

HORDERHEALTHCARE

Quality Account 2026



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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

3286

Day cases

2984

Outpatient appointments

58920

Employed colleagues.

532

At Horder Healthcare we recognise our responsibility to deliver safe, effective, and high-quality care, ensuring an exceptional experience for patients, who remain at the heart of everything we do.

Over the past year, demand for our services has remained strong, including the significant uptake of the novel minimally invasive treatment for knee joint pain management using the Arthroamid injection, and continued delivery of transformative plastic reconstructive surgery. We remain committed to monitoring patient-reported outcomes to assess treatment effectiveness, enhance patient experience, and support the continuous improvement of care.

Led by the Physiotherapy team, our work to strengthen and broaden clinical research capability and participation has continued to expand. We recognise the significant benefits that research brings to patients, staff, and the wider healthcare system through driving innovation, improving outcomes, and supporting continuous learning. We are particularly grateful to have successfully secured external funding during the year, helping to strengthen our research infrastructure and further develop our organisational capabilities.

Our commitment to evidence-based healthcare and quality improvement is further reflected in our registration to participate in the 2026 National Audit Project (NAP8), a nationally recognised audit initiative focused on enhancing patient safety and clinical outcomes in anaesthesia. Alongside this, we have recently launched our new Patient Safety Strategy, which aims to ensure that safety is proactive rather than reactive, fostering a culture of openness, learning, and continuous improvement across the organisation.

Equally important, our commitment to delivering excellent care for patients is matched by our commitment to supporting our staff. Within this year's Quality Account priorities, you will find evidence of a wide range of initiatives introduced to promote staff wellbeing, strengthen 'freedom to speak up' culture, and advance equity, diversity, and inclusion.

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 programmes from its hospitals and outreach centres:

- The Horder Centre is a specialist orthopaedic hospital, renowned for its expertise in the diagnosis, treatment, and rehabilitation of musculoskeletal conditions. The hospital has a world-class reputation for its surgical expertise, patient satisfaction, and therapeutic hospital environment
- The McIndoe Centre, often referred to as the 'Home of Plastics', has historical roots as a burns unit for injured servicemen during WWII. Today, the hospital is renowned for its surgical expertise in plastic, reconstructive, ophthalmic, maxillofacial, and hand surgery. TMC is dedicated to providing safe, high quality care that achieves life-changing results.
- Our outreach centres in Seaford and Eastbourne provide a means for delivering clinical and wellness services to people in their local communities. We provide musculoskeletal services across East Sussex through advanced practitioners and physiotherapists.

Our Vision and Values

Our vision is to be the best provider of healthcare services within a therapeutic environment, providing outstanding places to work, practise medicine and receive care.

Our core values are at the heart of everything we do, delivering excellence to both NHS and private patients and the communities we serve. 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.

Elin Richardson – Chief Executive

Thembi Nkala - Chief Nurse

Performance Against Last Year's Quality Priorities

Quality Priorities Identified for 2025-2026

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

Strategic principles:

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

People: we recruit, develop and support talented individuals.

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

Supporting the specific objectives of:

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

The key quality priorities identified for 2025-2026:

Safe

Embed the Arthrosamid Injection Service Provision and Auditing of Outcomes.

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

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

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

So how did we do?

We have surpassed the one-year milestone since implementation, during which a total of over 200 Arthrosamid injections have been completed. This momentous achievement was marked in collaboration with all key stakeholders.



The service continues to grow successfully; while it is currently delivered by four consultants - a fifth consultant is scheduled to commence later in 2026.

The upcoming focus will be on strengthening the clinical audit process for this service, alongside the implementation of a digital platform to support the collection of patient-reported outcome measures (PROMs).

Caring

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

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

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

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

So how did we do?

An externally facilitated Complaints Handling training session was successfully delivered to some of Horder Healthcare colleagues in September 2025. This formed part of a wider organisational initiative to increase engagement with Complaints Handling and Management, as well as Customer Care training programmes, with the aim of equipping staff to de-escalate and resolve concerns at the earliest opportunity.

We had an in-house 'On the Spot Service Recovery' (OSSR) initiative introduced to support and promote a proactive and timely response to concerns at the informal stage. Led by mid-to senior-level team members, OSSR supports the early resolution of issues. Informal complaints are subsequently recorded on the Incidents and Risk reporting platform (RADAR) to enable effective trend monitoring and organisational learning.

A trend has however been identified indicating a general increase in the number of complaints raised by patients, alongside growing complexity in both the issues presented and the language used, which is increasingly professional or legal in tone. This observation is consistent with feedback reported by industry peers at a national level, suggesting a broader shift towards a more litigious environment. Horder Healthcare has since established a Complaints Handling Group that meets monthly to review complaint trends, provide oversight and support for responses, identify key learning points, and facilitate the implementation of resulting actions.

Patient Forum sessions have continued to be delivered, most recently in September at The Horder Centre and in July at The McIndoe Centre. These sessions were well attended and provided a structured platform for capturing patient feedback and lived experience. They generated valuable insights into areas of good practice, as well as identifying key themes for improvement, thereby supporting a culture of openness, learning, and continuous quality improvement. Feedback from these forums has been reviewed and is actively informing patient experience plans, quality initiatives, and patient-centred service improvements. Horder Healthcare remains committed to maintaining and expanding these forums, recognising their importance in strengthening patient engagement and driving ongoing service development.

On going focus promotes a shift from process implementation alone to ensuring that concerns are consistently managed well, and that learning is embedded and translated into measurable service improvement.

Responsive

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

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

So how did we do?

Day one discharge rates for total hip replacement (THR) and day two discharge rates for total knee replacements (TKR) showed overall improvement from April to mid-year, followed by some variability and a dip in late summer. Performance strengthened again between October and December, before declining in January, likely reflecting increased case complexity and seasonal pressures.

Progress continues under the length of stay (LOS) project, with ongoing efforts to support early discharge where clinically appropriate. However, recent months have seen an increase in extended stays, largely due to a more complex patient cohort.

Horder Healthcare is participating in the ongoing CIRCLE study - a UK-based research initiative examining the impact of accelerated discharge following major orthopaedic procedures, particularly hip and knee replacements. The outcomes of this study are eagerly anticipated as they are expected to provide valuable insight into best practice for length of stay optimisation, helping to guide Horder Healthcare's future pathway design, patient selection criteria, and clinical decision-making.

- In April 2025, 23.74% of total hip replacement (THR) patients were discharged on day one post-operatively. This improved over the subsequent months, rising to 41.38% in May, 43.02% in June, and 39.13% in July, before declining to 17.59% in August.

- For total knee replacement (TKR) patients, 16.26% were discharged on day two in April 2025. Performance improved across the following months, reaching 38.89% in May, 47.06% in June, 33.33% in July, and 31.84% in August.
- In October 2025, 44.4% of THR patients were discharged on day one post-operatively. This reduced slightly to 37.8% in November, before increasing to 44.5% in December. In January 2026, the figure decreased to 33.5%.
- For TKR patients, 40.9% were discharged on day two in October. This improved to 54.9% in November, before declining to 39.6% in December and 31.1% in January 2026.
- In February, day one THR discharges increased to 42.3%, compared to January. Day two TKR discharges also improved to 37.7%.
- In March, day one THR discharges remained broadly stable at 41.41%, while day two TKR discharges decreased slightly to 29.5%.

Improvements in Clinical Audit

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

We aim to:

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

So how did we do?

Significant progress has been made in strengthening the clinical audit process, with a focus on improving oversight, consistency, and effectiveness. The Clinical Safety Lead has worked closely with clinical teams to enhance the review of audit data, resulting in more robust action planning and improved governance oversight of non-compliance.

A key development has been the redesign of the audit framework, with the introduction of a streamlined “episode of care” approach. This provides a more structured and efficient method for completing audits while maintaining alignment with local and national standards. Audit questions have been reviewed and updated accordingly, and the new format has been positively received by clinical teams.

The transition to a digital audit platform via the Horder Healthcare Incident Reporting system has been a central achievement. Clinical, health and safety, and infection prevention and control audits are now live on the system, supported by staff training, guidance materials, and ongoing governance input. The platform enables the creation and tracking of action plans for any identified non-compliance, strengthening accountability and supporting continuous improvement.

Upcoming focus areas include engagement with specialist areas, including MSK services, to support future digital integration. In addition, while the use of the digital platform has improved audit completion, we aim to strengthen the consistent logging, implementation, and monitoring of actions arising from audits, ensuring demonstrable impact on quality and safety.

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

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

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

So how did we do?

This service was successfully launched in 2024 and through to 2025, met its quality objectives of providing comprehensive women's health assessments, screening (including cervical smear testing), and clinical reviews. The service enabled timely identification of health risks, supported appropriate onward referral where required, and offered personalised lifestyle and preventative health advice.

Effective

Digital Agenda

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

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

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

So how did we do?

The organisation has successfully launched its Artificial Intelligence (AI) policy, enabling the safe and controlled use of AI tools, such as Microsoft 365 Copilot, by staff to support improved efficiency and productivity across services.

Planning for a future upgrade to the Patient Administration System (PAS) remains ongoing. Good progress has been made in progressing procurement activity and establishing the

associated project governance structure to support implementation. The programme is expected to formally commence in June 2026, with a planned go-live in early 2027. This work represents a key enabler of the wider digital transformation agenda (including the implementation of an electronic patient record system), supporting improved system integration, data quality, and operational efficiency.

Participation in Healthcare Research initiatives

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

Driven by the Physiotherapy Team; we will continue to:

- Review the organisation's Research Strategy to ensure relevance and to enhance overall research acumen.
- Increase exposure/involvement in research by seeking representation in external research bodies (eg South East Research Delivery Network and Q Community).
- Develop Research "page" on the organisation's Intranet page (The Hive) and the Website in order to promote initiatives research internally and externally
- Actively identify suitable research studies to participate in, including those sponsored by the National Institute for Health and Care Research (NIHR).

So how did we do?

Throughout 2025 - 2026, significant progress was made in advancing research and innovation activity across the organisation:

- Horder Healthcare concluded its recruitment to the NIHR-sponsored PANDA-SII study, which is investigating the use of a prognostic tool in predicting outcomes of physiotherapy treatment for shoulder pain – in keeping with our commitment to supporting clinical research.
- An application was also submitted to the HSJ Patient Safety Awards, recognising work undertaken to improve staff fitness and engagement, with associated benefits in staff retention and a reduction in patient safety incidents.
- The project undertaken to reduce average length of stay was presented at the "Real World Quality Improvement for AHPs" webinar, demonstrating the impact of cross-team collaboration in delivering measurable service improvements.
- Horder Healthcare MSK Operations Manager was appointed to the South East Regional Research Delivery Network Board, providing representation for the independent and charity sector.
- A dedicated research page was also added to the organisation's website to increase visibility of research activity.
- Formal acceptance of Horder Healthcare onto the CIRCLE Study, enabling recruitment of post-operative joint replacement patients discharged on day zero to support the development of future clinical guidelines.

- Two posters were also presented at the Chartered Society of Physiotherapy annual conference in Liverpool, showcasing work to promote staff wellbeing and physical fitness.
- Horder Healthcare awarded NIHR funding via the South East Regional Research Delivery Network (SERRDN), providing resources to strengthen research infrastructure and capabilities across the organisation.

Well-Led

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

ED&I

Continuing with our equality, diversity and inclusion working group to ensure that all colleagues and patients within Horder have a voice and influence in the workplace, ensuring the Board are aware of any changes that may be implemented as a result of the ED&I projects. We intend to continue to develop colleague ED&I awareness and knowledge so that we continue to improve the experience for all our patients and colleagues across the organisation.

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

So how did we do?

- Horder Healthcare signed the Dyslexia Friendly Workplace pledge and will complete a self-assessment, enhance resources on the ED&I intranet page, and develop a 12-month improvement plan.
- Accessibility training for staff was piloted, and subsequently launched, focusing on how to better support those with visual impairment (including patients and visitors) – ongoing sessions are planned. Staff feedback on these sessions has been very positive.
- Collaboration with Neurodiversity UK included a successful “Lunch and Learn” session during Neurodiversity Week, with further sessions planned, including targeted training for line managers.
- A series of drop-in sessions were held across multiple sites, including outreach centres and the Eastbourne administration office, providing access to a Mental Health First Aider and Speak Up Guardian. These will be repeated in May to align with Mental Health Awareness Week.
- A sub-group of the wider ED&I working group has been established to undertake a detailed review of the colleague lifecycle, from recruitment through to exit. This includes a SWOT analysis, the findings of which will be presented to the main group, with agreed actions incorporated into the ED&I action plan.

Freedom to Speak Up

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

So how did we do?

12 new Guardians have been recruited and successfully completed their training. Ongoing engagement is being maintained through regular informal “tea and cake” meet-ups, which support momentum, strengthen relationships, and build trust. Alignment with the Time to Talk campaign reinforces the Speak Up agenda and helps to normalise open conversations.

Impact:

- Increased confidence and awareness among Guardians
- Creation of safe, informal spaces for open dialogue
- Stronger alignment with wider wellbeing initiatives
- Early indications of positive engagement and feedback from the group

Gender Pay Gap

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

So how did we do?

To address these key factors Horder Healthcare has:

- Introduced several family-friendly policies, including paid emergency dependency leave, flexible working and paid carer’s leave.
- Continued to recognise long serving women in the workforce with our Long Service Award initiative providing additional annual leave.
- Enhanced our support for colleagues experiencing peri menopausal and menopausal symptoms, including signing the Workplace Menopause Pledge and offering dedicated awareness sessions.
- Continued to strengthen our Equity, Diversity and Inclusion working group to ensure we recognise, celebrate, and support all employees.
- Achieved the Silver Award ‘Wellbeing at work ’ in recognition of our commitment to fostering a healthier and happier workplace.
- Continued to review flexible and inclusive role design to ensure women are supported throughout their careers

My recent visit went very well. All staff were helpful, supportive and encouraging from the moment you enter through into main reception. Any questions I had with regard to my treatment before and after my operation were answered clearly”.

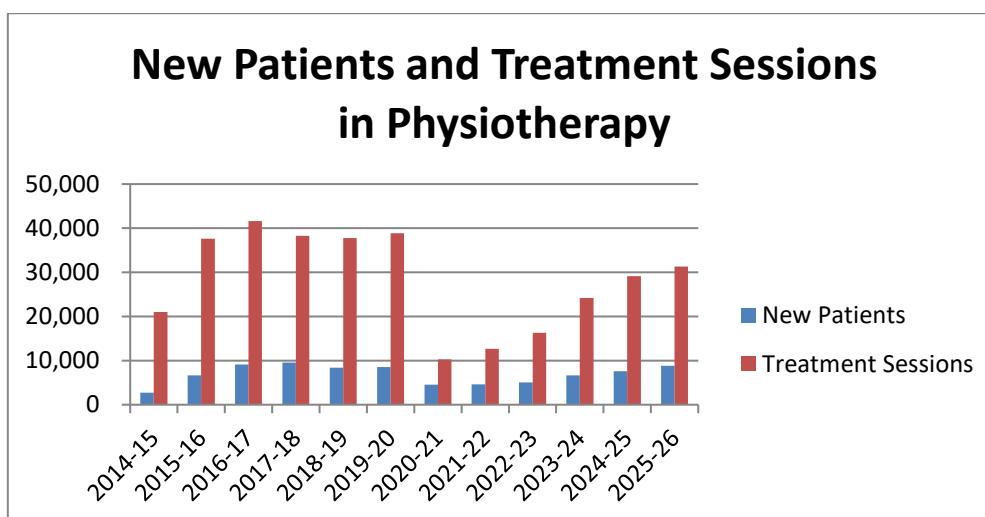
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MSK Division

Activity

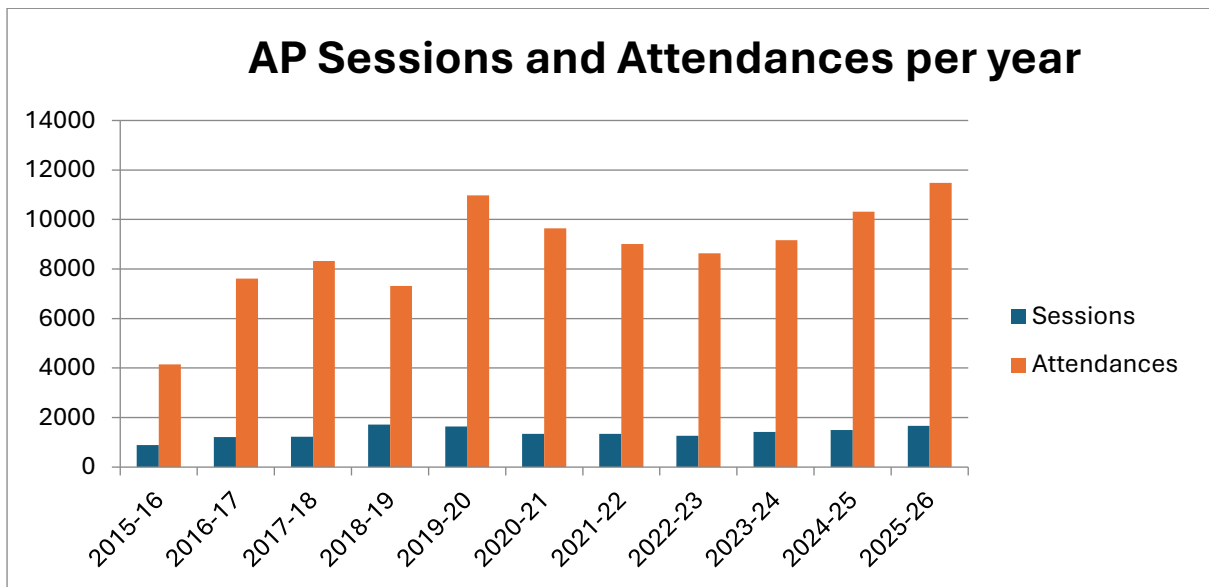
Horde Healthcare's ability to provide physiotherapy interventions for people with musculoskeletal problems has been a gradually increasing since the period of furlough during the COVID-19 pandemic as can be seen in the graph below.

In the last 12 months, the average number of referrals received has increased by 58 per month compared to the previous year average of 737 per month. NHS referral numbers are now at agreed levels to assist with management of waiting times. Pre-COVID referral rate was an average of 884 per month but waiting times during that period averaged at 10 weeks for a routine appointment, compared to the last 12 months where the waiting time is 5.9 weeks for a routine appointment and 2 weeks for an urgent one. There has been a slight increase in the ratio of referrals received for privately insured, self-pay and post-operative patients with a slight reduction in the ratio of referrals received from East Sussex MSK Partnership (ESMSKP) although all volumes are higher than the long-term average. Referrals from GP's via ESMSKP are at agreed levels to reduce waiting times.



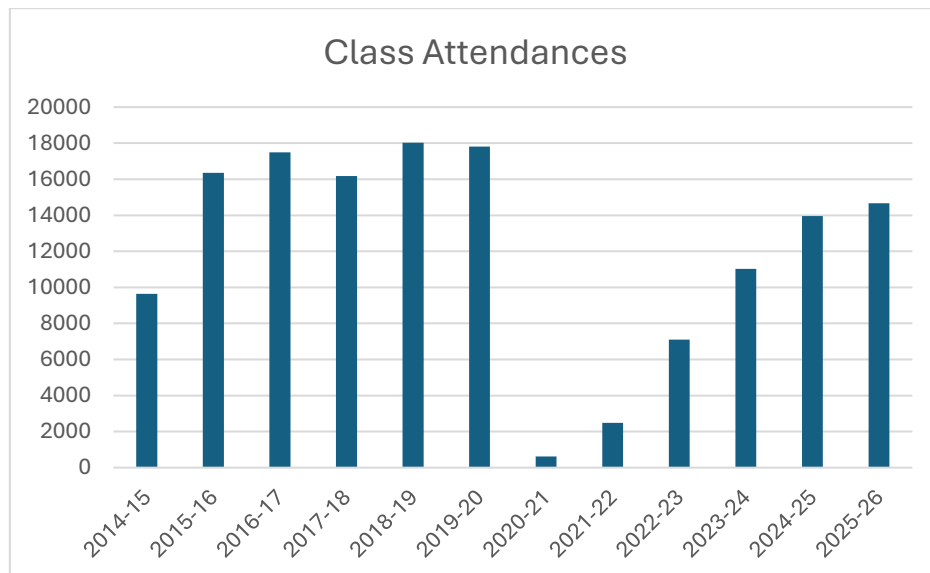
Advanced Practitioner Activity

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



MSK Health and Wellbeing Classes

The number of people attending the Health and Wellbeing classes continues to grow significantly following the shutdown caused by the COVID-19 pandemic. All face-to-face classes stopped in March 2020 resuming in September 2021 with “streamed” virtual classes having limited appeal. Since that time, the number of classes offered per week has gradually risen as has the number of clients attending. A recent rebrand and launch of a new class will see numbers continue to increase.



First Contact Practitioners

Starting in September 2020, this service employs 20 expert physiotherapists to provide clinical capacity to work alongside local GPs in their practices. First Contact Practitioners (FCPs) are managing patients presenting with undifferentiated and undiagnosed musculoskeletal problems where previously they would have been seen by a GP, paramedic or ANP. This Quality Account 2026

national programme has enabled the further development of the Advanced Practitioners but also the recruitment or promotion of nine highly specialist clinicians to work in these roles. We provide to six local primary care networks in areas covering most of our catchment in East Sussex. In order to assure the quality and acumen of these clinicians they have had to complete their accreditation process as described in the Roadmap to Practice, published by NHS England, and as required by the CQC, with all our clinicians achieving this accreditation to allow them to practice in these roles.

Quality

The key areas for MSK services chosen for development during 2025/26 were:

1. Participation in Healthcare Research initiatives

- a. It is said that a service that is involved in research gets better outcomes for patients. To that end, a research strategy was written with short-, medium- and long-term plans for the physiotherapy service which was reviewed and updated in 2025. Links with external supports such as the the South East Regional Research Delivery Network, where the MSK Operations Manager now sits on their provider board representing the independent and charity sectors, and KSS Academic Health Science Network and the East Sussex Healthcare NHS Trust R&D department were developed.
- b. The Physiotherapy team were involved in a formal NIHR sponsored study, the PANDA SII study, investigating a tool to help guide patients with recovery from shoulder pain, supported by Keele University. This study was only the second time that Horder Healthcare has been involved such a formal study.
- c. After three years of funding (£10,000pa) to support the development of research acumen with the Physiotherapy team, provided by the former Kent, Surrey and Sussex Clinical Research Network, we were successful in a bid to grant funds to expand this offering into the inpatient teams. This NIHR grant will allow a doubling of the 0.2wte currently funded by this award and will be used to develop the infrastructure to support the recruitment of patients to more formal studies.
- d. Horder Healthcare has also been accepted onto a formal study investigating the perceptions of staff and patients who were discharged from hospital on day 0 after their joint replacement surgery. Called the CIRCLE study, this information will be used to develop guidelines to assist with facilitating early discharge from hospital.
- e. Outpatient Physiotherapy staff also presented two posters at the National Chartered Society of Physiotherapy conference in Liverpool which described the project to improve the physical fitness of the staff cohort.

2. Promoting Physical Activity and Improving Staff Wellbeing

Working with Human Resources and the Estates team, the physiotherapy team have been leading on a long term project to improve the physical fitness of the colleagues and staff. It was identified that ways of working and organisational culture contributed to physical inactivity which is known to significantly influence general health. Physiotherapy initiatives have been implemented, healthy behaviours promoted and organisational policies adapted, in a bid to improving the health and wellness of the workforce.

Initiatives have included:

- Design, promote and offer exercise initiatives and / or resources that provide physical and psychological benefits to all staff.
- Maintain standards aligned to “Wellbeing at Work” Bronze accreditation received in 2025.
- Progress to achieve the Silver accreditation for “Wellbeing at Work” which was successful
- Work in collaboration with other departments, including Catering and HR, in driving the workforce well-being agenda.
- Submit initiative for the Health Service Journal (HSJ) Patient Safety Award.

Clinical Effectiveness

The Outpatient MSK Physiotherapy service continues to monitor its effectiveness with a rigorous internal audit programme in place.

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

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

a. Measure Patient Rated Experiences (PREMs).

- As part of the audit against the CSP Service Quality Standards, we undertook a snapshot audit of 100 patients assessing against six different quality standards. Patient feedback was undertaken in January and February 2026 and for the first time also included the Friends and Family Test (FFT).
 - Response rate was 79%, with responses from THC, Seaford and Eastbourne
 - Friends and Family test showed 98% positive response with 85% of patients reported being highly likely to recommend Physiotherapy to their friends and family.
 - 100% respondents reported feeling involved in their care, being supported to self-manage and that their Physiotherapist was good at listening.

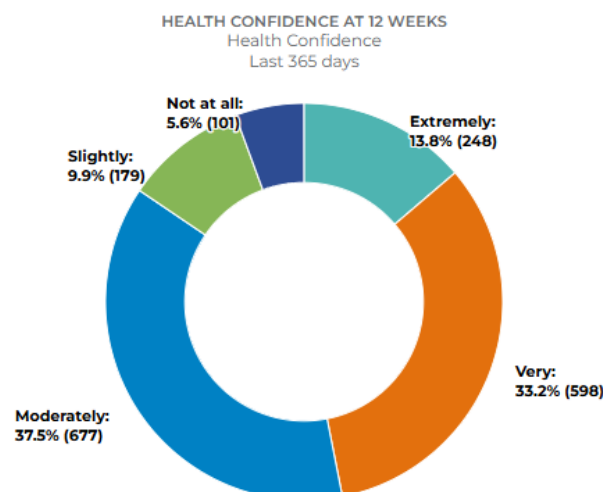
- 99% of respondents felt they were given enough time and that the Physio was good at explaining.
- 88% of respondents felt their care was well co-ordinated.

b. Patient Rated Outcome Measures – (PROMs)

- Since July 2022, Horder Healthcare has been included in a county-wide project to electronically collect PROMs data at specific time points from before the commencement of treatment up to 12 months after. This allows comparison between providers and within services as well as individual patients. The benefit of this method of collection is that it removes the bias inherent in the way it was previously collected by the clinician at the point of discharge but unfortunately completion of surveys has been very poor (range: 13.6-52.3%).
- Various PROMs are collected, including the Patient Specific Functional Score (PSFS), EQ5D5L (for overall health), Numerical Pain Rating Score (NPRS), the Graded Rate of Change (GRoC), a Net Promotor score (NPS) and a Health Confidence score.
- This project has now been expanded to enable the identification of patients who may be at risk of experiencing health inequality and was a finalist at the Health Service Journal awards in 2023.
- The results obtained in the last 12 months have been interesting to review. The table below shows the average change of overall health and function (and number of respondents) for all patients who completed the questionnaires at commencement of treatment and 6 and 12 weeks after, in the last 12 months. It is interesting to note that while the overall health (EQ5D) only improved slightly and then plateaued, their function (PsfsAverage) continued to improve, falling short of what would be considered a significant change (improvement of 2). This may be a result of the low return rate, high baseline EQ5D and function or unrealistic goal setting. The score at 12 weeks after starting treatment was higher than last year.

	EQ-5D 5L	PsfsAverage
Baseline	0.68 (1,461)	4.77 (1,458)
6 Weeks	0.72 (605)	5.27 (519)
12 Weeks	0.72 (1,980)	5.61 (1,454)

- These results contrast to the overwhelmingly positive results obtained when health confidence is measured after treatment. This measures how empowered patients are to manage their own symptoms and demonstrates that 84.5% (up from 82.3% in 2025 and 81.4% in 2024) of patients answering the questionnaires are at least moderately, very or extremely more confident to manage their problem.



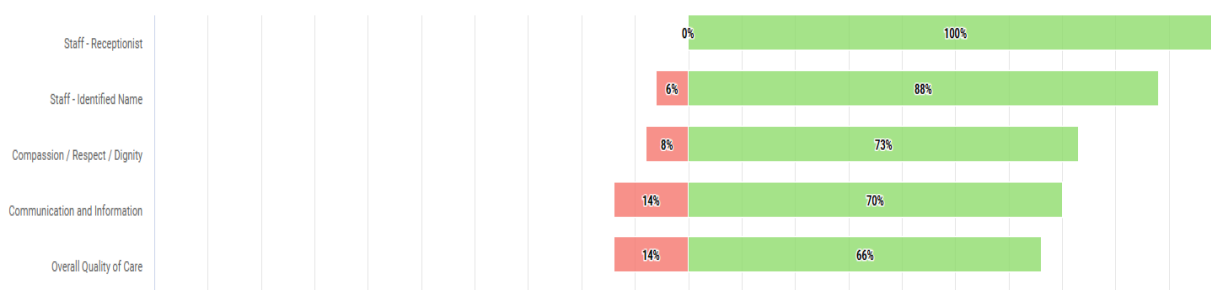
- When comments left by patients were analysed and themes established, it can be seen in the chart below that responses are overwhelmingly positive in four main themed areas: Staff, Compassion/respect/dignity, Communication and Overall Quality of Care.

Positive vs. Negative Sentiment ⓘ

Top 5 ▾

Export ▾

1110 Mentions



Physiotherapy Improvement Projects (PIPs)

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

- Gaps in Service:** Last year, the focus on this project was signposting and patients and staff on the management of Osteoporosis to assist with self-management. This group has also lead on the re-branding and update of content for the classes provided.
- Physical activity:** This ongoing group has continued to deliver many staff well-being events aimed at improving the physical fitness of the staff. The Bronze Wellbeing at Work award was won and progressed to the Silver award. Two posters were presented at the annual national CSP conference in 2025.
- Health Inequalities:** as a continuation of the 2024 project, having identified contributing factors to health inequalities, the project has focussed on collating information on transport options to help attendance at appointments. The project team has contributed to the review of the MSK referral and self-referral forms.

- **PROMs/PREMs:** This project has been working towards the aim of optimising the online portal of collecting patient outcome and experience data. The project is investigating barriers to its use for both patient and staff and contributing to the ESMKS digital PROMS and PREMS steering group.

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

Support for Colleagues to Undertake Higher Degrees

The need to develop and further our clinicians' knowledge has resulted in us supporting some to undertake higher degrees (MSc). To date, two colleagues have completed an MSc in advanced physiotherapy with four others currently working toward their MSc's with sponsorship from NHS England (NHSE) to support them to become accredited Advanced Practitioners.

A second equivalent route to become an accredited Advanced Practitioner is to collate a portfolio of evidence of your work to be assessed by a university and is equivalent to an MSc. Seven of our existing Advanced Practitioners have received this accreditation with another currently undertaking the process.

Student Placements

Since revamping our student placement model, we have improved our ability to support the education of the next generation of physiotherapists. Our students have praised the 'Project Day' that they have been scheduled and have had the opportunity to contribute to some of the Physiotherapy Improvement Projects that we are running; implementing and enhancing their research, quality improvement and presentation skills whilst doing so. Additionally, as part of the Interprofessional Practice Development Committee we have shared this learning and supported the development of an organisational induction booklet to standardise the information provided to all students who undertake a placement within Horder Healthcare.

Higher Education Involvement

A number of the MSK team have again been invited to present within university programmes in the last few years. Five different members of the team have lectured at several different universities, including St George's University of London, Kingston University and University of Brighton. This has involved discussing topics such as study skills, behaviour change, pain management, clinical assessment skills, clinical reasoning, and research projects. Staff have also been invited to be examiners within these programmes, reflecting the high standards of practice we have within Horder Healthcare. In the last year, due to the difficult job market for new graduates, some staff from the Outpatient MSK Physiotherapy team were invited to provide lectures to assist with new graduates applying for jobs and preparing for interviews.

GIRFT MSK Work and Health proof-of concept project

In response to the recognition by the government that MSK conditions contribute to 23.4 million working days being lost in 2022, funding was made available for MSK services to apply to undertake proof-of concept initiatives to try and tackle this issue. As part of ESMSKP, we were successful in submitting a joint bid with our colleagues at SMSKH. Staff from the HH MSK department have supported the leadership and delivery of a variety of MSK work and health initiatives, including: engagement with colleagues in the local authorities, social care and VCSEs; provision of preventative care advice at workplace events; production of videos and resources to support people to remain in or return to work; employer engagement initiatives such as surveys and in person events and rapid access clinics and also an upcoming poster campaign targeting hard-to-reach groups. This project was presented at the NHS South of England MSK Community of Practice event and will be written up for wider sharing across the NHS in the Summer.

“First rate from start to finish, made my stay in hospital much nicer. Thank you all”.

Source: Doctify

Safety

Infection Prevention and Control (IPC)

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

Antimicrobial Stewardship

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

HH recognises the importance of prudent antibiotic usage and has committed to review its usage through the audit process on a quarterly basis. Initial findings have shown good compliance with our antibiotics policy across the organisation with a few individual exceptions at TMC. Measures have been put in place to address any non-adherence to the policy and this was led by the Head of Clinical Services at TMC and was followed up at the MAC and Governance meetings. We have seen a continued improvement with the consultant who is non-compliant and his use of antibiotics post operatively has reduced from 7 days to 2 days and now there is more evidence of antibiotics only been used in patients who have had an extended time on the table or those with additional comorbidities. We will continue to work to address this. Findings from the audits are discussed at the Infection Prevention Committee, Governance and MAC meetings. Both sites have been encouraged by IPC to take part in national and global events to raise awareness of antimicrobial resistance and on World Antimicrobial Awareness week IPC works with the pharmacist to raise awareness of antimicrobial resistance amongst our staff and patients. The Infection Prevention and Control Nurse Specialist (IPCNS) reviews the use of antibiotics when undertaking IPC patient investigations. The cases are discussed with our Microbiologist to ensure prudent and accurate use of antibiotics for our patients. To support us as an organisation with Antimicrobial Stewardship, we have added this as one of the four areas of focus for our 3 year IPC strategy. We have utilised the NG15 baseline audit to identify any areas of non-compliance and set up a plan to address these non-compliances.

Infection Rates

We are very proud of our low infection rates and participate in the reporting of a number of mandatory Healthcare Associated Infection (HAI) statistics to UK Health Security Agency (UKHSA) on a monthly basis. In 2025, this was submitted directly to UKHSA with a maximum data set, which included NHS number, date specimen taken, date of admission and date of birth only and we have a record of 100% completeness of the data on the UKHSA website.

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

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

Other mandatory organisms reported to UKHSA are:

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

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

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

Table of identified reportable bacteraemias and other organisms across HH in 2025/2026

Organism	Horder Healthcare total reported
MRSA bacteraemia	0
MSSA bacteraemia	0
Pseudomonas bacteraemia	0
Klebsiella species bacteraemia	0
Escherichia coli (E coli) bacteraemia	0
Clostridium <i>difficile</i> infection	0
COVID-19	0
Other reportable infections	0
CAUTI -catheter associated urinary infections	2

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

Surgical Site Infection (SSI) Surveillance

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

- Total hip replacements
- Total knee replacements
- Breast surgery

Post discharge surveillance is undertaken for all these patients with the aim to capture $\geq 75\%$ of patients through completion of post discharge questionnaires surveillance. Since Q4 in 2023 all reportable infections are logged onto RADAR and during 2025/2026 IPC infections have been reviewed using the PSIRF(Patient Safety Incident Framework) model.

SSI Rates for 2025

Table shows numbers of identified reportable SSI for 2025 (01/01/25- 31/12/25)

Procedure	Number of Cases	SSI reported (inpatient and patient reported)	Rate	National Rate NHS Hospitals England
Total Hip replacements	1070	4	0.37%	0.7%
Total Knee replacements	1174	9	0.76%	0.9%
Breast surgery	412	7	1.69%	1.9%

Performances and Audit

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

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

Respiratory Viruses

During 2025/2026 we continued to follow national guidance in line with the NHS and were no longer COVID testing patients. Instead, we adopted an approach of all patients being risk assessed on admission for respiratory symptoms. If found to have respiratory symptoms they

would be isolated and reviewed by the surgeon and anaesthetist and assessed to check their suitability for having surgery on the day. Surgery would be postponed if patient not safe to proceed.

During 2025/2026 respiratory viruses had some impact on patient admissions and as a result some patients were cancelled on or before day of surgery. As an organisation, we did see a seasonal rise in respiratory viruses and gastrointestinal issues amongst staff but this followed the trend of infections seen within the community.

Vaccinations

In 2025, 93 flu vouchers were issued to staff but no clear numbers of staff who took the flu vaccine are available as many staff obtained their vaccines independently at GP surgeries. This is an increase of 24 vouchers used from 2024. Many more requests came through to the Human Resources team but due to the late request these were unable to be filled due to the expiry date of the vouchers. As an organisation, we no longer track the covid vaccination boosters uptake for staff.

During 2025, there were high numbers of staff off sick with respiratory and gastrointestinal illness in line with infection rates that we saw throughout the community. Staff education was a high priority and during global hand hygiene day staff were given information about keeping themselves safe at home and at work. Ongoing IPC safety messages were shared with staff during the daily morning safety huddles. Our practices will continue to be aligned with national guidance and we will continue to encourage staff to remain vaccinated to protect against preventable infections.

ANTT

During 2025/2026, we continued to work hard with departments to embed ANTT (Aseptic Non-Touch Technique) terminology and practice. Having achieved ANTT Gold status in February 2025 the departments continue with auditing practice to ensure staff maintain the knowledge they have and can address any issues promptly. Our Practice development nurse attended an ANTT train the trainer session to assist with delivering training to the clinical staff during practical training for venipuncture and cannulation

Wound Management

During 2025/26, wound management and training was delivered to staff by the IPCNS and our wound care company supported with some hands on dressing training for the PICO single use negative pressure dressings and Avance Solo negative pressure dressings. To support staff education in wound management, eLearning modules from our wound care companies were shared with relevant staff. The IPCNS plans on developing a wound care policy to support staff with the decision making required on selecting the appropriate dressing for each patient. We have been working with the dressing company to facilitate this. A skin and wound thematic review that was undertaken in Q3 2025, highlighted the benefits of silicone dressings and as an organisation, we are beginning the transition to a new dressing portfolio.

Future Planning

Horder Healthcare's primary focus is in the mobilization and implementation of its IPC strategic objectives, being adaptable to make changes as new opportunities are identified. We continue to raise the IPC profile across the organisation which helps to ensure knowledge is constantly shared with patients and staff alike. As part of the new IPC strategy for 2025-2028, Horder Healthcare is keen to focus on staff education to enhance the role, capabilities and IPC related aptitude of the departmental IPC link liaisons, ensuring they are well equipped and empowered to excel in their link responsibilities.

Another key focus of IPC is "Sustainability", and is part of our new 3 year IPC strategy for 2025- 2028 therefore we are keen to look at products to help us align with the sustainability agenda. Housekeeping and theatres are areas where sustainable cleaning products would help to ensure a higher level of disinfection across all areas cleaned and would see a reduction in the need for other more harmful cleaning products. Our aim is to continue our work introducing more elements of sustainability within the IPC work in our organisation.

We continue to work so that we can maintain our Gold accreditation status that we received in February 2025. We carry out continuous ANTT audits so that we have assurance of the embedding of ANTT knowledge and practice for our staff.

"First class in all aspects from pre assessment nurse to the consultant who carried out surgery. He was very professional and put my mind at rest with his advice. Reception staff very helpful and polite very happy with all hospital staff who were very attentive and ensured my stay was productive. After surgery care was also first class and a big thankyou from me".

Source: Doctify

Adverse Events

Over the past year, Horder Healthcare has consolidated the learning from incidents and encouraged a clearer pathway of shared learning throughout the organisation. This has been led Horder Healthcare's Patient Safety and Incident Response Plan, which aligns to the national Patient Safety Incident Response Framework.

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

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

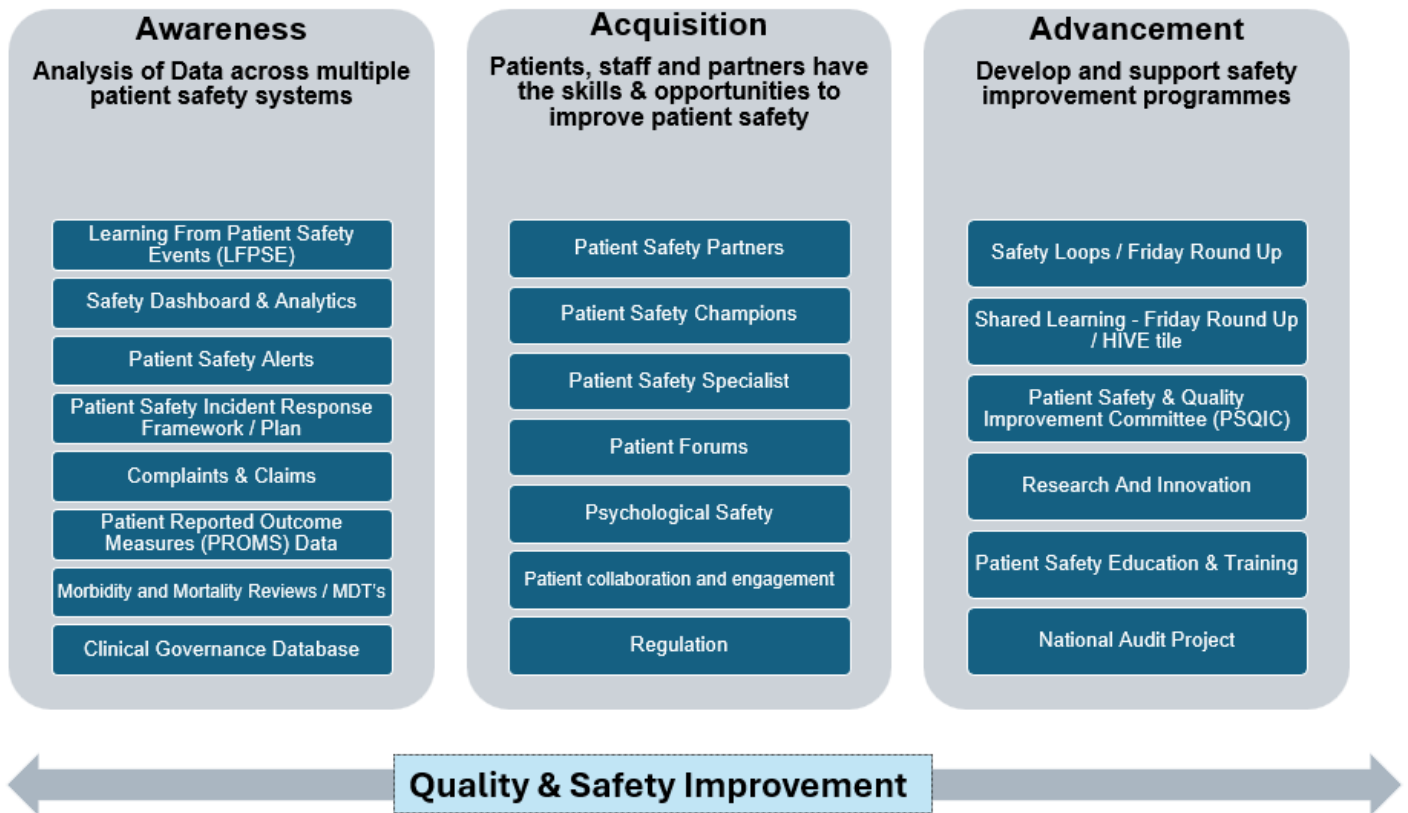
Thematic reviews are undertaken as a learning response to triangulate data to understand common links and trends from incidents providing an analytical and detailed review to support learning and quality improvement initiatives.

There is a strong and effective process of organisational shared learning through the "Round Up" (sessions dedicated to discussing and sharing any learning and updated guidance) and the "Safety and Quality Loop" (a collaborative and reflective process to actioning and reviewing change from learns).

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

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

Horder Healthcare have developed a 3 year Patient Safety Strategy 2026-2029, supporting an effective approach to ensuring services are safe and high quality, with an aim of improving patient care by creating a culture of safety; implementing systems to prevent harm and learning from incidents. The below diagram summaries the strategy, majority of which are already in place. It is acknowledged, that there are some actions which require a targeted approach to meeting the desired outcomes of the strategic plans which are reflected within the document and will be monitored via the patient safety and quality improvement committee.



Patient Mortality

There has been one reported patient mortality case within 28 days of surgery (post-discharge) between the period from 1st April 2025 to 31st March 2026, however, this was not attributed to the care delivery received within the organisation and was found to be unrelated to the services provided at Horder Healthcare.

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 manage any harm caused and actions being taken to prevent it happening again. Any learning following a thorough investigation is shared with the patient, or their nominated representative and any feedback is acted upon.

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

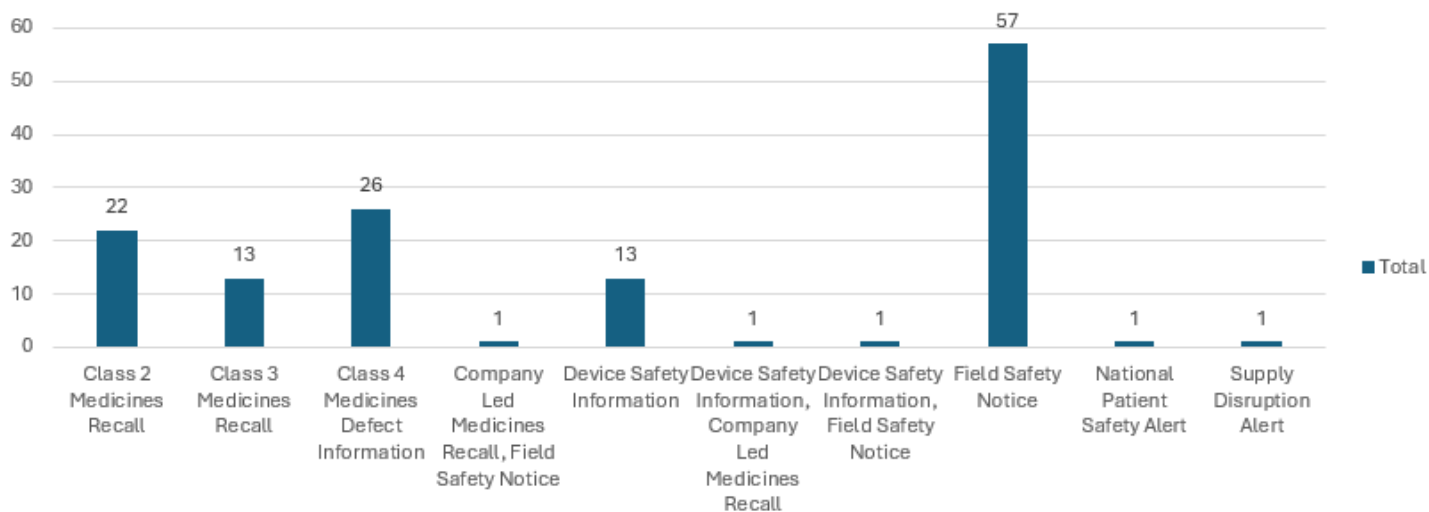
Safety Alerts

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

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

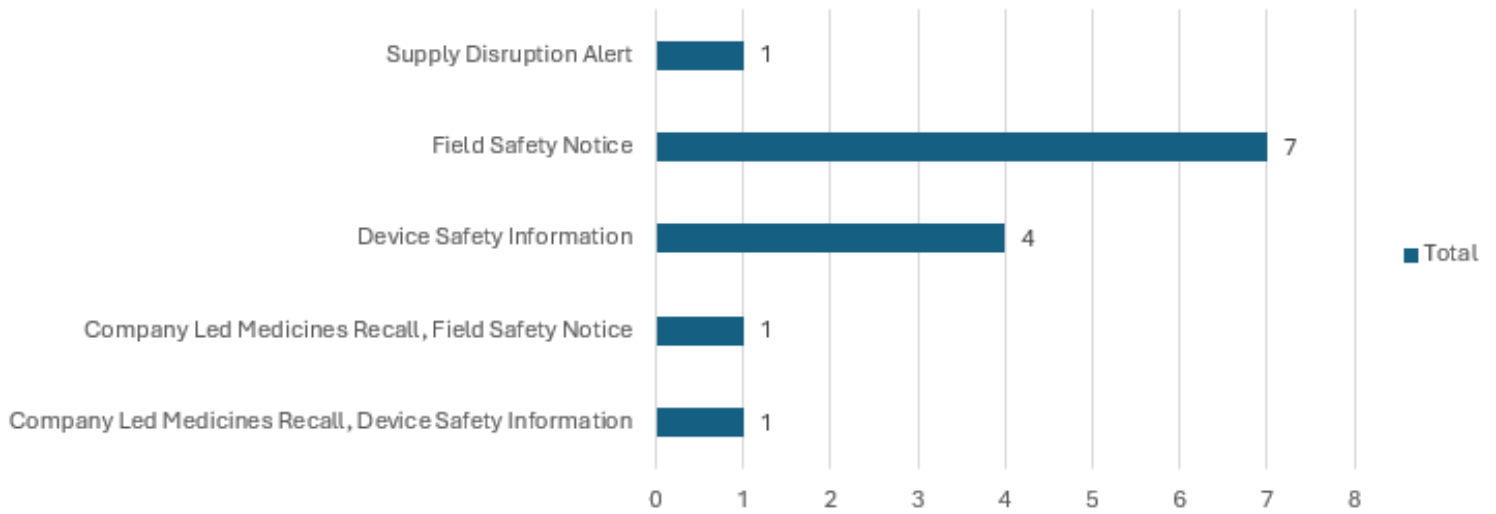
There were 136 safety alerts received within Horder Healthcare between April 2025 and March 2026. The below graph demonstrates the categories of these safety alerts received.

Safety Alerts by Type



The below graph demonstrates how many of these alerts were applicable. The alerts requiring action all have been completed in line with the requirements of alert.

Applicable Safety Alerts April 25 - March 26

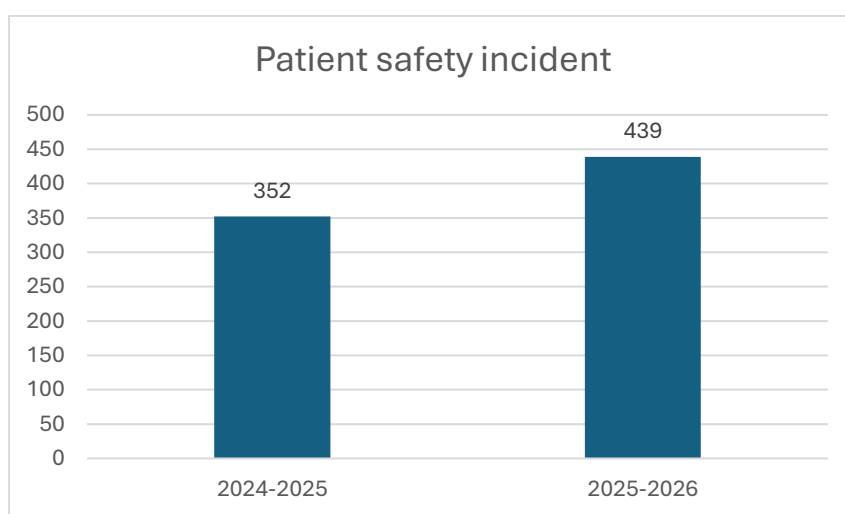


Incident Reporting

Patient Safety

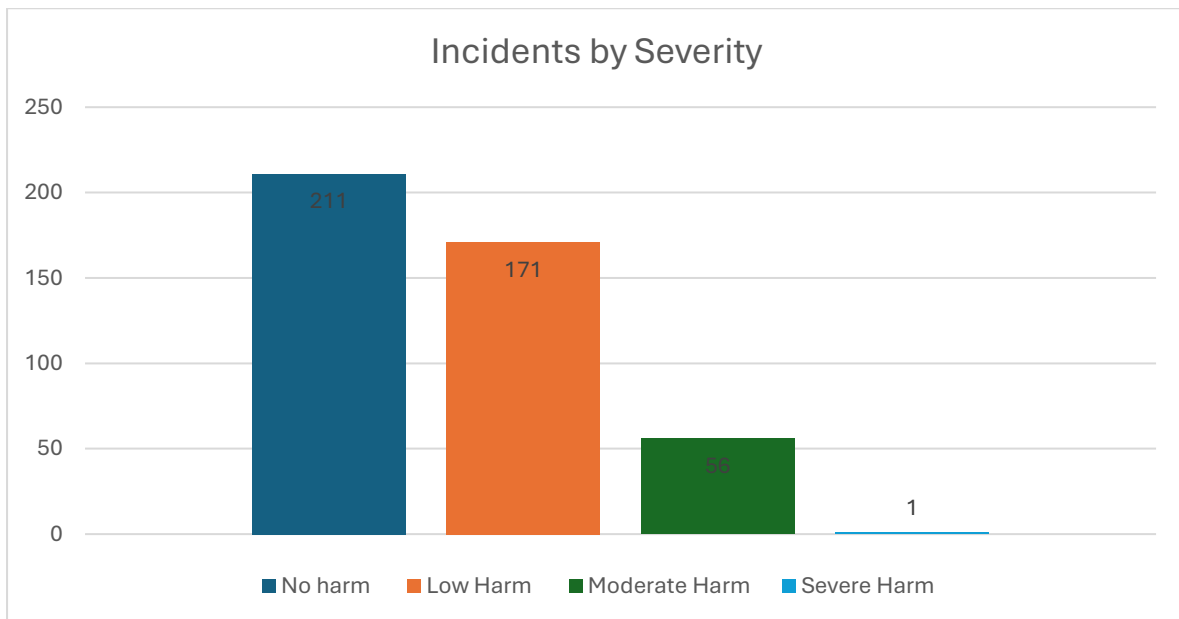
Patient safety remains a key priority of Horder Healthcare. All staff are actively encouraged to report both actual and near miss incidents in order to learn and minimise risk whenever possible.

During the period April 2025 to March 2026, there were 716 incidents reported on our Incident Management Systems. This figure is inclusive of all Horder Healthcare facilities, The Horder Centre, The McIndoe Centre and Outreach Centres. Of the total number of incidents reported, 439 of these were patient safety incidents, this is an increase of 87 patient safety incidents reported within the same timeframe the previous year.



When patient safety incidents are reported, a harm level is assigned to each incident. Incidents are assessed on a case-by-case basis when determining harm levels using the harm classification criteria outlined by the NHS Learning from Patient Safety Events (LFPSE) platform.

Out of the 439 patient safety incidents, 211 were reported as no harm and 171 were reported as low harm, identifying a positive reporting culture. There were 56 moderate harm and 1 severe harm incident. From September 2025, most return-to-theatre cases were re-categorised to fall under the 'moderate harm' descriptor to accurately align with the LFPSE harm descriptors.



Any incident that is assigned a moderate or severe level of harm, is reviewed within 72 hours by a senior nurse to establish the detail of the incident, identify any immediate learning, and to assign the most relevant learning response for completion. Horder Healthcare’s Patient Safety and Incident Response Plan (PSIRP) provides guidance on the agreed learning response required for incident categories. The national Patient Safety Incident Investigation methodology is initiated according to the requirements outlined within PSIRP. This includes regular contact and follow up with the patient or relatives. The findings of appropriate investigations are shared with the respective departments through clinical governance processes via the Clinical Governance Committee and Medical Advisory Committee.

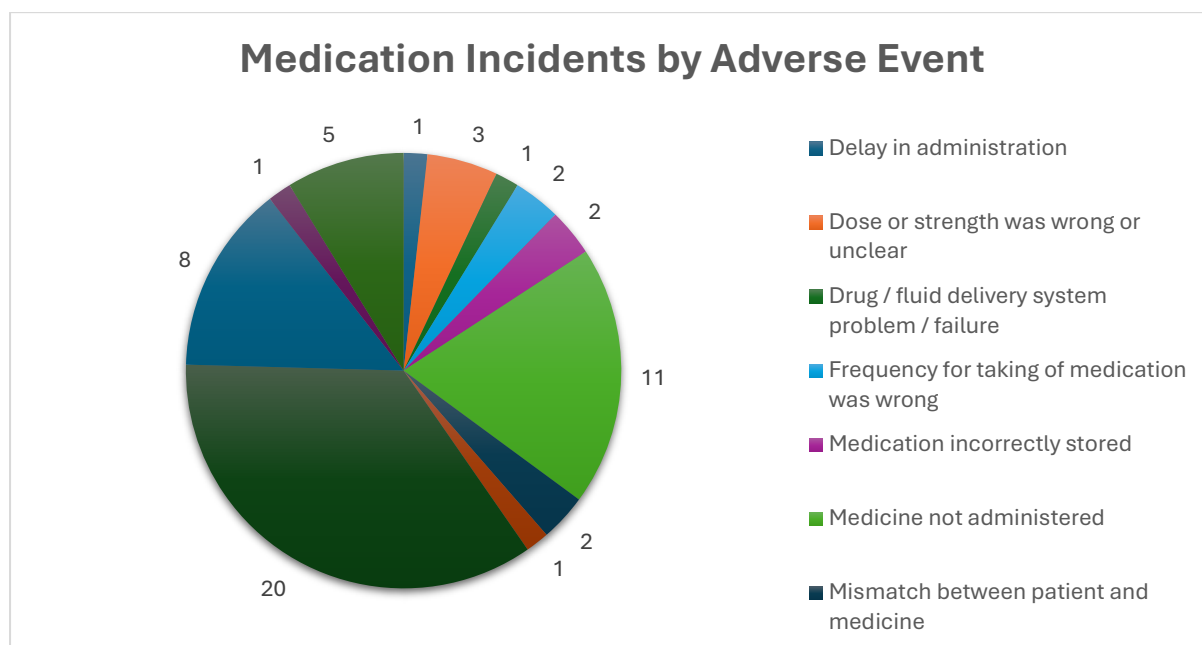
There was 1 incident reported between April 2025 and March 2026 which resulted in severe physical harm. INC-1649 related to a patient who exhibited signs of anaphylaxis on anaesthetic induction. The patient was treated successfully and recovered without the requirement for transfer to an acute facility. Duty of candour was completed, and the patient was referred for allergy testing. The incident was well managed, and all actions taken appropriately to manage the situation safely.

Medication Incidents

There were 57 medication incidents reported during the period between 1st April 2025 and 31st March 2026. Of these, 47 resulted in no patient harm, 2 were recorded as resulting in low harm and 3 recorded as resulting in moderate harm.

The three moderate harm incidents all related to patient accidental paracetamol overdose at home; 1 prior to admission and 2 post discharge. The 2 post discharge incidents were identified during routine therapy outpatient appointments and both managed appropriately with the patient receiving assessment in an acute facility. The 3rd moderate harm incident involved a patient accidentally taking too many Paracetamols prior to admission, which was identified by the pharmacist and escalated to the medical team with effective management.

One low harm incident related to a patient self-medicating their own tablets without staff knowledge meaning potential interactions with hospital administered medication were unknown at the time of administration. The second low harm incident related to uncontrolled pain, potentially resulting from the administration of oral anti-inflammatory medication instead of the rectal route, reported as the preferred route for effectiveness. The remaining 5 medication incidents did not involve patients.

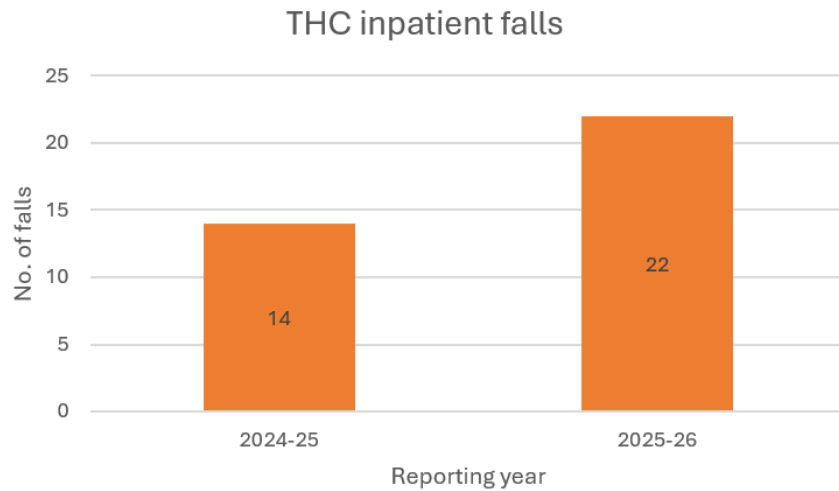


Patient Falls Report 01/04/25 – 31/03/26

Inpatient Falls

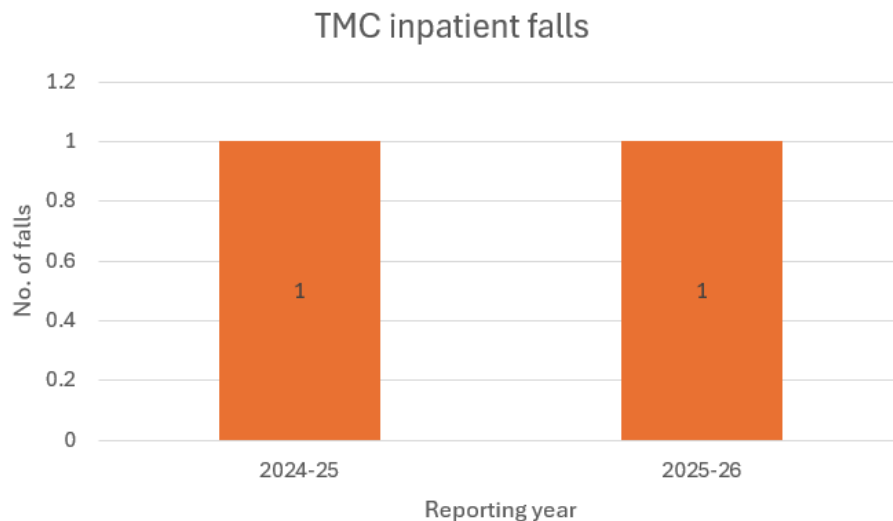
The Horder Centre (THC)

There were 22 inpatient falls at THC during the reporting period. This equates to a patient falls rate 2.15 falls per 1000 bed days. This is an increase since the previous reporting year where the falls rate was 0.12 falls per 1000 bed days. There were 3 near misses which were not included in the figures for reporting.

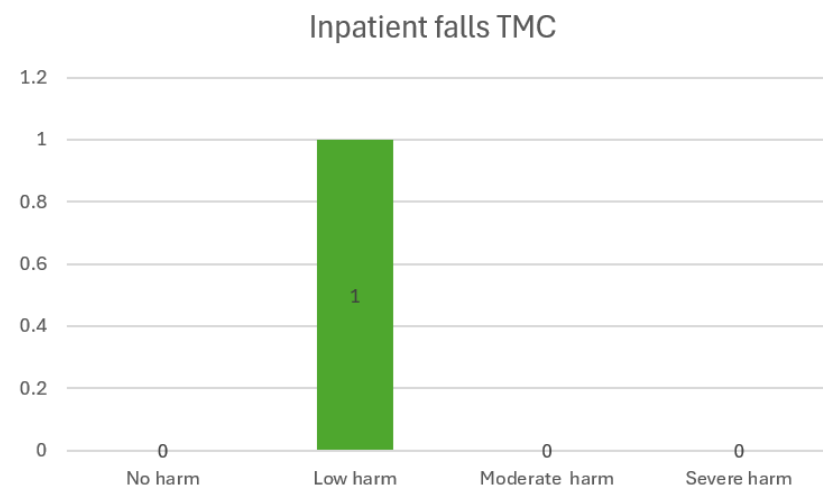
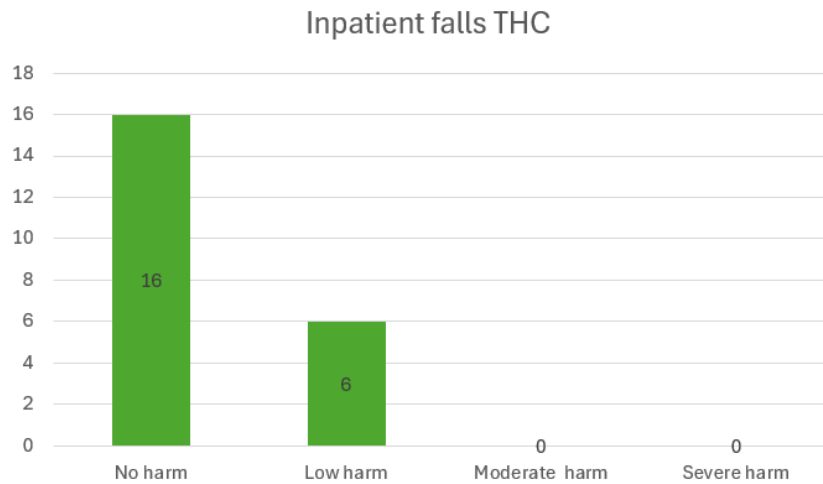


The McIndoe Centre (TMC)

There was 1 inpatient fall during the reporting period, same as the previous year.



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



Outpatient / Day Case Falls

The Horder Centre (THC)

Outpatients

There were 3 falls within the outpatient setting for 2025-26, a slight decrease to the previous reporting year (4). 2 of the 3 falls were classified no harm, the other was classified as low harm.

Day surgery unit

There was 1 fall within the DSU department for 2025-26. There were no falls the previous year. The 1 fall was classified as no harm.

There was 1 fall that occurred when the patient was entering her own home with the THC porter.

The McIndoe Centre (TMC)

Outpatients

There were 0 falls reported for 2025-26

Day Surgery Unit

There were 0 falls reported for 2025-26

Though falls cannot be mitigated as an absolute, we continue to promote falls prevention awareness through education to both patients and staff. Individual risks of falling are being monitored throughout a patients journey with us.

The falls steering group continue to meet quarterly to discuss incidents, processes and shared learning following investigations of the incidents reported. Learning from incidents are shared at ward/departmental meetings and safety huddles on the ward.

We continue to carry out the following:

- highlight patients who are a high risk of falls at pre-assessment. This information is shared with the ward team in anticipation of the patient's admission.
- Update individual RAG rating for risk of falls on individual patient whiteboards (Red, Amber, Green)
- Use of magnets on the main patient white board on Dufferin to highlight patients at high risk of falls.
- The falls policy has been reviewed again and now includes assessment and early management of head injuries following a fall.
- We continue to use non slip socks for our patients
- Food menus still include a recommendation for patients to choose decaffeinated drinks to lower their risk of falling whilst in hospital. This was implemented following one of the recommendations from the thematic review falls report.
- Falls prevention signage is still in situ

Plan:

- We continue to monitor falls rate
- We continue to utilise the interventions/processes that have been implemented to help prevent falls
- We are carrying out our second thematic review of falls

Resuscitation Update (2025-2026)

ReSPECT Form

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

The ReSPECT form was launched in February 2025 across the organisation; since which it has been appropriately utilised as required. The effects of the change have been monitored via the Resuscitation Committee meeting.

Training

Resuscitation (Resus) training compliance is monitored at the Resuscitation Committee meetings and actions developed where necessary. The main dip in compliance is with non-clinical staff sitting access to training as a theme. This is currently being addressed.

Good learning and initiatives have resulted as a result of the unannounced scenario training. One such improvement is the introduction of an 'Emergency Response Team' at The McIndoe Centre site and changes in practice such as RMO's taking part in resuscitation trolley checks to ensure their familiarity with the contents.

Audits

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

Resus Committee

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

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

Health and Safety

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

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

The key focus for the H&S Advisor during 2025 was supporting the H&S reps in converting their paper risk assessments onto RADAR, improving visibility of risk assessments across the organisation including renewals and colleague sign off. All H&S reps were provided coaching on how to add risk assessments and how to send notifications to departmental colleagues for sign off.

The focus for 2026 is to further embed the risk assessment process as we reach the first annual reviews and gain better visibility and sign off of COSHH assessments.

Also, the H&S Advisor will be developing the H&S SharePoint page and its use by the reps to create a central repository for H&S documents and information.

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

The following contractors continue to be retained for specialist services:

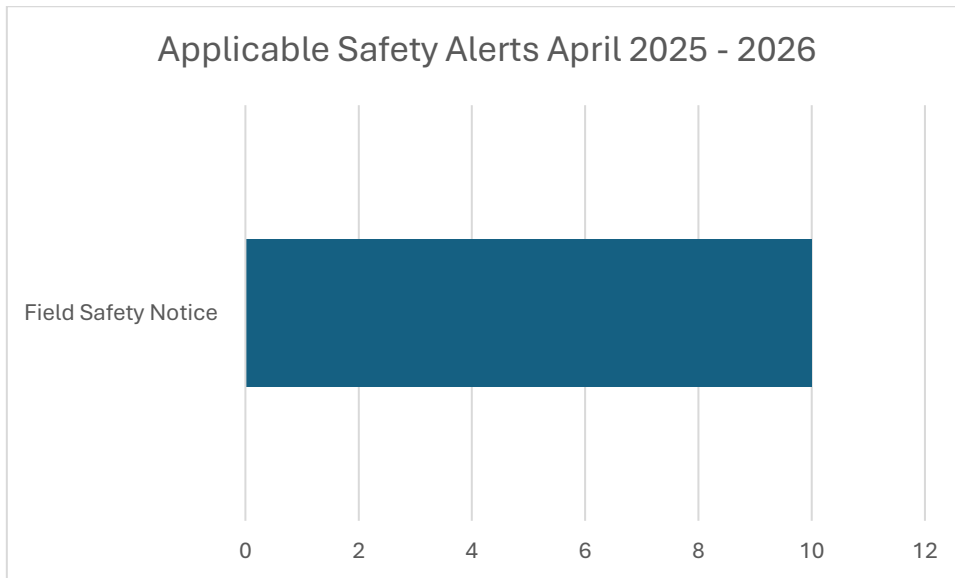
- Concept Water Services are retained to maintain water quality services. They provide six monthly tests for legionella and pseudomonas
- Pro-Economy maintain the mains water which is treated with copper and silver
- Crays Fire maintain and service all fire safety equipment on a six monthly and annual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

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

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

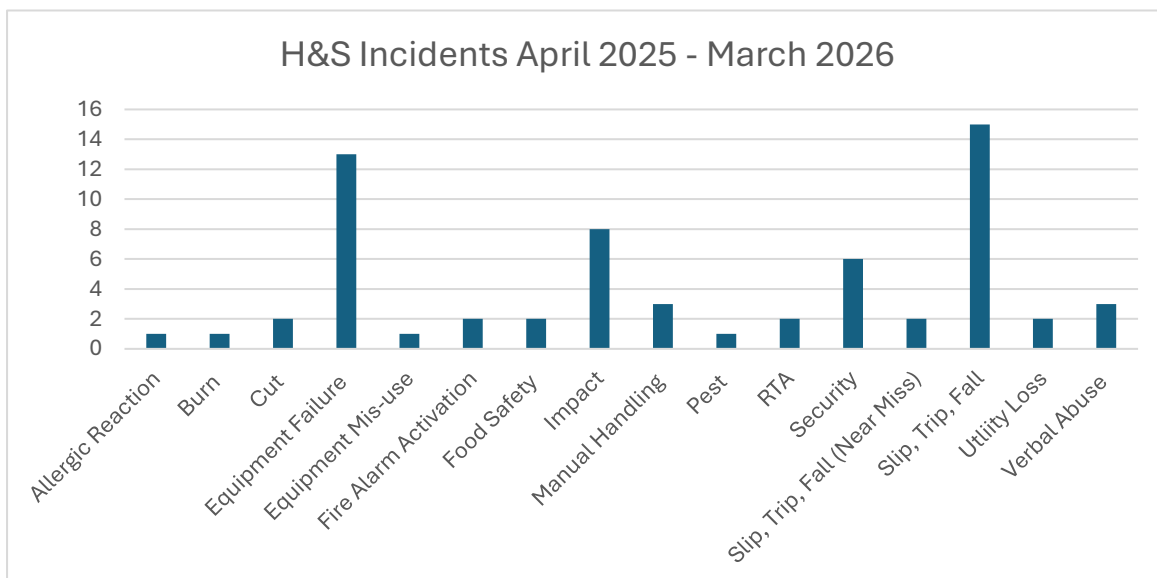
Safety alerts are managed within the RADAR system at Horder Healthcare. Reports are produced and discussed within the Health & Safety and Medical Device Committee meetings.

There were 136 safety alerts issued between April 2025 and March 2026, of which 10 were applicable to Horder Healthcare.



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

There were 64 Health & Safety incidents reported and investigated (excluding sharps injuries and patient falls which are reported separately). Below is a graph showing the number of incidents reported in each category. These were presented at the Health & Safety representative and committee meetings as well as in Governance reports. Trends and lessons learnt were shared with all departments across the organisation as appropriate. Additionally, any medical device incidents were discussed via the Medical Devices Committee Meeting.



Safety, Environment and Infrastructure Assurance

Fire Safety and Emergency Preparedness

Horder Healthcare continues to maintain a comprehensive and robust fire safety management system across all sites, providing assurance that patients, staff, and visitors are protected through clearly defined processes and trained personnel.

Structured evacuation procedures are in place and are supported by an established cohort of trained fire marshals responsible for sweeping buildings during an incident to ensure full evacuation. This remains a key control within the organisation's emergency preparedness framework.

Following the comprehensive review of the Fire Safety Policy and all site-specific fire action plans completed in the previous reporting period, ongoing refinement remains a priority in 2026. Fire zones have been reassessed to strengthen resilience during periods of staff absence and annual leave, supported by increased cross-departmental fire marshal coverage. These arrangements continue to be reviewed to ensure they remain effective, proportionate, and reflective of service demands.

Fire marshal competence is supported through access to refresher training, and ongoing engagement is encouraged as part of continuous professional development to maintain confidence and compliance.

Fire drills are undertaken at all Horder Healthcare-managed locations, with outcomes reviewed and learning used to further improve response and preparedness. All active fire safety systems - including fire detection and alarm systems, emergency lighting, and firefighting equipment - continue to receive statutory servicing, inspection, and testing in line with legislative requirements.

To strengthen operational ownership and accountability, departmental fire safety checks have been reviewed and documentation streamlined. This supports a structured approach to daily, weekly, and monthly checks led by designated Health & Safety representatives or fire marshals, reducing reliance on single individuals and strengthening assurance at local level.

All staff receive fire safety training at induction, supplemented by an annual mandatory refresher delivered through audited e-learning, ensuring awareness and competence is maintained across the workforce.

Care Environment, PLACE and Patient Involvement

The Patient-Led Assessment of the Care Environment (PLACE) continues to play an important role in Horder Healthcare's internal quality and assurance framework. PLACE assessments are completed annually as part of the organisation's quality inspection programme, with patients and volunteers directly involved in reviewing standards of cleanliness, condition, safety, and the overall care environment.

An action plan is developed following each PLACE assessment to address identified findings and opportunities for improvement. Oversight of the PLACE programme, including inspection

delivery, collation of results, and monitoring of actions, is led by the Head of Corporate Support Services, providing clear accountability and governance.

During 2026, focus will remain on ensuring PLACE actions are completed in a timely manner, learning is embedded, and patient involvement continues to inform improvements to the care environment.

Medical Gases and Critical Infrastructure

Medical gas systems across Horder Healthcare sites continue to be maintained by our service provider/contractor. This includes four scheduled maintenance visits annually, supported by 24-hour emergency response capability.

These arrangements provide assurance of compliance, reliability, and patient safety, with maintenance schedules and emergency cover aligned to regulatory and clinical requirements. Oversight of contractor performance remains part of the organisation's wider infrastructure and safety governance.

Environmental and Waste Management

Waste management services across Horder Healthcare continue to operate effectively and without reported incident.

- Clinical waste services have remained consistent, with no reported issues.
- General waste and dry mixed recycling services have operated reliably, with no disruption to site services.
- Confidential waste collections have been carried out efficiently and without incident across all sites.

There were no reported incidents involving waste contractors or internal waste handling during the previous reporting period, demonstrating strong compliance with waste legislation and effective operational oversight.

Ongoing contract monitoring and assurance arrangements will continue through 2026 to ensure environmental responsibilities are met and regulatory standards are maintained.

Governance and Continuous Improvement

Fire safety, environmental management, and infrastructure compliance form part of Horder Healthcare's wider quality and governance arrangements. Assurance is supported through planned audits, inspections, drills, contractor management, and policy review.

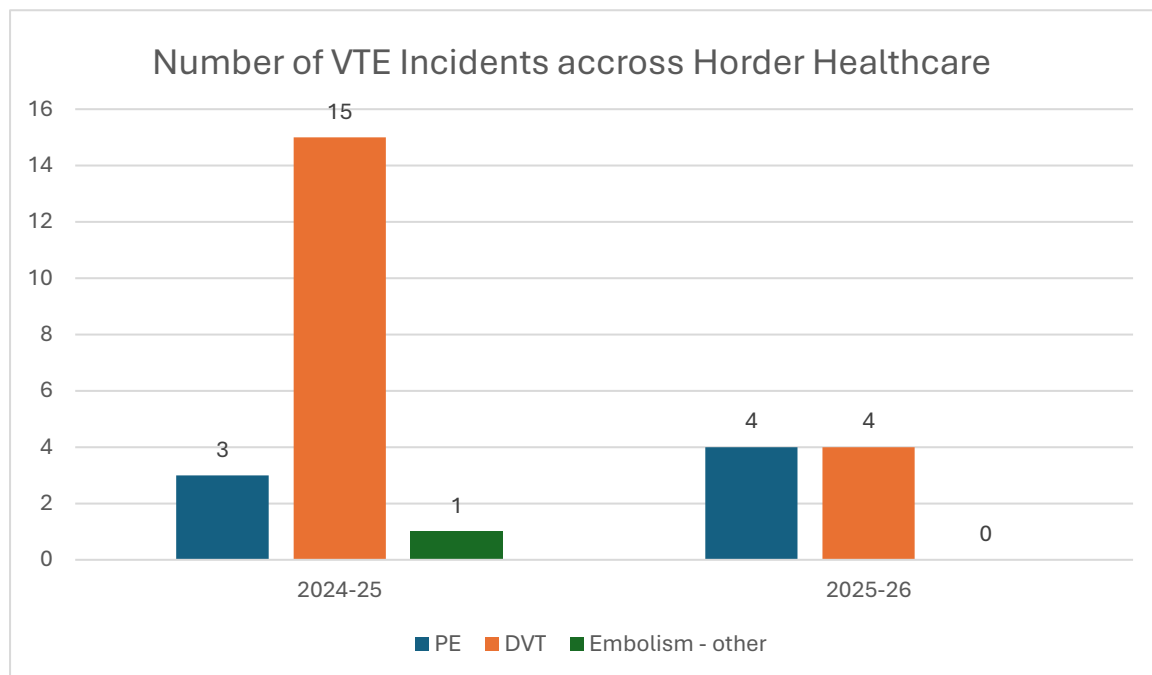
Learning from reviews and assurance activity is captured and translated into action, ensuring safety systems remain effective, proportionate, and responsive to change. This approach underpins the organisation's commitment to maintaining a safe environment and supporting the delivery of high-quality patient care.

Venous Thromboembolism (VTE)

The Horder Centre (THC) continues to maintain its VTE Gold exemplar status which is due for revalidation in November 2026, to ensure our continued commitment to excellence in VTE prevention, innovation and leadership. THC remains a member of the VTE Specialist Network (VSN) whose aim is to promote patient safety and enhance quality of care. The VSN meet 4 times a year to discuss best practices and share resources.

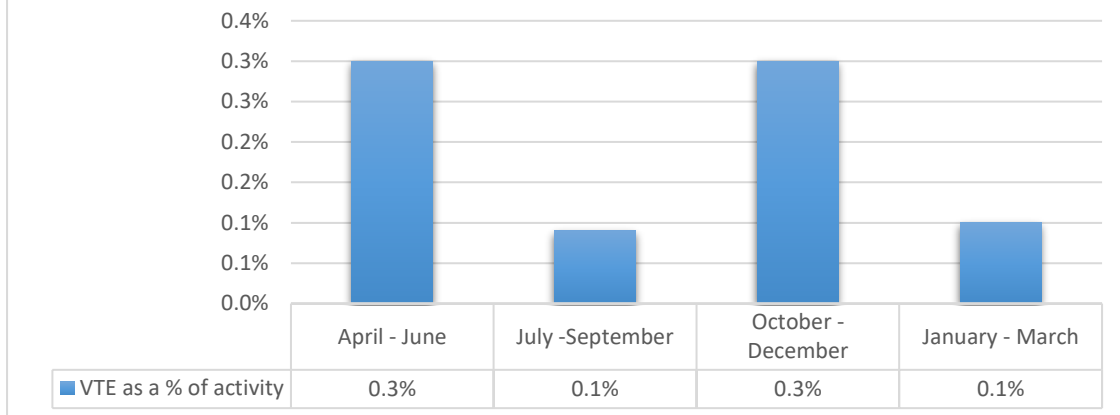
THC continue to submit VTE Risk Assessment data to NHS England. The purpose of this data collection is to quantify the numbers and proportion of hospital admissions of patients aged 16yrs and over who are being risk assessed for VTE within 14hrs of admission, to allow for the administration of appropriate prophylaxis based on national guidance. THC has consistently delivered returns of above 98.5% compliance per quarter.

THC VTE team continue to meet on a two monthly basis to review all VTE episodes and discuss and review any changes to policy or national guidance to ensure best practice. Following our PSIRP process, all incidents are reviewed and any learning is shared with staff, the Patient Safety & Quality Improvement Committee and subsequently the Medical Advisory Committee (MAC).



There was a significant reduction in the number of reported Hospital acquired thrombosis (HATs) during the 2024/25 period, there were only 8 reported incidents compared to 19 the previous year. Investigations identified good compliance to protocol.

VTE incidents as a % of inpatient and day case activity



A thematic review was undertaken between 1st April 2025 to 30th September 2025. The review looked to identify areas of learning from the factors that contributed to the incidents occurring rather than identifying a specific cause for each incident. During this period, 4 incidents were reported at THC, 2 DVTs and 2 PEs. It was noted that the care delivered was consistent with established protocols and pathways. No incident was assessed as preventable based on the information available. Whilst the key aspects of patient care were delivered appropriately, learning was identified in the consistency of clinical reassessment and quality of documentation. Staff have since undergone further development in these areas.

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-4.11. Procedures for private patients at The McIndoe Centre are coded using CCSD codes as appropriate. Horder Healthcare submits Payment by Results (PbR) data to SUS+ for NHS patients at both The Horder Centre and The McIndoe Centre.

At the Horder Centre and The McIndoe Centre, the total episodes of care coded between April 2025 and March 2026 were 4819.

Audit of standards

Auditing of standards is essential to provide assurances that standards are being met and maintained. The regular internal auditing schedule of standards, whereby another coder recodes notes and the results are compared, is carried out quarterly. Any discrepancies are reviewed to identify trends and establish any learning needs. If trends are identified a program of training will be introduced for the relevant areas. Further audits throughout the year will ensure any areas of poor compliance will have been addressed and corrected and that standards have been reached and maintained at expected levels. This will ensure consistency of coding and adherence to National Coding Standards.

Monmouth external audit was carried out in November 2025. The result showed an extremely accurate standard and the coding department achieved NHS England's Data Security and Protection Toolkit (DSPT) 'standards exceeded' level.

Training

The Clinical Coders undertake the Clinical Coding Standards Refresher Course every three years. The Clinical Coders have access to external training modules and have the support of Monmouth Academy. Clinical Coding also forms part of the clinical staff mandatory training program to ensure that all relevant patient information is captured and recorded within their medical records, this ensures that comprehensive and complete coding can take place.

"It was a very positive experience at the McIndoe Centre. The care was exemplary, every detail for care and comfort taken care of. A wonderfully successful operation for which I am extremely grateful. Thank you to all the fabulous staff"

Source: Doctify

Effectiveness

Internal Audits

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

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

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

The following formed part of HH's internal audit programme in the reporting year 2025-26:

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

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

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

Clinical and medication audits include:

The Horder Centre

THC	Q2 2025	Q3 2025	Q4 2025	Q1 2026
Documentation				
Has the WHO Checklist been fully completed (under anaesthetic phase and care during procedure)?	100%	90%	90%	96%
Has pressure areas related risk assessment been completed on admission	90%	90%	100%	96%
Has a fall risk assessment been completed on admission	90%	86%	100%	96%
Has a nutrition risk assessment (MUST) been completed on admission	86%	86%	86%	100%
Documented discharge plan prior to surgery	53%	90%	100%	100%
NEWS 2 - Demonstrate a robust approach to the identification and management of the deteriorating patient - Have all triggers and thresholds been actioned according to the agreed algorithm?	96%	90%	100%	100%
Medicines management				
M2 – Controlled drugs - Pharmacy (THC)	100%	100%	100%	100%
M3 – Controlled drugs - Clinical areas (THC)	98%	99%	97%	99%
M4 – Oxygen prescribing (only completed where used)			87%	99%
M5 – Safe & secure storage of medicines	94%	100%	99%	100%
M6 – Medicines reconciliations	99%	98%	97%	96%
M8 – Drug fridge audit	98%	97%	99%	95%
M9 – Medicines management	98%	95%	100%	97%
M11 – FP10			98%	
M12 – TTO prescribing	90%	100%	100%	100%
Clinical				
C2 – Discharge audit	97%	98%	99%	99%
C3 – Pain	No results	No result	No result	84%
C4 – VTE	88%	97%	98%	94%
C5 – NatSSIPs	99%	98%	100%	99%
C7 – Blood transfusion (only completed for applicable cases)	94%	94%	94%	100%
C8 – Waterlow	81%	83%	83%	92%
C10 – Falls	92%	95%	91%	91%
C11 – MUST	90%	82%	95%	99%
C12 – NEWS2	55%	81%	88%	100%

The McIndoe Centre

TMC	Q2 2023	Q3 2023	Q4 2023	Q1 2024
Medicines Management				
M4 – Oxygen prescribing (only completed where used)			99%	97%
M5 – Safe & secure storage of medicines	100%	100%	99%	100%
M8 – Drug fridge audit	100%	100%	100%	92%
M9 – Medicines management	96%	97%	99%	96%
M12 – TTO prescribing	99%	99%	99%	98%
Clinical				
C2 – Discharge audit	97%	97%	97%	100%
C3 – Pain				97%
C4 – VTE	99%	99%	99%	98%
C5 – NatSSIPS	95%	100%	100%	99%
C8 – Waterlow	99%	100%	98%	100%
C10 – Falls	100%	100%	100%	99%
C11 – MUST	99%	99%	99%	98%
C12 – NEWS2	100%	100%	100%	100%
C14 – TMC WHO observational (Minor operations)	85%	100%	100%	100%
C15 – TMC WHO documentation (Minor operations)	87%	100%	99%	91%

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

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

Between September and December 2025, a full review of the clinical and medication audit questions was undertaken in conjunction with clinical teams, to ensure they are current and up to date with best practice guidelines. Additionally, the approach to auditing was streamlined to support completion and were transferred to our digital RADAR risk management system in January 2026 which automatically prompts the auditor and their line manager if they have not been completed and supports monitoring of actions and improvement tasks.

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

New Audits in 2025-26

New internal audits have been approved in the reporting year 2025-26. In some cases, audits may be used to monitor a particular trend or concern that has become apparent. Audits are also used to monitor outcomes and identify any complications associated with changes in procedure. In the year 2025-26, the following audits were commenced:

- Arthrosamid Outcome Audit – this audit has been developed to review the first 100 patients who received Arthrosamid treatment (new treatment offered at The Horder Centre) to assess clinical outcomes, treatment effectiveness and if there was a requirement to proceed to surgery
- Consent Audit – this audit has been developed to assess the quality and effectiveness of the consenting process within HH due to the identification of themes and trends. The audit has supported the identification of good practice and any areas that require improvement to support change in practice
- Patient Specific Functional Scale (PSFS) goal setting using complicity - PSFS is an outcome measure utilised by the MSK Outpatient Physiotherapy Team. Complicity is an electronic method of collecting Patient reported outcome measures (PROMS). The patients are sent an electronic questionnaire at baseline (before treatment commences) in which they are asked to set goals. The audit is designed to calculate how many patients are setting goals and of these how many are deemed appropriate. This data will be used to determine whether a change in data collection is required to help patients with the goal setting process. It is hypothesised that if the patient goals are appropriate then the outcomes will improve.
- Manipulation under Anaesthetic (MUA) – This audit is a one off thematic audit to review the number of knee MUA's undertaken in the last 3 years to analyse for any trends or increase in numbers.

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

Health & Safety - Health & Safety audits are completed on a quarterly basis for all departments at all sites within Horder Healthcare. Health & Safety audits are now completed using the RADAR system. Audit completion is overseen by the H&S Advisor who liaises with the Health & Safety reps and reports on audit stats and non-completion via the Health & Safety Committee.

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

- IC18: Clinical Uniform
- IC4: Departmental Waste handling and Disposal
- IC6: Environment - Clinical Room

- IC5: Environment - Dirty Utility
- IC32: environment – Theatre
- IC31: Environment - Consulting Rooms-Treatment Areas – Gym
- IC7: Environmental - In Patient Bedspace
- IC9: Environmental - Nurses & Public Reception Areas
- IC30: Environmental - pantry
- IC29: Environmental - kitchen & pantry
- IC8: Environmental - Store Room
- IC10: Environmental - Store Room
- IC11: Environment – Vehicles
- IC12: Equipment - General Personal patient equipment
- IC13: Equipment – Specialist
- IC3: Hand Hygiene Facilities
- IC1/2: Hand Hygiene Observational Clinical & Non Clinical
- IC23: Infection Prevention & Control Competency - porters
- IC24: Isolation
- IC19: Linen
- IC28: Non Clinical IPC Risks
- IC14: Peripheral Vascular Device Insertion
- IC15: Peripheral Vascular Device - Continuing Care
- IC17: PPE
- IC26: Scrubs Procedures
- IC16: Sharps
- IC20: Specimen Transportation
- IC25: Theatre - SSI Care Bundle
- IC21: Urinary Catheter Insertion
- IC22: Urinary Catheter Daily Care

NICE

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

"I had a great experience. The staff were friendly, attentive, and couldn't do enough to help me. The aftercare on the day of surgery was brilliant, and the level of care throughout was exceptional".

Source: Doctify

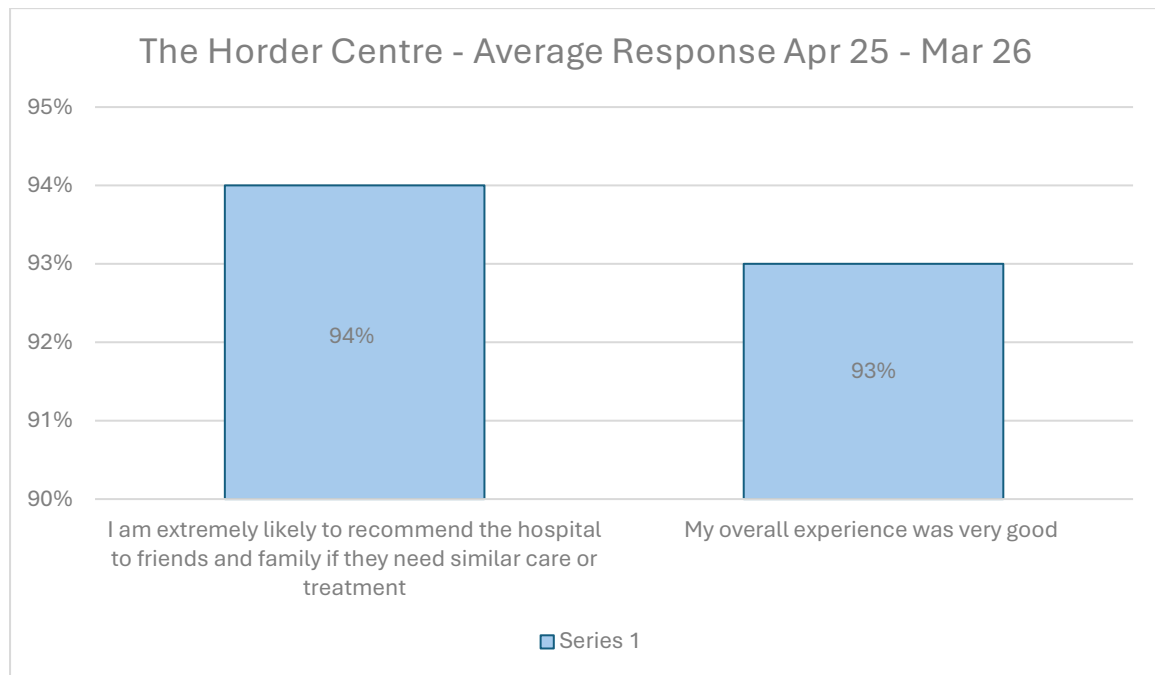
Caring

Patient Satisfaction

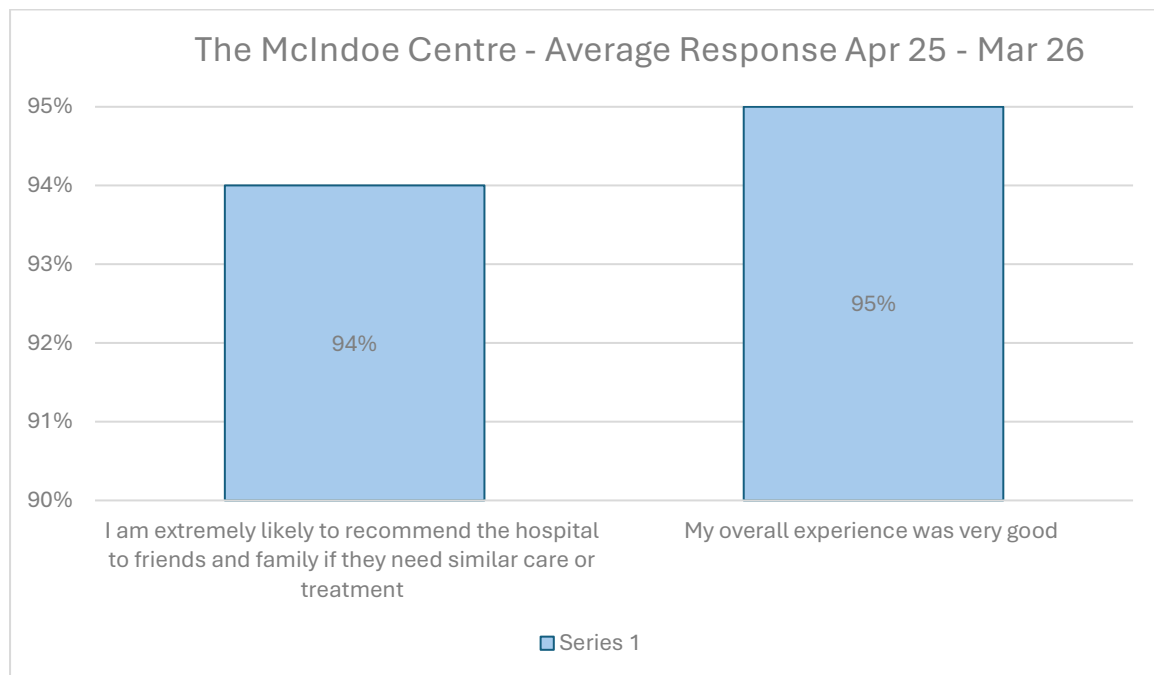
Patient Satisfaction Questionnaire (PSQ)

For the period April 2025 to March 2026, Horder Healthcare received 3,135 completed PSQs. This represented 49% of the combined total of inpatients and day-case patients.

At The Horder Centre, 57% (2231 responses/3936 total patients) of inpatient and day-case patients completed and returned their PSQ. The chart below shows the average combined response from day-case patients and inpatients to the overall satisfaction questions.



At The McIndoe Centre, 40% (904 responses/2235 total patients) of inpatient and day-case patients completed and returned their PSQ. The chart below shows the average combined response from day-case patients and inpatients to the overall satisfaction questions.



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

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

The 'site general' and 'nursing and patient facing staff' scores were the frequently raised themes across both sites during the past year. The areas where patients have commented that there was an opportunity for improvement are 'Information/Admin' and 'Discharge'.

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

Friends and Family Scores - Outpatients

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

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

The Horder Centre – 98.4%. 204 patients completed the survey.

Complaints

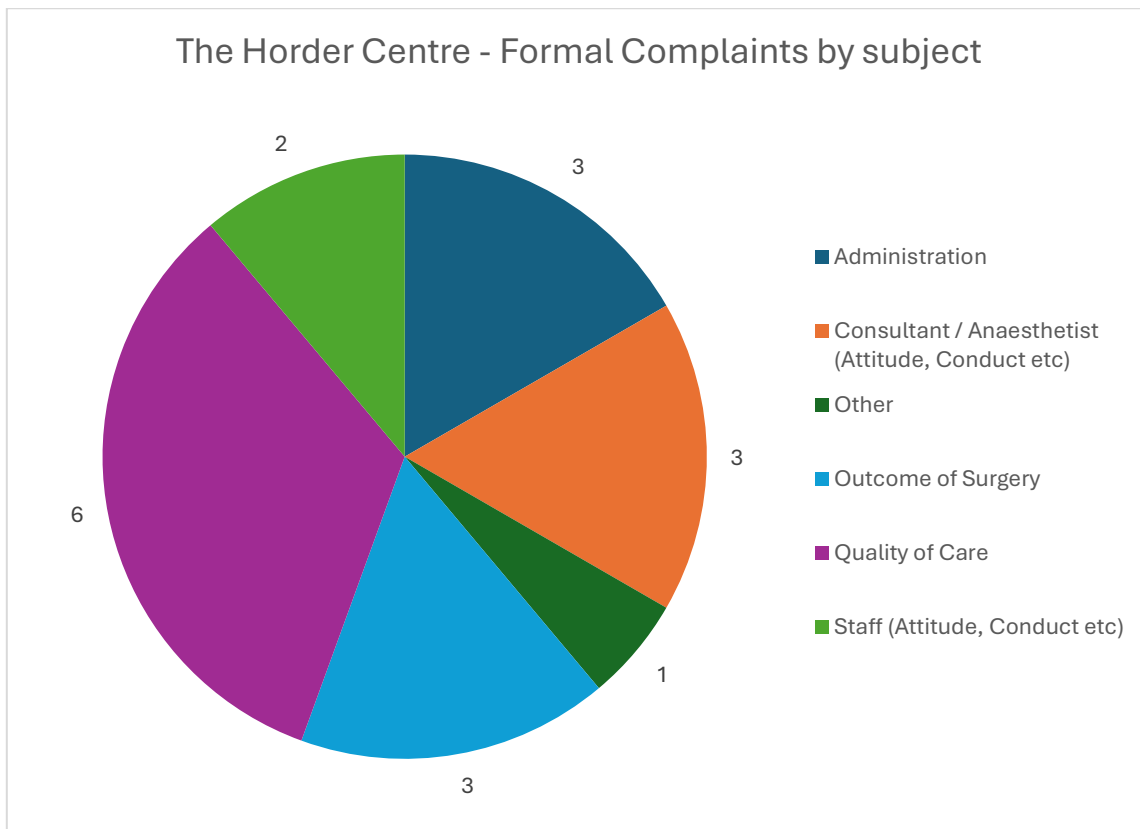
Horder Healthcare has a comprehensive complaints process and acknowledged 100% of all complaints within two working days. In accordance with our process, we also respond to our complaints within twenty working days or we have ensured that the complainant was informed of a new response date if we were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

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

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

Between April 2025 and March 2026 Horder Healthcare received 28 formal complaints.

The Horder Centre received 18 formal complaints.

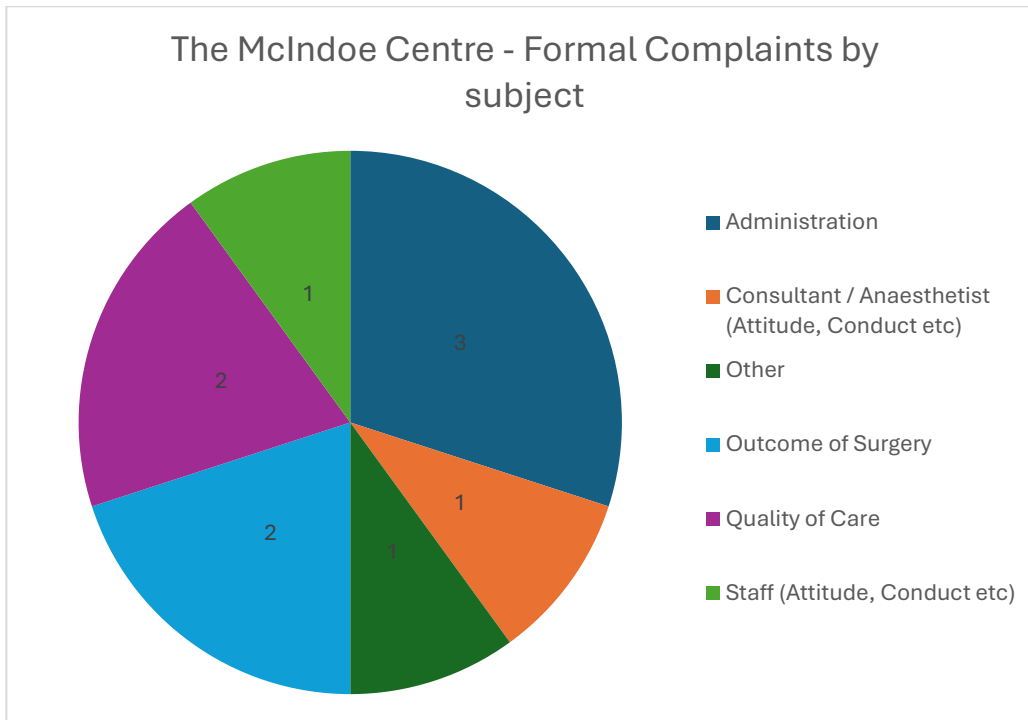


The chart above shows the formal complaints received at The Horder Centre by subject. The highest reported subject of complaint was:

Quality of Care

- Patient has complained about the pre and post operative management of their care
- Patient has complained about an injury their sustained whilst in theatre
- Patient is unhappy with the physiotherapy treatment they received
- Patient is unhappy with the standard of care the received
- Patient has complained about the breakdowns in communication
- Patient is unhappy their referral has not been fulfilled

Between April 2025 and March 2026, The McIndoe Centre received 10 formal complaints.



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

Administration

- Patient was unhappy with the communication regarding payment of their procedure
- Patient was unhappy with the administration errors they had received
- Patient has complained about the decision for revision surgery begin rejected

Responsiveness

Patient Forums

Two patient forum sessions were held in 2025/26 across the organisation. Both sessions presented a range of valuable feedback and insights from patients and other participants. Benefits gained from these sessions have included the identification of services or care pathways to be improved, amplification of the patient's voice thereby creating great partnerships in quality improvement initiatives, as well as enabling early detection of concerns that need addressing.

The McIndoe Centre Patient Forum was on the 24 September 2025 using a virtual platform. Attendees included former patients, the Non-Executive Board members, the Chief Nurse, the Head of Clinical Services, the Head of Department and the McIndoe Centre Patient Experience Lead Staff Nurse.

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

You Said	We Did
Menu options were limited	Launched new menus in September 2025 with a wider range of options, including a visitors' menu.
The bedrooms were too clinical	Researched local artwork to brighten patient bedrooms. We are currently working in collaboration with our marketing team to frame and present the selected pieces in line with our agreed aesthetics standards
To improve accessibility in toilets/showers for wheelchair users	We have implemented measures, including grab rails and adapted handles for toilet flush and soap dispenser.

The forum evoked great discussion on aspects of the patient journey that worked well. These included patients reporting having received outstanding care, having trust in the competence of clinical teams and feeling listened to, particularly in line with the 'you said ... we did' items.

Nursing care was described as exceptional and most feedback praised the menu. Patients described that they felt among friends and did not want to go home. Equally there was a discussion on elements that needed improving. Despite the praise around menus, the feedback also highlighted the need for improvements in the choices of liquid/soft diets.

Improvements also includes enhancing staff awareness and understanding on how best to support patients with accessibility challenges especially sensory impairment conditions such as visual and hearing impairment. This feedback has prompted a renewed review of our patient pathways (through the lens of equal accessibility), allowing us to implement necessary modifications. Some of the improvements have been the sourcing of supplementary staff training on disability and visual impairments awareness, and the incorporation of British Sign Language training.

The Horder Centre Patient Forum was held on the 9th July 2025 in-person. Twenty-five patients attended, some with their family for support. All had had surgery in the previous six months. The Head of Clinical Services led the forum. Also in attendance was the Chief Nurse, two members of the Board, Pre-assessment and Day Surgical Ward Manager, Private Patient Liaison Nurse, In-patient Therapy Manager, Guest Services Manager and Theatre Manager.

There were a lot of positive feedback comments shared by the patients, however, the Forum Lead did steer the discussion to focus on what can be done better. Discussion topics included pain management, length of stay, Lifebox, Patient information discharge process, and raising a concern.

The first question asked was:

Did you consider any other hospitals or treatment centres for your surgery? If so, which hospital, and what made you come to The Horder Centre instead?

“Recommended by three neighbors who had hip procedures”

“I had already been attending physio, plates classes”

“My GP referred me, and I thought I had no choice”

“I went to my GP and asked to go to the Horder center”

“I used to live here, and I have moved over two and half hours away but I still knew this is where I wanted to come”

“Patient asked the GP they said no you can't do that and I said yes I can and he ended up getting a text to say I can”

Lifebox is a digital pre-assessment tool that was introduced in October 2024 this has had mixed reviews from patients via the PSQ's.

Not all the patient's on the forum had gone through the Lifebox system, issues raised were:

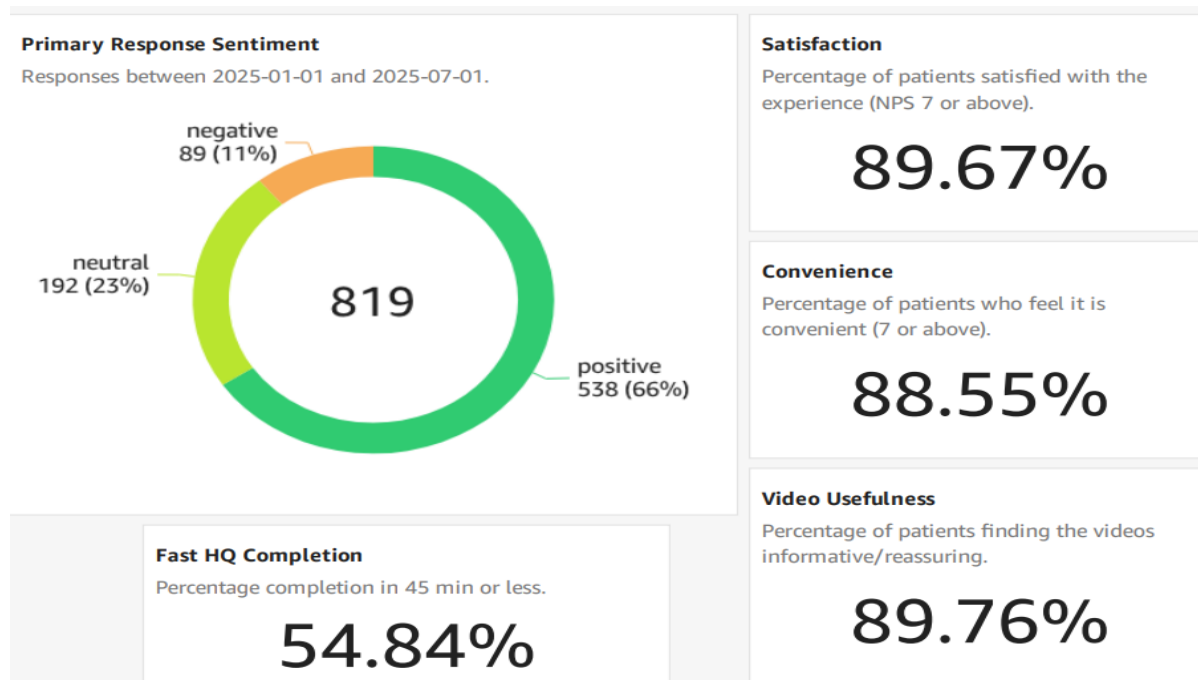
“No notification to say that you have submitted the Heath questionnaire”

“layout on the phone not as easy as the iPad or PC”

“Never found videos”

“Didn't realize there was a digital assistance option, would have been nice for her and her mother”

Below are the results collated from the Lifebox team presented to the forum.



We are continuing to monitor Lifebox and making changes to support patients with the issues raised.

Length of Stay

All patients felt they had stayed for the appropriate time, some within the reduced length of stay others stayed longer for clinical reasons which was reassuring.

A question was raised relating to the possibility of a virtual physiotherapy clinic to check progress after discharge. We are reviewing this as part of the outcomes from the Circle Study which is monitoring day case Total Hip Replacement and additional needs after discharge.

Pain

Remains an emotive subject which is very individualised, within the group there were various comments about pain and effects.

We know that arthroplasty surgery is painful and management can be difficult. Mostly patients were concerned about pain medication after discharge.

We are about to launch a day case medication guide which once ratified will be amended for In-patient discharge in line with comments from the Forum and PSQ data.

Raising a Concern

Responses were varied from, we know who to contact to raise a concern, to not knowing or being able to contact the ward on the telephone to raise a concern.

In response to the issues raised we have placed posters in each room about raising clinical concerns.

- We have redirected the telephones on the ward to cascade from the Nurse-in Charge to the next senior nurse to try and capture calls as they come in to the ward. This was notable at weekends where there is limited Guest Service presence.
- We have initiated an On the Spot Service Recovery programme (OSSR) to deal with concerns in real time.
- On-going review of PSQ comments and actions taken where patients have identified themselves.

Other feedback

“Most of the patients did not see their Consultant post-surgery.”

This has been discussed at the Medical Advisory Committee and is under review.

“Discharge Letters are hand written and take up a lot of time for the nurses.”

We are looking at a digital discharge letter as part of Lifebox and HHC digital agenda as this is an on-going issue.

What Next

Communicate outcome from the Patient Forum to the wider team, including the Executive team and the Board.

Implement an action plan to address concerns identified – monitor and evaluate progress.

Plan for upcoming Patient Forums. The next Forum is booked for 21st May 2026.

Fundraising

Aesthetic Fellows at The McIndoe Centre

The McIndoe Centre hosts at least three NHS trainee doctors each year on four-month rotations, providing exposure to a broad and diverse range of plastic surgery practice. Training opportunities span the full spectrum of the specialty, including reconstructive and aesthetic procedures, ensuring trainees meet core curriculum requirements while gaining valuable experience across multiple subspecialties.

Independent specialist centres such as The McIndoe Centre play an increasingly important role in delivering high-volume elective care for both NHS and private patients. This setting offers a highly supportive, well-structured learning environment with consistent senior supervision and hands-on opportunities. In particular, it enables trainees to develop skills in aesthetic surgery, an area where access within traditional NHS settings can be limited, thereby significantly enhancing the breadth and depth of their training experience.

Programme Update – ODP Apprenticeships

We are pleased to share a positive update on the development of our apprenticeship pathway.

- We now have two ODP apprentices in post, marking a key step forward in building workforce capability within the service.
- We have also engaged with BPP Group to explore delivery of apprenticeship programmes.
- This engagement is aimed at maximising utilisation of our Apprenticeship Levy, ensuring we invest effectively in staff development and long-term workforce sustainability.

Volunteers

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

“Staff were very friendly and very efficient .Can’t think of anything more they could have done for me. Very enjoyable experience”.

Source: Doctify

Websites

This year's website activity was primarily focused on search engine optimisation (SEO) – improving how our websites are structured and read by search engines, making it easier for patients to find us online when looking for relevant treatments and services.

A significant programme of technical work was undertaken to resolve structural errors affecting how well our sites are indexed by search engines. This resulted in 1,108 fixes to The Horder Centre website and 79 to The McIndoe Centre website. The measurable impact was an improvement in overall site health from 80% to 92% for The Horder Centre, and from 80% to 88% for The McIndoe Centre. A healthier site means search engines can read and rank our content more effectively, making it easier for patients to find us.

Further improvements included the following; A dedicated Women's Health hub was created on The McIndoe Centre website, bringing together relevant services and information in one accessible location for patients. A new content structure was introduced from July 2025, with one new article published each month per site, with all related articles on that topic updated at the same time. This approach enables seamless internal linking across the sites, improving both the patient experience and search engine visibility. The headings, introductory paragraphs, and search metadata on both homepages were also updated to improve visibility in key search engine features – specifically the answer boxes and expandable question panels that appear prominently in search results, helping patients find the information they need quickly and positioning Horder Healthcare as a trusted source of healthcare information. Finally, clearer calls to action were added to both homepages, making it easier for visitors to find and access our key services.

Advertising

Throughout the year, Horder Healthcare has maintained a sustained advertising presence, strategically upweighting activity during key periods to maximise reach and relevance. Our media mix has been carefully selected to target the demographics most likely to benefit from our services across the region.

We have continued to run our 30-second television commercial via Sky AdSmart, utilising its precise audience targeting capabilities to reach our demographic efficiently across the region. The same commercial has been extended to art house cinemas throughout the area, providing a cost-effective channel to engage an audience closely aligned with our patient profile. Our brochures are also displayed in the cafes of these cinemas, offering a further touchpoint for prospective patients to learn about our services.

Radio advertising has been delivered across the stations that most cost-effectively reach our target audience, including Heart Kent and Sussex and Smooth Radio. We have also built a valued partnership with Ashdown Radio, where our consultants are regularly interviewed to discuss a range of clinical topics and treatments. These slots provide an informative, trusted platform that helps to educate the local community and raise awareness of the services available at Horder Healthcare.

Paid social media advertising has also formed a key part of the media mix, directing prospective patients to our websites where a comprehensive paid search campaign ensures visibility across all our procedures and specialties. Together, these coordinated channels have driven the highest number of patient enquiries on record, demonstrating the effectiveness of our integrated approach to reaching and informing our communities.

E-Newsletter

The monthly e-newsletters for Horder Healthcare play an important role in keeping patients and the wider community informed about developments across both The McIndoe Centre and The Horder Centre. With a subscriber base of just over 4,500, The McIndoe Centre newsletter provides regular updates on clinical services, patient stories, specialist insights, and upcoming events. It serves as a valuable communication tool to highlight innovations in care, promote patient engagement, and reinforce the organisation's commitment to high-quality outcomes.

Similarly, The Horder Centre newsletter reaches a larger audience of just over 7,000 subscribers. It focuses on sharing service updates, health advice, patient experiences, and organisational news, helping to maintain strong connections with its readership. Both newsletters contribute to transparency and continuous improvement by showcasing achievements, sharing feedback, and promoting awareness of services. Collectively, they support Horder Healthcare's quality objectives by enhancing communication, encouraging patient involvement, and strengthening trust with the communities they serve.

Social Media Engagement

Social media continues to be a key communication channel for both The McIndoe Centre and The Horder Centre, alongside the Horder Healthcare LinkedIn page, supporting engagement with followers and the wider community. Across platforms, content is carefully curated to reflect organisational values and promote transparency, education, and community connection.

Regular posts include consultant Q&A videos, which provide accessible expert insight into treatments and procedures, as well as promotions for consultant-led webinars designed to inform and empower patients. Patient stories remain a central feature, offering authentic perspectives on care experiences and outcomes, while blogs and news updates highlight service developments and organisational achievements. Visual content, such as photos celebrating colleague accomplishments and recognising important visitors to both hospital sites, further strengthens internal morale and external trust.

Collaboration posts also play an important role, showcasing partnerships with community organisations supported by Horder Healthcare, including Trinity Theatre Tunbridge Wells and Crowborough Football and Rugby Club. These posts demonstrate a strong commitment to community engagement and social responsibility.

The McIndoe Centre has also expanded its digital presence with the launch of a TikTok account in 2024, focusing on short-form consultant Q&A videos. The platform has already gained strong traction, with over 2,800 likes, indicating growing audience engagement and the success of diversifying communication channels.

Collectively, these social media activities enhance visibility, encourage patient interaction, and support Horder Healthcare's broader quality and engagement objectives.

Doctify

Both The McIndoe Centre and The Horder Centre maintain a strong presence on Doctify, where patients can share feedback on their care experiences. Each hospital has achieved an outstanding average rating of 4.9 out of 5, reflecting consistently high levels of patient satisfaction across services. These ratings are based on verified patient reviews and highlight the quality of clinical care, professionalism of staff, and overall patient experience.

Following treatment or appointments, patients receive automated email invitations encouraging them to review and share feedback about their experience on Doctify. Maintaining such high scores demonstrates a continued commitment to excellence, transparency, and patient-centred care, while also supporting ongoing quality improvement across Horder Healthcare.

E-magazine

The McIndoe Centre and The Horder Centre each produce dedicated editions of their e-magazine, designed to provide readers with an engaging and informative overview of services. These publications showcase the range of treatments available across both hospitals, alongside insights into facilities and the patient journey. Patient stories feature prominently, offering real-life perspectives that highlight outcomes and experiences of care. Each edition also includes an updated consultant directory, ensuring readers have access to current information about specialists and areas of expertise. The e-magazines support patient education and informed decision-making, while reinforcing Horder Healthcare's commitment to transparency, accessibility, and high-quality care.

Events

The McIndoe Centre has proudly sponsored a number of local events to help raise awareness of and promote its Women's Health service. This has included supporting the charity Taylor-Made Dreams, reflecting the organisation's commitment to community engagement and charitable partnerships. The McIndoe Centre has also been involved with the Muddy Stilettos Awards, providing opportunities to increase visibility of specialist women's health services and connect with the local community.

Clinical photography

The Horder Centre undertook a comprehensive refresh of its marketing imagery to ensure promotional materials accurately reflect the modern facilities, high standards of care, and professionalism of colleagues across the organisation. Professional photography was commissioned to capture a range of authentic clinical and patient-focused environments throughout the hospital. This included photography within theatre settings, patient rooms on the ward, inpatient and outpatient physiotherapy sessions, and updated professional headshots of the Executive Team.

"I recently had surgery at the Horder Centre, and my experience was truly excellent from start to finish. The friendliness of the staff immediately stood out — everyone was kind, attentive and genuinely caring. The medical team was highly professional and I felt completely confident in the treatment I received. All procedures and examinations were clearly explained, which made me feel calm and well-informed throughout. The ward was clean, comfortable and very well organised, and the level of care was outstanding. Nurses were always available, supportive and patient. The discharge process was smooth, with clear instructions and thoughtful follow-up guidance. Overall, I am extremely grateful for the care I received and would highly recommend this centre to anyone".

Source: Doctify

Leadership

Recruitment and Retention

Since April 2025, workforce stability has remained strong. The average turnover rate stands at 18.34%, well below the healthcare sector average of 27% for 2025, demonstrating the positive impact of our recruitment and retention initiatives. Over the same period, the average vacancy rate has been 2.26%, sitting comfortably below the organisational threshold of 5%.

We continue to review and benchmark salaries against the external market to ensure we remain competitive, supporting both the attraction and retention of high-quality talent. Clinical stability has continued to improve, supported by sustained and targeted recruitment activity, with additional resources focused on hard-to-recruit areas such as nursing. Looking ahead, we will aim to create a more proactive recruitment approach, identifying risk roles and areas, develop apprenticeship opportunities, to in-turn sustain safe and effective staffing levels across the organisation.

Work Experience

Each year, we receive a high volume of requests from students seeking work experience placements with Horder Healthcare. These placements offer valuable insight into how a hospital operates, supporting students in making informed decisions about their A-level choices and future university pathways.

In previous years, we have welcomed over 20 students annually; however, this year we have already supported more than 40 placements across a wide range of departments. To support this growth, we have introduced an updated and robust policy to ensure that both students and colleagues are clear on expectations and responsibilities during work experience placements.

Our programme provides students with the opportunity to shadow staff in both clinical and non-clinical roles, offering a comprehensive understanding of the patient pathway. It also demonstrates how patients access our services—whether through the NHS or privately—and highlights the important contribution each team makes in delivering a high-quality patient experience.

Feedback from both students and schools continues to be overwhelmingly positive, and we are proud that this initiative supports our charitable purpose of engaging with and contributing to our community through education and training.

Development and Training

The Training and Development and Education team has continued to build on its strong momentum, making effective use of available funding streams to support staff development across the organisation. Alongside the ongoing delivery of Team Leading and ILM programmes, with the latest cohort of successful candidates now completing the final course in the series.

A key development this period has been the evolution of the Customer Service training offering, which has been redesigned and is fully bespoke for Horder Healthcare to better reflect the organisation's values, service expectations, and patient-centred approach with

stakeholder input. This replaces the previous Customer Service in Healthcare – Level 2 qualification and provides a more tailored, relevant learning experience for colleagues, while still being able to be funded.

These initiatives continue to offer valuable opportunities for staff to broaden their knowledge, strengthen capability, and enhance efficiency and effectiveness across the organisation.

The well-established development programmes, ELEVATE and ASCEND, continue to provide outstanding opportunities for staff to grow both personally and professionally. Both programmes have received highly positive feedback from participants across all corners of Horder Healthcare, with many reporting clear and measurable progression in their career development. Building on this success, further programme sessions are scheduled for winter 2026, ensuring continued access to high-quality development pathways across the organisation.

The annual training calendar continues to be reviewed regularly to ensure alignment with national standards and organisational requirements. Delivery of the Oliver McGowan Training in-person sessions is now over 90% complete, reflecting strong engagement across clinical teams.

In addition, the organisation has expanded its Equality, Diversity and Inclusion offer to include DAVIA training a training to bring awareness to colleagues around vision impairment, supporting both the EDI strategy and the wider patient experience agenda. Work is also underway to introduce Deaf Awareness training across the business, with the aim of launching this in the next financial year. To further strengthen inclusive practice, some Horder colleagues have also been trialling sessions on Neurodiversity, helping colleagues build confidence and understanding in this important area.

City and Guilds

Quality Impact Report – Training Delivery (City and Guilds and Care Certificate)

Horder Healthcare, City & Guilds Approved Training Centre, is committed to promoting lifelong learning and continuous professional development across clinical departments. The centre delivers high-quality, engaging teaching and assessment practices, fostering a calm and supportive learning environment that is responsive to the individual needs of staff within our hospital settings.

The Training Centre plays a key role in enabling learners to develop the knowledge, skills, and behaviours required to deliver safe, effective, and high quality care across a variety of healthcare environments. Central to this commitment is the ongoing development of non-registered practitioners through structured training programmes and nationally recognised qualifications.

A core element of this provision is the Care Certificate, which remains the foundational standard for all non-registered clinical staff and represents the minimum national requirement for individuals providing direct patient care. The Care Certificate is delivered in-house by the Training Centre team and is overseen by the Internal Quality Assurance (IQA) team to ensure consistency, standardisation, and compliance.

Following the March 2025 update to the Care Certificate, the newly introduced Standard 16 Awareness of Learning Disability and Autism, has now been fully embedded into the Training

Centre's delivery model, ensuring alignment with current national expectations and best practice.

To further support the workforce development and career progression, The Training Centre offers the Level 3 Diploma in Healthcare Support. This qualification enables learners to deepen their understanding of healthcare practice while enhancing their clinical competencies within their current roles. The diploma includes a range of units aligned to specific clinical tasks, ensuring both relevance and immediate application in the workplace.

Looking ahead, the Training Centre aims to introduce the Level 2 Care qualification within the next six months. In addition, the newly released Health Level 3 Adult Care (April 2026), will be incorporated into future delivery models to ensure continued alignment with changing sector requirements.

All qualifications delivered by the centre contribute not only to individual professional development but also to organisational growth by supporting the creation of a skilled, confident and adaptable workforce. Through initiatives such as the Care Certificate and Health Diplomas, the Training Centre fosters a culture of continuous learning, competence, and career progression, ultimately enhancing both patient outcomes and staff satisfaction.

Successful completion of the Level 3 Diplomas provides progression opportunities into advance roles and qualifications, including the Level 5 Diploma for Assistant Practitioners in Healthcare or entry into Nursing Associate Programmes, subject to meeting all entry requirements.

In line with ongoing development, the Training Centre continues to support registered practitioners in advancing their assessment and quality assurance practice. This includes undertaking recognised assessor and internal quality assurance qualifications, with two candidates nearing completion. These qualifications are suitable for staff involved in assessment and quality assurance across a wide range of occupational areas, including both accredited and non-accredited learning within the National Qualification Framework.

The Centre Manger also works collaboratively with the recruitment team, participating in the interview process with new starters. This enables early identification of prior experience and qualifications, allowing for the development of tailored training plans that build on existing skills, capability and align with both individual and departmental needs.

As part of our ongoing quality improvement the Training Centre is transitioning from paper-based portfolios to an electronic platform, Learning Assistant. This move enhances accessibility, efficiency, and quality assurance processes, supporting a more streamlined and modern approach to learner management and assessment.

Colleagues' Well-Being and Occupational Health

We continue to place health and wellbeing at the heart of our staff benefits offering. This year, we proudly achieved the Silver Wellbeing at Work Award, recognising our commitment to implementing and measuring initiatives that directly support the health needs of our workforce. We are now ambitiously working towards Gold accreditation, which reflects our dedication to embedding wellbeing into the core culture, policies, and everyday practices of the organisation.

Our latest initiatives are already gaining momentum. The Spring into Action Team Fitness Challenge has encouraged friendly competition and increased physical activity across teams, while our MSK in the Workplace drop-in sessions offer practical guidance to help staff improve and maintain musculoskeletal health.

We are also collaborating closely with our Catering team to enhance nutritional awareness. This includes introducing clearer, more transparent meal signage to help colleagues make informed choices about their food.

Throughout the year, we will be delivering benefit awareness sessions across all sites and promoting the use of our Aviva Digicare online platform. This tool supports preventative care, empowering employees to detect, manage, and reduce potential health issues—ultimately helping to lower absenteeism and enhance overall wellbeing.

To further support our people, we have created a dedicated Wellness Room: a calm, comfortable sanctuary designed for staff to recharge and decompress during the working day.

In addition, we continue to run mental health drop-in sessions, providing a safe and supportive space for open conversation. Our Neurodiversity Panel also offers an important forum for colleagues to share experiences, deepen understanding, and help shape a more inclusive workplace for everyone.

Appraisals

Perform, our interactive appraisal system, has been in place for over two years and has driven stronger year-round engagement from both managers and employees. It helps ensure that individual and organisational goals remain aligned and consistently supported throughout the year. The system provides real-time data—ranging from completed training to progress against objectives—and supports the broader aim of fostering more meaningful, engaging, and conversational interactions between managers and employees.

Sickness Absence

Following the review of our Supporting Attendance policy, along with continued support and Return to Work training delivered by our People Advisors, we have seen a positive reduction in Occupational Health referrals. Sickness absence continues to be closely monitored and is showing improvement, with physiotherapy support also being provided to teams to help reduce musculoskeletal issues and promote overall employee wellbeing. The HR team remains committed to supporting employees through both short-term and long-term absences, helping to ensure a smooth and positive return-to-work experience.

Revalidation

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

“Excellent!!!! from my referral to my stay, then to my discharge after my operation. Everything and everyone were brilliant, I cannot praise them enough”.

Source: Doctify

Information Management Technology & Business Intelligence

Information Technology

At Horder Healthcare, we continue to be committed to our IT principles, emphasising cloud first and internet accessible systems, while exploring the integration of AI technologies. We are deploying the latest system updates to ensure our computers remain secure.

Projects

Over the past year, our team has successfully completed several high-impact projects, with the completion of the upgrade to Windows 11 across our organisation, as well as replacing network equipment which was approaching end of life. We have also completed the deployment of a solution to encrypt and send letters to patients via email in a secure way, reducing the time it takes for patients to receive these communications and reducing cost by avoiding printing and postage.

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

Cyber Security

Horder Healthcare continues to meet the standards set out by the NHS by submitting the NHS Data Security & Protection Toolkit (DSPT). This is achieved by annual penetration testing, continuous vulnerability management and the embedding of continuous learning through the cyber security industry and within healthcare by reviewing our existing processes and systems against best practice and learning from other incidents. We have also taken the step to procure a 24x7 managed detect and response service to provide round the clock monitoring and protection of our network.

Business Intelligence

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

Quality Priorities Identified for 2026 - 2027

At Horder Healthcare, identifying and delivering on the priorities that will most effectively enhance the quality of our services remains fundamental to our ambition of achieving excellence in all that we do. As we look ahead to 2026 - 27, our focus has been shaped by a combination of organisational learning and alignment with our wider strategic objectives. Building on the foundations established in previous years, we have identified a set of focused quality priorities designed to strengthen our systems, improve patient outcomes, and support our workforce to deliver consistently high standards of care. These priorities reflect both areas where we have made progress and those where further improvement is required.

Our approach continues to be underpinned by the domains set out by the Care Quality Commission (CQC); safe, effective, caring, responsive and well-led. Using this framework ensures that our priorities are comprehensive, balanced and aligned with regulatory expectations, while also reinforcing our organisational values and strategic direction. Through these priorities, we aim not only to sustain compliance, but to drive continuous improvement, strengthen our culture of safety and openness, and deliver high-quality, person-centred care for every patient, every time.

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.
- Create a high performing culture attracting and retaining top talent.
- Deliver demonstrable public benefit through supporting the NHS and our local community.

The key quality priorities identified for 2026-2027 are:

Safe

Venous Thromboembolism (VTE) Gold Accreditation at The McIndoe Centre (TMC)

TMC will progress towards achieving VTE Gold Accreditation, building on the standard already attained at The Horder Centre, to demonstrate excellence in the prevention, assessment, and management of venous thromboembolism. This will support improved patient safety outcomes and ensure alignment with national standards and best practice

We aim to:

- Strengthen compliance with VTE risk assessment requirements, ensuring all eligible patients are assessed within the required timeframe.
- Enhance staff training and awareness to ensure best practice in VTE prevention and management is understood and consistently applied.

- Ensure all VTE-related incidents are reviewed, with clear action plans developed, logged, and monitored to completion.
- Regularly review performance through audit and governance forums to ensure continuous improvement and readiness for accreditation.
- Achieve the status of VTE Gold Accreditation at TMC.

Embed and operationalise the 2026-2029 HH Patient Safety Strategy

We will embed the 2026-2029 Horder Healthcare Patient Safety Strategy, ensuring a consistent and proactive approach to improving patient safety outcomes, aligned with organisational priorities and national standards.

We aim to:

- In line with the 3 year safety strategy launched in 2026, we will strengthen a culture of safety, openness, and learning across all services.
- Ensure effective implementation and monitoring of safety improvement initiatives.
- Enhance reporting, learning, and feedback from incidents and near misses.
- Monitor progress through established governance structures to ensure sustained improvement and impact.

Undertake the Infection Prevention and Control (IPC) – One Together Audit

Horder Healthcare will undertake the comprehensive Infection Prevention and Control (IPC) National One Together Audit, using the findings to strengthen IPC practices, enhance compliance, and support improved patient safety outcomes in line with national standards.

We aim to:

- Coordinate and complete the audit in line with national requirements.
- Engage relevant clinical and support teams to ensure accurate and comprehensive data collection.
- Review audit findings to identify areas for improvement and good practice.
- Develop, implement, and monitor action plans to address identified gaps.
- Embed learning across the organisation to support continuous improvement in infection prevention and control.

Caring

Strengthening patient experience through effective early concern resolution (at informal stage) and enhanced organisational learning

At Horder Healthcare, we remain committed to delivering a caring, safe and high-quality service. Patient feedback, both positive and negative, is central to understanding how we are performing and where we need to improve.

During 2025-26, work was undertaken to enhance the early identification and resolution of patient concerns, with the aim of reducing escalation to formal complaints. While progress has

been made in raising awareness and encouraging earlier engagement with patients, we have not achieved a reduction in the number of formal complaints received. We recognise that this may reflect a combination of factors, including the need to further strengthen how effectively we learn from, and act upon patient feedback.

In 2026-27, our focus will therefore shift from process implementation alone to ensuring that concerns are consistently managed well, and that learning is embedded and translated into measurable service improvement.

We aim to:

- Continue to strengthen the early identification and resolution of concerns through more consistent and visible leadership presence, including structured patient engagement such as daily rounding.
- Establish more robust mechanisms to capture, triangulate and act on themes and trends arising from complaints, incidents and patient feedback.
- Strengthen oversight through clinical governance structures to ensure that learning is translated into tangible and sustained improvements in practice.
- Increase staff capability and confidence through targeted training in complaint handling and customer care.

Key performance indicators for this priority will include trends in formal complaints and evidence of learning leading to demonstrable improvements in care delivery.

Responsive

Physiotherapy team (MSK services) will drive initiatives to support reduction of health inequalities affecting the local community

The physiotherapy team will work to raise awareness of health inequalities affecting our patients, seeking to improve equitable access to services, improved patient experience, and better health outcomes, in line with national priorities.

We aim to:

- Support organisational awareness and understanding of health inequalities, how they impact our patient group and suggest strategies to support or overcome these
- Identify gaps in patient access and experience within the MSK department +/- Horder Healthcare as a whole.
- Develop strategies, interventions and resources to overcome these identified gaps
- Consider how to integrate health inequalities issues with the ED&I group where relevant
- Working with East Sussex MSK Partnership (ESMSKP), ensure learning is embedded within Horder Healthcare and ESMSKP governance structures to support continuous learning and improvement
- Work with ESMSKP's health inequalities group to explore initiatives collaboratively to better engage with at risk patients and communities

Improvements in Clinical Audit implementation of action plans

Significant progress has been achieved through the digitalisation of clinical audits via the audit module on the Risk Assessment and Decision Aid Recording (RADAR) system. This has streamlined audit compliance, improved reporting efficiency, and provided clearer insight into areas for improvement.

Building on this progress, the focus will now shift to strengthening the consistent logging, implementation, and monitoring of actions arising from audits, ensuring demonstrable impact on quality and safety.

We aim to:

- Continue to fully embed electronic completion and reporting of all audits via the RADAR system to maximise efficiency, transparency, and accessibility of data.
- Strengthen the governance of audit action plans by ensuring all identified actions are clearly recorded, tracked, and regularly reviewed departmentally and via relevant committees.
- Enhance the linkage between audit findings, action plans, and risk management and/or incident reporting processes, ensuring a cohesive and responsive approach to quality improvement.
- Monitor completion rates and effectiveness of actions, with increased oversight to ensure timely delivery and measurable improvement.

Effective

Full participation in the 2026 National Audit Project (NAP8) led by the Royal College of Anaesthetists

Horler Healthcare will actively participate in the National Audit Project (NAP8) led by the Royal College of Anaesthetists, using insights from the programme to strengthen patient safety and improve clinical practice.

We aim to:

- Support data collection and submission in line with programme requirements.
- Engage relevant clinical / surgical teams in the audit process to ensure accurate and comprehensive reporting.

Arthrosamid Injection Service Auditing of Outcomes.

The Arthrosamid injection service was successfully introduced within Horler Healthcare in early 2025 as an innovative, minimally invasive treatment option for patients with knee osteoarthritis. Since its launch, the service has been positively received by patients, consultants and staff, with encouraging feedback regarding both patient experience and perceived clinical benefit. The service has demonstrated strong uptake and has become a valued addition to our elective orthopaedic pathway, particularly for patients who are not yet suitable for, or wish to delay, knee replacement surgery. During 2025-26, progress was made

in establishing the service and beginning to develop governance arrangements to support its delivery.

In 2026-2027, as we move from successful implementation to full service maturity, our key focus is on embedding of a comprehensive clinical audit programme, including the systematic collection and reporting of patient-reported outcome measures (PROMs).

We aim to:

- Fully establish and embed a comprehensive clinical audit programme to evaluate outcomes, safety and effectiveness of the service.
- Strengthen governance oversight through regular review at appropriate clinical and quality committees, ensuring that learning informs service development.
- Continue to monitor service demand and patient selection criteria to ensure appropriateness.

Through this continued focus, we aim to ensure that the Arthroamid service is not only well-established, but also demonstrably safe, effective and delivering high-quality outcomes for our patients.

Digital Agenda

In the last few years we have successfully delivered key milestones in our Digital Agenda, including the digitisation of pre-operative assessment processes through the implementation of the LifeBox system. We also achieved significant progress in transitioning to electronic collection of Patient Reported Outcome Measures (PROMs) using the My Clinical Outcomes (MCO) system. As we continue to embed these platforms into routine practice, we recognise that the Digital Agenda is an ongoing programme, driven by continual innovation in healthcare.

In 2026-2027, we will build on this progress by advancing the adoption of further digital technologies.

We aim to:

- Upgrade the Patient Administration System (PAS) to streamline administrative processes, improve clinical workflow efficiency and enhance data quality.
- Plan for the implementation of an electronic patient record system, reducing reliance on paper-based records, enabling real-time access to clinical information for multidisciplinary teams, and supporting future integration across departments and wider health and care providers.

Continued involvement in research initiatives: strengthening of research capabilities and confidence amongst the workforce

Good progress has been made in advancing the organisation's participation in research initiatives, driven by the physiotherapy team. This work continues to demonstrate strategic and operational value, including supporting innovation in patient care, improving outcomes,

and contributing to workforce development and potential external funding opportunities through research partnerships.

Building on this progress, the focus for 2026-2027 is to further strengthen research capability and confidence across the organisation, ensuring staff are supported to actively engage in and contribute to research activity as part of routine practice.

We aim to:

- Increase staff engagement and exposure to research activity by expanding representation and involvement in external research networks and bodies and by seeking to recruit patients or staff to appropriate sponsored studies.
- Further develop and promote dedicated research pages on both The Hive and the external website to improve visibility, accessibility, and engagement with research activity internally and externally.
- Strengthen internal support and infrastructure to build staff confidence in research participation, encouraging wider multidisciplinary involvement and embedding research within everyday practice.

Well-Led

Continue to improve colleague engagement to build a high-performing culture, recognising contribution and supporting development through Horder Healthcare learning and development programmes. We will focus on the following projects.

Great Place to Work

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

Significant progress has been made in advancing staff health and wellbeing initiatives, led by the physiotherapy team in collaboration with HR and wider organisational partners. This work has focused on promoting physical activity, supporting healthier behaviours, and embedding wellbeing within organisational culture and ways of working.

A range of initiatives have been successfully implemented, contributing to improved staff engagement, reduced barriers to physical activity, and a stronger focus on preventative health. In addition, the Great Place to Work group has further enhanced this agenda through the introduction of inclusive, cross-organisational initiatives designed to strengthen social connection, reduce silo working, and support a positive workplace culture.

Building on the successful achievement of Wellbeing at Work Silver accreditation in 2025, the organisation has established a strong foundation for continued development in this area.

For 2026-2027, the priority is to maintain and embed the progress already made, ensuring sustained impact and organisational ownership of staff wellbeing. In addition, the aim is to progress towards achieving Wellbeing at Work Gold accreditation, demonstrating excellence in workforce health, wellbeing, and organisational culture.

We aim to:

- Continue to design, promote, and deliver exercise and wellbeing initiatives that support both physical and psychological health for all staff.
- Support and expand Great Place to Work initiatives that foster social connection, inclusivity, and staff engagement across the organisation eg by the introduction of Wellbeing Champions across the organisation.
- Progress towards achieving Wellbeing at Work Gold accreditation, embedding wellbeing as a core organisational priority and demonstrating sustained improvement.
- Improve wider and external awareness of this venture by seeking to publish the process and findings of this Quality Improvement project.

Equity Diversity and Inclusion (ED&I)

Our equity, diversity and inclusion working group continue to meet regularly to ensure that all colleagues and patients within Horder Healthcare have a voice and influence in the workplace, ensuring the Board are aware of any changes that may be implemented as a result of the ED&I projects.

With key focus on:

- Patient Pathway
- Employee Lifecycle
- Colleague Awareness and Engagement

In 2026-2027, we aim to:

- We intend to further develop colleague ED&I awareness and knowledge and continue to improve the experience for all our patients and colleagues across the organisation.
- We plan to continue improving communication by developing as a dyslexia friendly workplace, continue delivery of coaching for disability and visual impairment awareness and continue to implement opportunities to train some colleagues in British Sign Language (BSL)/ Deaf Awareness.

Freedom to Speak Up Champions

The organisation is moving from building awareness → embedding culture. The priority for 2026-2027 is to scale, standardise, and sustain the progress made ensuring that speaking up is consistently experienced as safe, valued, and impactful across all areas.

In 2026-2027 we aim to:

- Strengthen and Sustain the Champion Network
 - Continue to grow and diversify the Champion cohort to ensure representation across all services, roles, and locations.
 - Provide structured training, development, and supervision to ensure Champions feel confident and supported.

- Introduce clear role definition and expectations to ensure consistency of the Champion function.
- Enhance Visibility and Accessibility
 - Build on lunch and learns by introducing a regular programme of engagement activities (drop-ins, roadshows, team brief integration).
 - Ensure all staff know:
 - who their local Champion is
 - how to contact a Guardian
 - Use internal communications to share real examples and impact stories (while maintaining confidentiality).
- Embed a Culture of Psychological Safety
 - Work with senior leaders and managers to:
 - promote positive responses to speaking up
 - model open, inclusive behaviours
 - Align FTSU work with wider organisational priorities such as:
 - staff wellbeing
 - inclusion and belonging
 - patient safety culture
- Improve Data, Insight, and Feedback Loops
 - Strengthen how themes from speaking up are:
 - captured
 - analysed
 - reported
 - Ensure learning is fed back visibly to staff (“you said, we did”)
 - Use insights to inform organisational improvement and risk management
- Support Guardians and Champions Wellbeing
 - Recognise the emotional impact of the role by:
 - providing peer support forums
 - offering supervision and debrief opportunities
 - Ensure adequate capacity and protected time for both Guardians and Champions
- Focus on Early Resolution and Informal Speaking Up
 - Encourage use of Champions as early, informal listening routes
 - Promote resolution at the lowest appropriate level, where safe to do so
 - Reduce escalation by building confidence in local conversations
- Measure Impact and Maturity
 - Develop metrics to assess:
 - awareness
 - confidence to speak up
 - timeliness of response
 - Benchmark progress against national expectations (e.g., NHS FTSU guidance if applicable)
 - Use staff survey data to track improvements in speaking up culture

Gender Pay Gap

Commitment

We recognise that both mean and median pay gaps have increased this year, however, following a review of the data this is primarily due to the female composition of the workforce, in particular the concentration of females in the lower quartiles and the highest proportion of males within the upper quartile. We have been committed to supporting women to progress in the Organisation and anticipate a change in our mean and median pay gap for April 2026 data

due to the succession of females into senior roles through internal development and recruitment.

We aim to:

- We recognise that both our mean and median gender pay gaps have increased this year. While women represent the majority of our workforce, including 70% of roles in the upper pay quartile, the gap is influenced by a small number of higher-paid senior roles.
- We are committed to addressing this by increasing the representation of women in the most senior and highest-paid positions, while maintaining fair and equitable pay across all roles.
- We have set clear targets to reduce our mean gender pay gap from 12.41% to 10–11% by April 2026 and to 8–10% by April 2027, and to reduce our median gap from 12.64% to 10–11% by April 2026 and to 8–9% by April 2027. We will also reduce our mean bonus gap from 34% to 20–25% by April 2026 and to below 20% by April 2027.
- We will maintain strong female representation across the organisation, including at least 70% in the upper pay quartile, while increasing the proportion of women in the highest-paid senior roles.

Progress will be reviewed annually, with accountability at senior leadership level.