q3 Continue with service and revise service delivery dependent upon audit findings.
- Q4 Commence writing a paper for publication in 2022 on the outcomes from the treatment.

This priority supports our strategic principle for Patients and our objective of delivering outstanding care.

Responsive

We are looking to become a responsive organisation that recognises that we can reduce our impact on the environment and can consider our carbon footprint and our 'green' attitude. This supports our strategic principle for purpose and our objective of strengthening the community. To that end during 2021/22 we aim to:

- Q1 Undertake an environmental impact assessment and from that in,
- Q2 Develop a plan of action based on the report's findings which will allow us to,
- Q3, Q4 commence actions and on into 2022/2023.

Effective

As an organisation that prides itself on delivering outstanding care, embarking on a research agenda is our way of ensuring that our musculoskeletal team continue to strive to inform the treatments they provide, looking beyond what they usually do with the aim of improving their practice for the benefit of patients and enhancing their personal knowledge. This supports our strategic principle for Patients and our objective of delivering outstanding care.

- Q1 Develop and disseminate a Musculoskeletal research strategy; embed processes for generating and reviewing audit and research ideas.
- Q2 Develop links with a University and identify a research support.
- Q3 Link with a local Ethics Board and commence activity.
- Q4 Continue with activity and on into 2022/23 continue research and write up.

Well-Led

Horder Healthcare aims to join the Sunday Times Top 100 Best Not for Profit Organisations, being well led as an organisation is key to achieving such accreditation and requires engagement and commitment over time. This supports our strategic principle for People and our objective of being the employer of choice. Our goals in 2021/22 remain modest with us looking to achieve the following during the year;

- Q1 Engage workforce to ensure they understand the aims and requirements of entering the Sunday times top 100.
- Q2 Improve company productivity through continuous employee development.
- Q3 Develop leaders and upskill workforce.

Statement from the Chairman of the Board

I hope you have found this document as interesting and inspiring as I did. The Covid-19 crisis has been one of the biggest challenges world healthcare systems have faced in recent history, with many aspects bringing out the very best in people; nurses, clinicians, physiotherapists, medics, support staff of every code, managers, pharmaceutical companies, patients, employers, suppliers, community support, even policymakers and politicians. In short it has been a societal collective effort to minimise loss of life and disruption to society in the long run. I am proud to say that Horder has played its part – every group of our stakeholders trying to stay true to our values and providing outstanding healthcare and support to the wider community, often in a totally different manner than pre-Covid. We have joined forces to offer mutual assistance to other healthcare providers to ensure provision of essential services; working in partnership with the NHS, like never before, to synchronize our responses and support our wider communities.

Crises always provide opportunities to learn, whether from extraordinary efforts of staff and volunteers, in transforming our patient services and embracing the digital world, our transformation in Clinical Operations' modus operandi or from the shortcomings and radical improvements in supply chains at very short notice.

The focus now must be on dealing with backlogs and waiting lists as efficiently as we can, at the same time being prepared for future waves of viruses or variants, and to build on 'Lessons Learnt', to ensure continuous improvements in health and wellbeing for everyone, well beyond this and perhaps even the next crisis.

The Board would like to recognise the outstanding contribution of all staff and volunteers across all Horder Healthcare sites enabling us to continue in our quest to provide outstanding healthcare for all, in this most challenging of times.

Steven Dance
Chairman, May 2021
