



KIMS Hospital Quality Account 2018-2019

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2018-2019 Statement of Directors' Responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year.

The Department of Health has issued guidance on the form and content of annual Quality Accounts (in line with requirements set out in Quality Accounts legislation).

In preparing their Quality Account, Directors should take steps to assure themselves that:

- The Quality Account presents a balanced picture of the Hospital's performance over the reporting period.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice.
- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with any Department of Health guidance.
- The Hospital will ensure that all the information provided in this report is not false or misleading.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

By order of the Board



Peter Goddard, Chairman

Date: July 2019



Simon James, Chief Executive, KIMS Hospital

Date: July 2019

Statement from Registered Manager & Chief Nurse

We have maintained our focus on quality improvement over this past year. We have continued to build our plans around the three strategic objectives of Providing Safe, Outstanding Care, Working together as one team to make KIMS Hospital a Great Place to Work and Commercial Success. Our dedicated teams of clinical and non-clinical staff continue to work within these objectives to deliver safe, outstanding quality care. Our focus has always been safety, and following a couple of serious incidents over the past year, we have undertaken a review of some of our services as well as how we work together with our doctors, to outline areas for improvement to keep our patients at the heart of everything we do. This work will continue over the coming twelve months with key focus being on improving our pre-operative assessment processes, mapping the patient's journey and developing a common language for staff where there are concerns relating to patient safety. We propose to adopt the Speaking up for Safety programme, working in partnership with our doctors, giving everyone a voice which is both listened to and heard.

One of our on-going strategic initiatives continues to be to invest in recruitment, retention and training, and over the past year we have developed a more robust induction process for our new employees. This has supported the standardisation of our corporate induction process, and over the coming year we will be working with our department leads on reviewing and standardising their departmental induction programmes and competency frameworks. A focal point has been looking at the training for our bank staff to ensure they are inducted appropriately and have the level of training required to meet our standards. Our reliance on the use of temporary staff remains low, and our HR and recruitment team continue to work closely with our leadership team to support the staffing agenda. In order to keep our focus on developing our staff we have reviewed our leadership group over the past year, changing this from a Heads of department group which was

focused on information sharing, to a Leadership Action Team, whose focus remains on shared learning but now has a structured focus on operational projects identified to improve services for our patients and management of our team. This has been possible following the development of these individuals over the years through the ILM 3 and 5 programmes.

The report outlines our continued success in managing avoidable infections, with 100% compliance to our targets of zero reportable infections. The focus of our Infection Prevention and Control (IPC) Lead Nurse has been on surgical site surveillance and mandatory reporting, and audit compliance. We achieved our CQUIN target of 75% of patient facing staff receiving the flu vaccination this year due to the focus and diligence from our IPC Lead Nurse, who facilitated drop in sessions around the organisation to enable staff to access the vaccine easily at convenient locations. Details of all the work carried out this year is detailed within the Annual Director of Infection Prevention and Control (DiPC) Report. Over the coming year we are developing further our focus on IPC within an IPC Strategy, which will be launched in the summer of 2019.

Over the past year we have been looking at our quality improvement journey and identifying services and areas of improvement across the organisation, both clinical and non-clinical. We have agreed that we want to work at developing a partnership way of working with our patient groups to support our aim to put our patients at the heart of everything we do. To this end we have decided that over the coming year we will work together on our patient pathways, looking at methods of communication, information giving, accessing services to name but a few.

This work we believe is a key part of our journey to move from a rating of “Good” to “Outstanding”.

Our focus clinically remains on the development of cancer services, and over the past year we have launched our Breast Screening programme, and have been working with our Consultant body on the development of a Healthy Bowel and Prostrate programme to support the national health agenda. We have also worked with our diagnostics and imaging teams to increase capacity on our scanners, to meet the growing demand for diagnostic services, and this year we will be developing our interventional radiology services. We will be working with our daycare team to support a more inclusive pathway for patients requiring day-care procedures, and are exploring the development of an all-inclusive day-care unit within the hospital. We have listened to our teams have outlined how service improvements can be made, part of which is being led by one of our HCA's who is a member of the daycare team, and who has devised a plan to improve the pathway for our patients from their out-patient consultation. This has come to fruition as a result of the re-launch of our staff suggestion scheme, the "Go Fund", where we have developed an opportunity for our staff to put forward suggestions which will improve services or efficiencies in services. This project was one of 8 that the Hospital Management Board have agreed to support over the coming year.

Finally, we remain inspired by the exceptional people we have working within our organisation, who constantly put the needs of our patients and services users at the forefront of all they do. Quality Improvement is a continuous cycle which all of our teams are aligned to and without whom we could not provide the great care we do each and every day. Thank you to all our staff at KIMS Hospital. We look forward to the year ahead.

By order of the Board



Simon James, Chief Executive, KIMS Hospital

Date: June 2019



Jackie Groom, Chief Nurse, KIMS Hospital

Date: June 2019



About KIMS Hospital

About Us

KIMS Hospital is the largest independent hospital in Kent providing prompt, safe, quality care for our patients.

Our hospital provides services for eight clinical commissioning groups, over 350 GP practices covering a population within Kent of 1.8 million. Through this reporting period KIMS Hospital saw in excess of 9,400 of in and day case patients.

At KIMS Hospital we strive to provide the best possible care to our patients at every stage of their journey, from diagnosis to recovery. Our dedicated nursing teams and over 250 expert consultants ensure the best treatment available for any patient is promptly delivered.

Our state of the art facilities and innovative technology support a wide range of specialist services, designed with patients in mind.

Our facilities include:

- 72 en-suite bedrooms
- 20 day case beds
- 17 consultation/examination rooms
- 6 outpatient treatment rooms
- 6 operating theatres
- 1 endoscopy suite
- Enhanced care facilities
- Comprehensive diagnostics and imaging suite, including MRI and CT
- Physical Therapy department
- Pathology and Phlebotomy
- Private GP service
- Out reach clinics across Kent

KIMS Hospital is the only independent hospital in Kent to offer:

- Nuclear Medicine
- Interventional cardiology services

Key Areas

We provide services for NHS, privately insured and self funded patients.

Our aim is to provide patients and their families with the best service, focusing on four key areas:

The Best Expertise

Our clinical teams are made up of highly qualified experts and our management and governance teams are highly experienced with backgrounds in both the NHS and the private sector.

The Best Facilities

The hospital design was influenced by our consultants and clinicians which has allowed us to streamline fully integrated care for each patient journey.

The Best Technology

The Hospital is home to state of the art imaging, diagnostic and operating environments. We have UK reference site status for some of the UK's leading medical technology.

The Best Care

We put the care of our patients at the heart of everything we do. Our clinical leadership ensures the 6C's of nursing including care, compassion, competence and commitment, are embedded across all clinical and non-clinical teams.

KIMS Hospital is a Bupa accredited Breast Care Centre and Prostate Care Centre. We are recognised for the specialist care we are able to offer our patients through our Breast Care Services and Prostate treatment. We are also a Bupa approved specialist MRI and CT centre and also and approved specialist for cataracts.

We continue to expand our boundaries of care for our patients by providing more locally accessible facilities across Kent by offering a range of outpatient services at our five outreach clinics.

We are the private hospital partner for Kent County Cricket Club.

There is continuing expansion of services available at KIMS Hospital with the availability of a new Breast Screening Service and the ongoing development of cancer services.

Mission & Values

Our Mission

To provide the highest quality of **care** in a world class clinical environment for the **people of Kent**. This means being **safe, caring, responsive, effective and well-led**.

To achieve our **Mission** we will work according to our **Values**:

- We will be **caring, confident, dynamic** and respect people.
- We will operate and communicate with **integrity** as a team to bring **quality** and **value**.



The quality of the services we provide is at the heart of what we do and we endeavor to develop and continually improve our services and systems to support our Mission.

Quality Account Methodology

KIMS Hospital is regulated by the CQC and is committed to publishing a Quality Account that assesses our performance against the five key questions central to their standards.

Are our services SAFE?

Are people protected from abuse and avoidable harm?

Are our services EFFECTIVE?

Does people’s care and treatment achieve good outcomes and promote a good quality of life, and is evidence based where possible?

Are our services CARING?

Do staff involve and treat people with compassion, kindness, dignity and respect?

Are our services RESPONSIVE?

Are services organised so they meet people’s needs?

Are our services WELL LED?

Are services well-led with clear vision, strategy and positive staff culture? Are there effective governance, patient engagement and incident and complaint management procedures?

Overall Good	Safe	● Good	Medical care (including older people’s care)	● Good
	Effective	● Good	Surgery	● Good
	Caring	● Good	Intensive/ critical care	● Not sufficient evidence to rate
	Responsive	● Good	Services for children and young people	● Good
	Well-led	● Good	Outpatients	● Good

Our ongoing journey from Good to Outstanding continues with the ‘Good to Outstanding action plan’ becoming part of our strategic objective for safe outstanding care of patients and is overseen by the Hospital Management Board.



All areas across the organisation are now working towards obtaining a CQC ‘Outstanding’ rating.

Quality Priorities 2018 - 2019

Cancer Services

KIMS Hospital have continued to increase their cancer screening service to include not just Breast but also Prostate and Bowel, and our one stop breast clinic also continues to develop. These are supported by experienced consultants, specialist radiologist and nurses including a Macmillan Breast Care nurse specialist. We are working in partnership with other organisations to assist in the treatment of our cancer patients, supporting in the delivery of cytotoxic treatments.

Our cancer patients are now supported by a Macmillan cancer support group run by our Macmillan Breast Care nurse specialist. Our cancer service continues to grow and develop and also remains a focus for the coming year.

Dementia Strategy

Our dementia strategy continues to be embedded with the training programme having been fully developed and all relevant staff being trained in tier 1 and 2 dementia training. A tier 3 training programme is still being developed to ensure all key clinical staff requiring this level of training fulfil the requirement.

The hospital's Mental Capacity Policy is well established within the organisation and is fully supported by our consultant colleagues, with best interest meetings becoming part of normal practice. Holding best interest meetings when a patient is identified has been a key focus and ensures each patient with a diagnosis of dementia, or, patients with intermittent confusion have individualised care plans in place.

Venous Thromboembolism (VTE)

The NICE VTE quality standard reflects the recognition of VTE prevention as a top clinical priority. This has and will therefore remain an ongoing focus within KIMS Hospital.

Over the last year the key focus has been to review the NICE guidelines in detail and adapt and change our policy to support changes made in relation to the guidelines and also reflect practice in our local partner NHS Trusts. Improvement continues in all aspects of VTE prevention including VTE risk assessment, prompt and thorough investigation when VTE is identified and overall VTE prevention management within the hospital. The hospital is about to begin its journey toward VTE exemplar status with Kings College Hospital.

In terms of determining how good our service is in relation to VTE prevention, it is essential to ensure that KIMS Hospital further develops its systems of prevention based on a step-wise approach. Over the coming year KIMS Hospital aims to improve its compliance with the requirement of completed risk assessment to 100%, and complete the process of applying for VTE exemplar Status by implementing an improved policy, lead VTE link nurse and a VTE committee.

Commercial

Working together as ONE team - making KIMS Hospital a great place to work.

Providing safe, outstanding quality care for our patients.



Success



Safe

Safe

Are people protected from abuse and avoidable harm?

Ensuring services across the organisation are safe is a key KIMS Hospital strategic objective.

Risks to patient safety are identified through a number of routes including routine and ad hoc audit, risk assessments, complaints, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Throughout KIMS Hospital the staff work together as One Team to ensure hospital policies and procedures are adhered to.

This helps to reduce infection rates, put checks in place to prevent harm, mistakes, and ensures strong lines of communication between hospital staff, patients, and their families.

Infection Prevention & Control

KIMS Hospital has, since its inception, placed infection, prevention & control (IPC) at the heart of good and safe clinical practice and is fully committed to reducing the risks of healthcare associated infections (HCAIs) being acquired within our hospital.

It is recognised that infection control is everybody's responsibility and must remain a high priority for the organisation ensuring the best outcome for all of our patients.

KIMS Hospital has implemented robust audit and surveillance, an effective training programme and has a zero-tolerance approach to avoidable infection and a collective responsibility which places a duty on all staff to minimise the risk of infection at all times. A three year infection prevention control strategy has been developed which sets out our continued commitment to ongoing monitoring and improvement across all aspects of IPC within KIMS Hospital.

The annual IPC programme focuses on ensuring the ongoing compliance with all regulatory requirements and this year demonstrated continued commitment to meeting these requirements by:

1. KIMS Hospital participates in the National Public Health surveillance programme for surgical site infection for Hip and Knee joint replacements and has subsequently increased this programme to include Breast Surgery and Abdominal Hysterectomies.
2. KIMS Hospital participates in the national patient-led assessment of the care environment programme and has demonstrated good compliance scores for cleanliness achieving 99.82% with national standards across healthcare organisations.
3. Joined the Kent and Medway wide HCAI reduction collative whereby all IPC leads from the NHS, independent and voluntary sectors come together to share knowledge and learning to help in the reduction of healthcare associated infections.
4. KIMS Hospital complies with the 49 steps National housekeeping audit programme and has demonstrated a month on month increase in the compliance leading to the introduction of setting a KIMS standard which is 10% higher than the National standard.

Mandatory Reporting

The Infection Prevention & Control (IPC) annual programme (2018-2019) was designed to achieve compliance with the standards identified within the Code of Practice, and achieve all national and local infection related objectives:

Objective	Target	Achieved/Not Achieved
MRSA Bacteraemia	No Avoidable Cases	Achieved
MSSA Bacteraemia	No Avoidable Cases	Achieved
Clostridium difficile	No Avoidable Cases	Achieved



0 Cases of MRSA
0 Cases of C. Difficile
Since opening in 2014

Adverse Incident Reporting

The DATIX incident management system is used to report and record investigation into any incidents that occur across the organisation. These include clinical, non clinical and Healthy & Safety incidents along with complaints and compliments.

Incidents are monitored in several ways within the organisation: locally at team meetings, at the weekly DATIX review meeting (ensures investigation and actions are assigned to the correct individual(s)), monthly governance meetings, including Clinical Effectiveness.

The Quality and Governance Committee monitors all incidents reported in relation to department noting any trends.

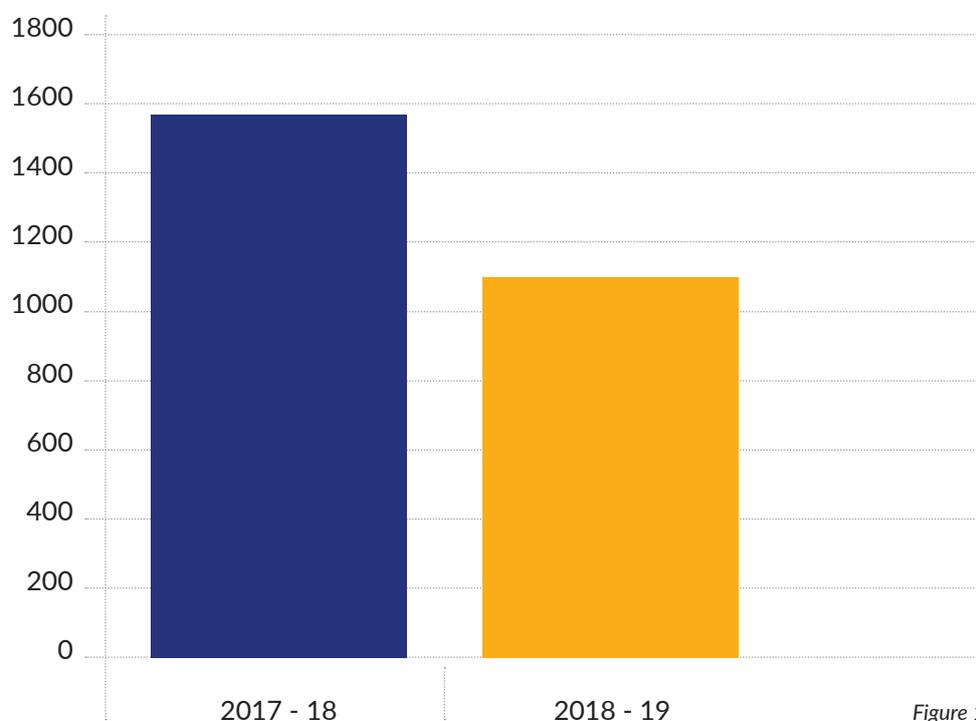
Significant incidents / never events and trends, when identified, are discussed at the weekly Hospital Board meeting. The final review and discussion occurs at the Quarterly Quality and Governance Sub Committee meetings.

Figure 1 shows the number of incidents raised in 2017-18 and in this reporting year 2018-19.

There is a decrease in incident reporting throughout the reporting year, this is based on several improvements to process and changes in reporting process, these include new falls procedures, improvement in administration processes and increase in training compliance.

No trends were identified throughout the reporting period.

Incident Reports

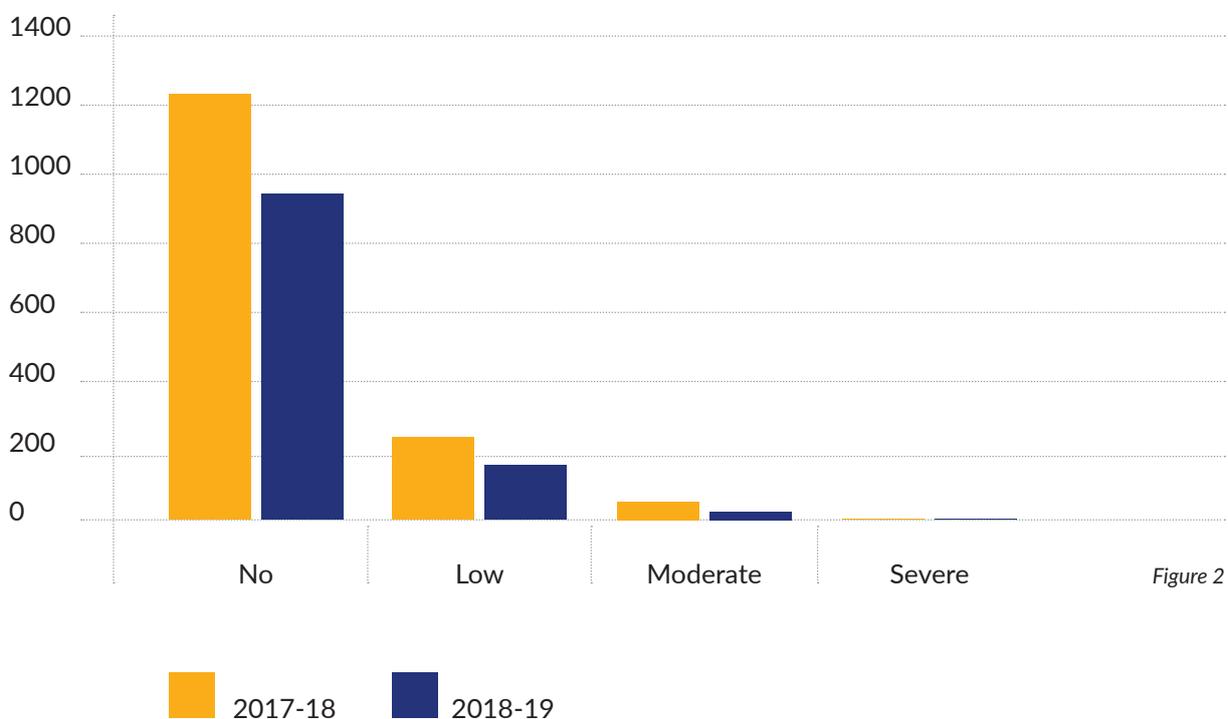


Incident By Severity

Figure 2 shows the breakdown of incidents by severity. The majority of which cause no harm, due to the event having occurred but leading to no injury or harm. Harm events are broken down further to low harm, moderate harm and severe harm incidents.

A single severe harm incident occurred in this reporting year, this was associated with an adverse outcome post orthopaedic surgery leading to vascular injury.

Incident by severity



“As an inpatient, I experienced excellent service and care here. Not only are the staff friendly and attentive but the facilities are outstanding too.”

Google Review August 2018

Triple Lock

Scope of Practice- Triple Lock

Ongoing review of management of practicing privileges within the organisation continues to be improved in all aspects of requirements. One essential element is ensuring up to date and accurate scope of practice (SOP) is available for all consultants practicing at KIMS Hospital. With over 250 consultants covering many different specialities it is essential that all staff are aware of any one consultants scope of practice to ensure that only those procedures that are covered within their scope are carried out within the hospital.

To ensure SOP for any consultant is considered before a procedure is carried out a 'Triple lock' process has been introduced. This initiates checking at every stage of a patients pathway from booking to entering theatre.

The first stage in introducing this process was to make available to all staff the consultant SOP database. This is now located in an accessible folder on the hospitals computer drive.

The triple lock process (Appendix 2), begins at the initial booking stage of a patients journey.

Check 1 - Here the reservations team must check that the details of the procedure to be carried out against the consultants SOP. The reservation team member who has checked the SOP must complete and sign a check form prior to passing to the bed meeting. If there is any discrepancy or unclear requests then this is highlighted to the member of the team attending the bed meeting

Check 2 - At the daily bed meeting the forms and requests are discussed to again check the SOP is appropriate for the requested procedure. A theatre representative will check SOP against request and sign a check form to confirm it is correct. If at this stage a procedure does not match a consultant SOP the request will be escalated to the theatre manager and senior clinical team. The consultant will be

contacted and the case discussed. If evidence of carrying out the procedure elsewhere can be shown, and verified by the medical director then the case may be permitted to proceed. If this is not the case then the procedure may be postponed or cancelled.

Check 3 - The final check occurs 24hours prior to the planned procedure. The theatre practitioner responsible for the specific operating list undertakes a further check and verifies it against the consultant SOP. There is a final confirmation at the theatre huddle prior to beginning of a theatre list.

Implementing this process gives assurance that no consultant can practice outside of their scope of practice or outside of their allocated clinical hours whilst operating at KIMS Hospital.



Effective

Effective

Does people's care and treatment achieve good outcomes and promote a good quality of life, and is this evidence based where possible?

By effective, we mean that people's needs are met and their care is in line with nationally recognised guidelines and relevant NICE quality standards and, we offer the most effective techniques to give them the best chance of recovery.

Clinical care, treatment and decision making should reflect evidence-based best practice to ensure that the risk of inappropriate or unnecessary treatment and care is reduced to the lowest possible level. Here at KIMS Hospital we:

- Keep up with evolving practice and provide efficient and effective response to promote safe and clinically effective care
- Have systems and processes in place to ensure compliance with safety and clinical directives in a timely way, including any new safety alerts and NICE guidance
- Regularly monitor patient outcomes both locally and by use of nationally available tools such as Patient Reported Outcome Measures (PROMs)

KIMS Hospital ensures effective treatment for their patients by; keeping policies up to date and inclusive of guidance from standards and best practice alongside regular monitoring of adherence to such policies. This helps to safeguard patients best interests by use of evidence based care. By consistently monitoring patient outcomes we can assure our patients, Clinical Commissioning Groups (CCGs) and partners that care continues to be effective.



“Wonderful hospital, kind and sympathetic staff and beautiful surroundings. My surgeon was fantastic and filled me with confidence and optimism. I couldn't praise KIMS highly enough.”

Facebook Review August 2018

Clinical Outcomes

The ultimate measure by which to judge the quality of a medical effort is whether it helps patients (and their families) as they see it. Anything done in healthcare that does not help a patient or their families is, by definition, waste, whether or not the professions and their associations traditionally allow it. (Berwick 1997).

Patient Reported Outcome Measures (PROMs) is a national programme organised by NHS England and is run on their behalf by Quality Health and a number of other approved contractors. It is a mandatory national data collection system and its purpose is to gather key information on the health state of patients before their operation and after it. This information is needed to ensure that the operations that patients have are effective and lead to improvements in their health. The patients from which data is collected are having planned procedures. The programme does not cover emergency cases.

The programme covers both NHS hospitals and Independent Sector Providers in England that undertake elective operations on four procedures for NHS patients. PROMs covers patients who are having procedures such as hip replacements, knee replacements, groin hernia and varicose vein operations. Here at KIMS Hospital we collect data on patients who undergo knee and hip procedures. The number of patients undergoing varicose vein procedures does not meet the minimum number required for participation in the data collection system.

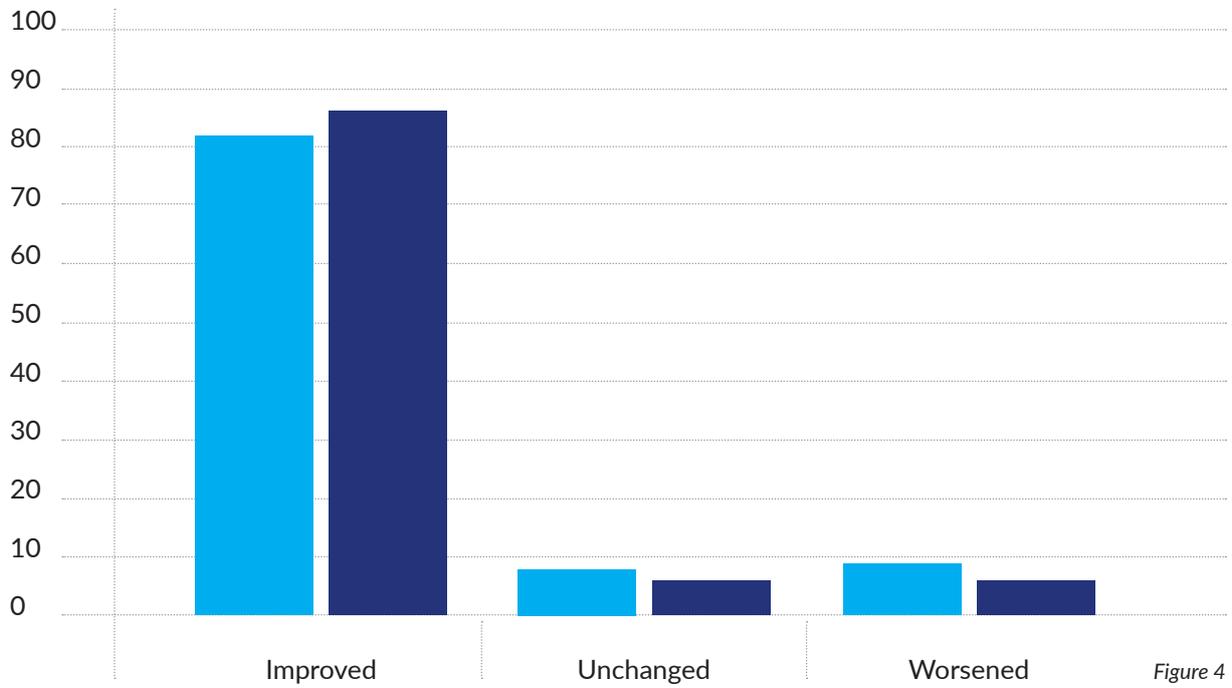
There are two questionnaires: the pre-operative survey, administered by staff in hospitals; and the post-operative survey, sent to patients 3 months or 6 months after their operation, direct to their home address.

Review of most recent data indicates that KIMS Hospital is not an outlier for data recorded and in fact sits slightly above competition. Hips and knees are very effective across all measures and are thus seen as successful procedures.

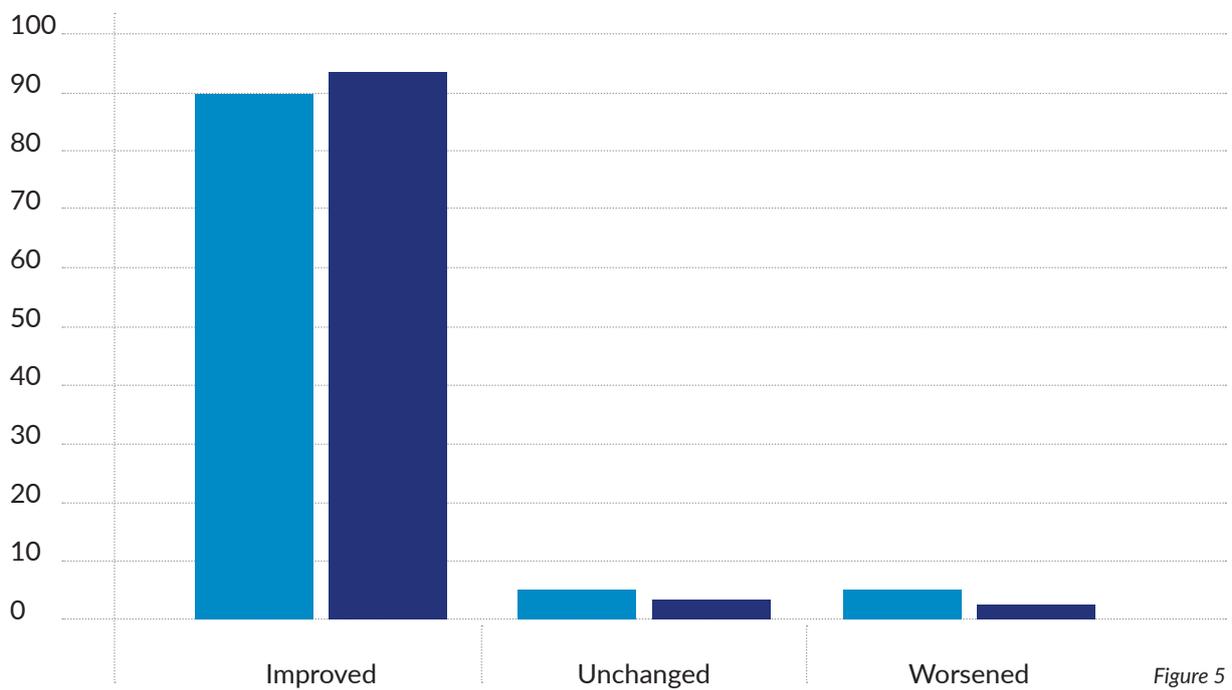
Figures 4 & 5 below show KIMS Hospital PROMS data against NHS England data.



EQ5D Total Knee Replacement



EQ5D Total Hip Replacement



Unplanned Readmissions / Return to Theatre

One way of measuring the quality, as well as the effectiveness of treatment and care provided by KIMS Hospital, is by looking at the number of patients who have an unplanned readmission within 30 days of being discharged and/or unplanned return to theatre. Unplanned readmissions and returns to theatre can be affected by many factors, including a patients' medical condition, age, living conditions, or post discharge support.

As there are many variables not attributable to KIMS Hospital, this may not be the best measure of quality. It is however, a useful indicator of effective development of processes and procedures which may prevent these unplanned readmissions and returns to theatre.

Both these measures have been identified as being sensitive to improvements in coordination, process of care and discharge planning for patients. All readmission and return to theatre data is reviewed and monitored at the Hospital Mortality and Morbidity meeting to ensure any trends are identified and acted upon in an appropriate and timely way.

Figure 6 & 7 show numbers and rates of readmission and returns to theatre over the last two reporting periods.

The increase in return to theatre is reflective of the increase in patient numbers and the increase in more complex cases and patients with comorbidities that are being undertaken at KIMS Hospital.



Readmission / Return to Theatre

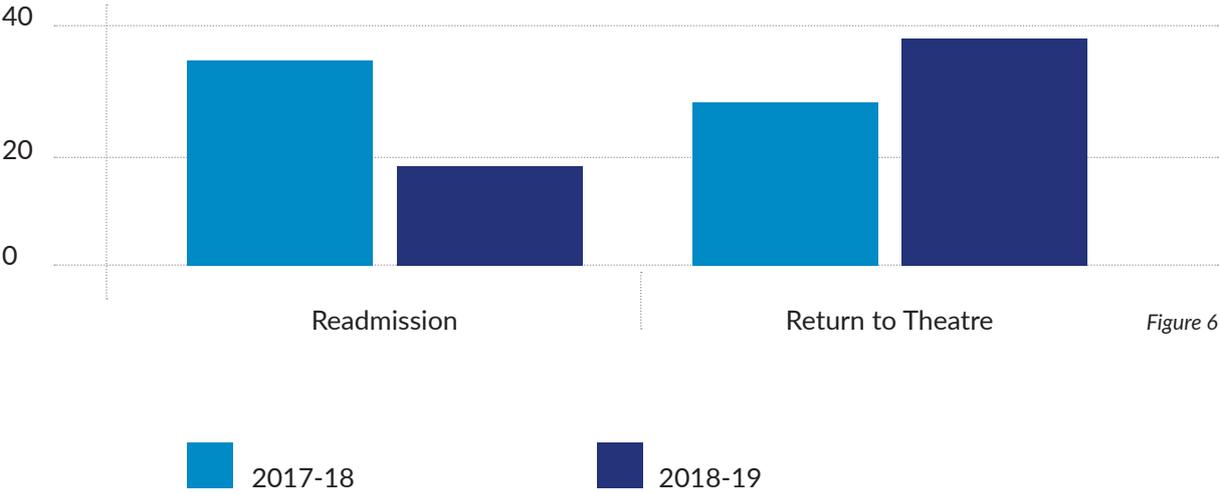


Figure 6

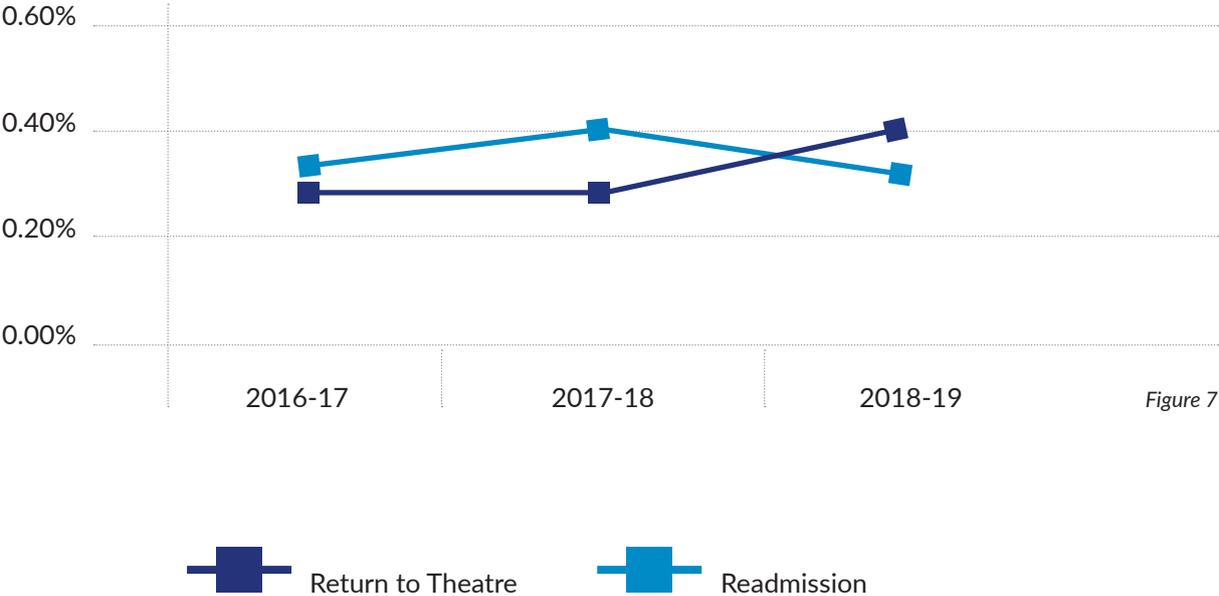


Figure 7



Caring & Responsive

Caring & Responsive

Do staff involve and treat people with compassion, kindness, dignity and respect?

Are services organised so they meet people's needs?

All staff at KIMS Hospital treat patients and their families with kindness, dignity, respect and compassion. Staff take time to interact with patients and those close to them and are always respectful of the patients privacy and dignity.

Patients were also involved in their treatment and care if this was required. KIMS Hospital introduced 'KIMS Angels', a group of volunteers who come into the hospital and support patients both emotionally and with any help they may require.

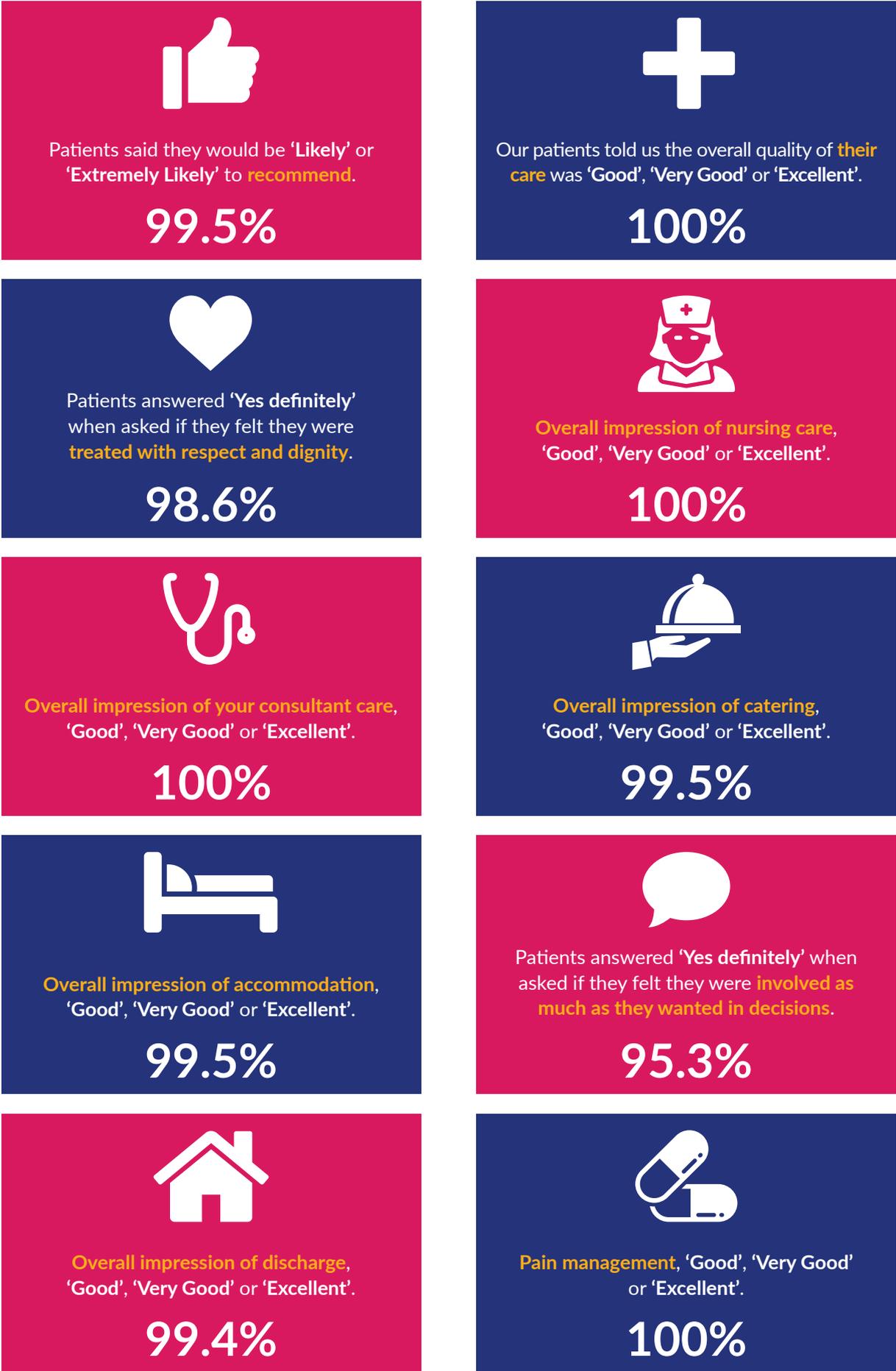
This caring approach of all staff across the organisation is reflected in the recent 2018 friends and family test results (94% were extremely likely to recommend KIMS Hospital, and 91% rated the overall quality of care as excellent) and in consistently positive results gained from the inpatient questionnaires. Results of these questionnaires are openly displayed around the hospital, information includes both positive and negative comments.



“Had a full knee replacement done at KIMS absolutely amazing thought I was in a 5 star hotel. The Nurses and Doctors are truly brilliant with you couldn't ask for anything better.”

Facebook Review January 2019

Figure 8 is the latest Patient Satisfaction Outcomes (inpatients, April 2019).



Complaints

KIMS Hospital has a responsibility to establish a complaints procedure in line with statutory requirements. The arrangements are made accessible to all patients and their families. Our process ensures that complaints are dealt with promptly and efficiently and that complainants are treated courteously and sympathetically. Our comments and complaints procedure has three main elements:

- Listening – to hear and take seriously all feedback that is received, whether that is a formal complaint, a compliment or other patient experience.

- Responding – to provide a full written response to complaints. All responses are investigated by an appropriate senior manager and reviewed by the Chief Nurse.
- Improving - our complaint processes not only provide an investigation and formal response to the complainant but aims to identify gaps in our service provision and changes that may be needed to improve our services for patients.

Learning from our complaints received is highlighted at meetings which include; Clinical Effectiveness, Quality and Governance and Board level meetings.

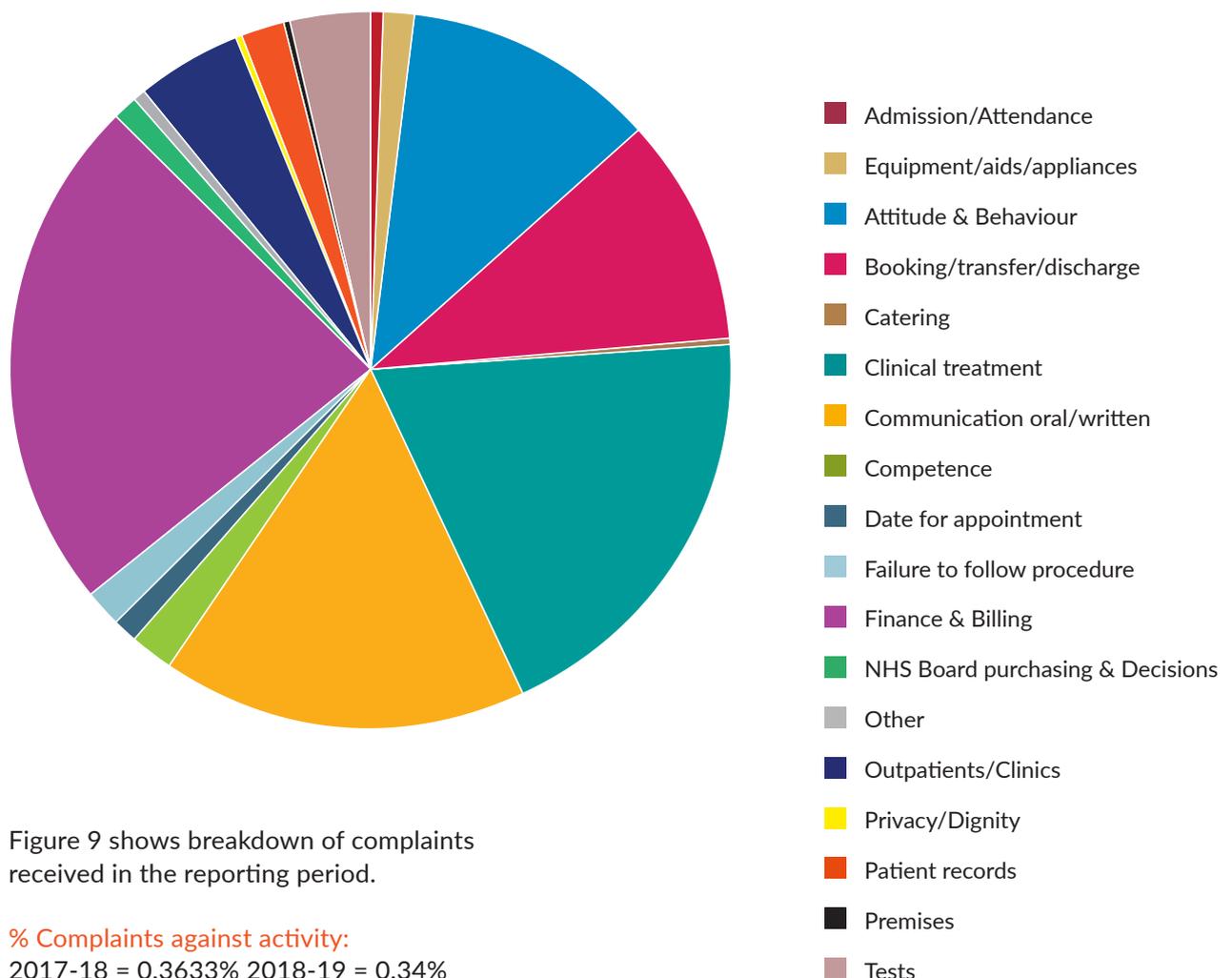


Figure 9 shows breakdown of complaints received in the reporting period.

% Complaints against activity:
 2017-18 = 0.3633% 2018-19 = 0.34%

KIMS Hospital Outreach Clinics

A large number of patients at KIMS Hospital undergo orthopaedic surgery, which often requires follow up appointments including review and physiotherapy. To make this easier for our patients who do not live within the locality of the hospital in Maidstone,

KIMS Hospital is continuing to develop its outreach services with an increase in the number of clinics available. This continues to be an ongoing project with further outreach clinics planned. (Figure 10) Services include x-rays, physiotherapy, pre and post op appointments.

Figure 10 KIMS Hospital Outreach Clinics



 KIMS Hospital

 Towns

 KIMS Hospital Outreach Clinics

1 Charing Practice, Ashford

2 Kingsnorth Medical Practice, Ashford

3 Sydenham House, Ashford

4 Wye Surgery, Ashford

5 Sevenoaks Hospital, Sevenoaks

6 Estuary View Medical Centre, Whitstable

7 Faversham Health Centre, Faversham

8 Medway Community Healthcare (MCH), Gillingham

Macmillan Support Group

The Macmillan cancer support group was set up in February 2018. It is open to all cancer patients and their families and carers.

The Macmillan Breast Clinical Nurse Specialist organises and runs the group, booking speakers and welcoming those that attend each month.

The group meetings are held the first Friday of each month between 10-12 in a very comfortable room which is in a building separate from the hospital.

Refreshments are provided and each month a different speaker or activity is held. The speakers range from mindfulness, exercise therapy, talks about anxiety and coping skills and complementary therapies. We have had an illustrator and a fascinating talk about medical detection dogs.

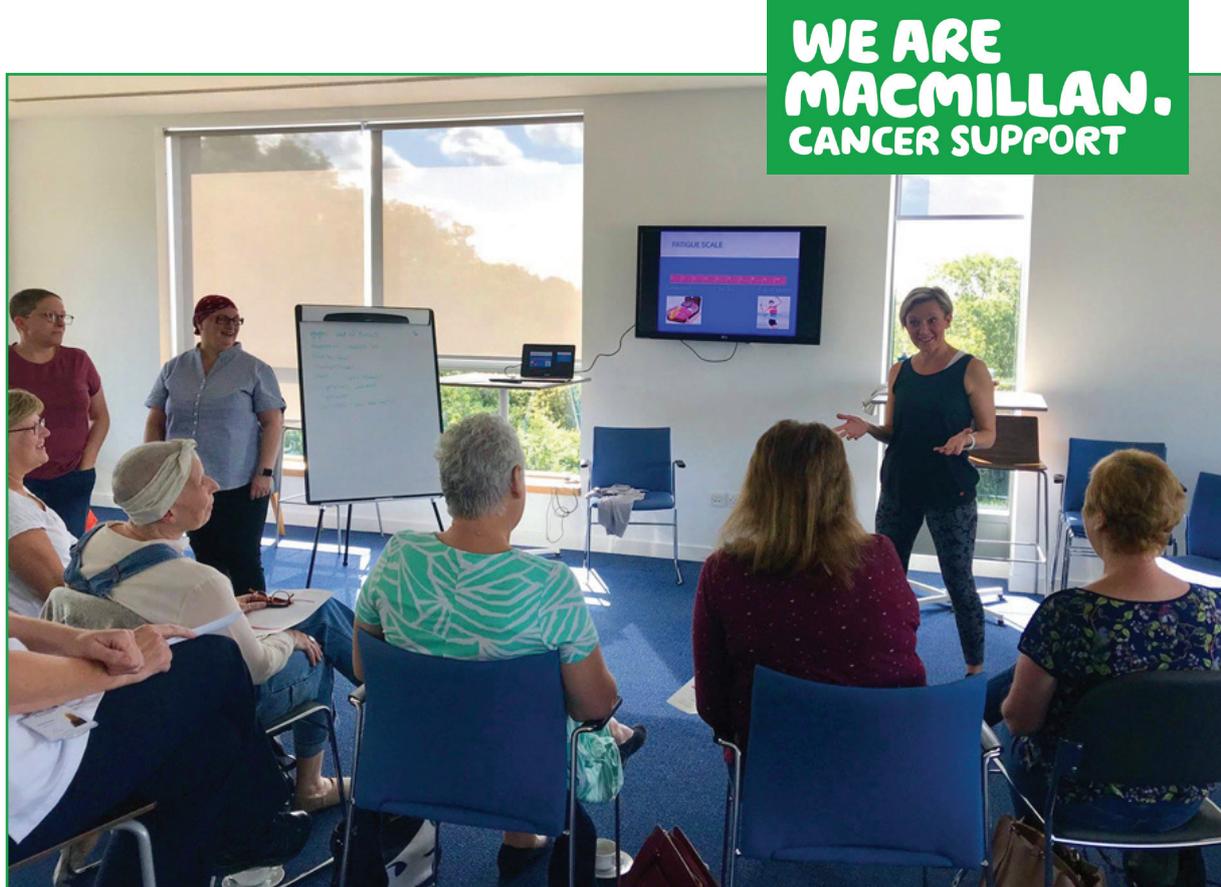
The number of attendees ranges from 10-15, however several therapists also come along and have “pop up” stands offering advice and different supportive therapies.

A grant was applied for from Macmillan and was honored in 2018. This helps to pay for speakers costs/ travel expenses and refreshments. A further application for another grant has been completed.

The attendees are all very supportive of each other and are starting to take ownership of the group by having a rota for providing cake.

They have a “whats app” group and keep in touch with each other.

The CNS hops to hold a “pamper evening” event in the near future.





Well-Led

Well-Led

Are services well-led with clear vision, strategy and positive staff culture?

A positive workplace culture leads to increased productivity, better employee morale and the ability to keep experienced workers. It also develops a team approach as well as individual responsibility, which ensures positive results not only for everyone in the team but also for each and every patient.

A key strategic objective at KIMS Hospital is to work as One Team making it a great place to work. This is reflected in our annual staff survey, which provides continually positive feedback in both communication, friends and family and engagement. The last staff survey had an **81% response rate** and **99% staff engagement score**.



In 2018 KIMS Hospital was the winner of the KEiBA employer of the year award. At the award ceremony the judges commented: “We are delighted to have chosen KIMS Hospital as the winners of the Employer of the Year Award. They demonstrated numerous initiatives and policies which they have in place to deliver and monitor their workforce’s training and development, health and safety and the general wellbeing and how these strategies directly benefit the business.”

This reflects that the hospital is well-led and administered and morale is exceptionally high. Both health and wellbeing of staff at KIMS Hospital is of high importance and we continue to grow and develop our strategy to support both physical and mental wellbeing of staff.

To ensure all staff have an opportunity to voice any concerns confidentially, KIMS Hospital have designated ‘Freedom to Speak Up Guardians’ who can be contacted at any time for confidential conversations and advice. KIMS Hospital also introduced Mental Health first aiders to ensure mental health and wellbeing of all staff, giving them somewhere confidential and supportive to turn to whenever required.



“Winning this award (KEiBA Employer if the Year) after just four years of business is no small feat and is a great credit to the brilliant team we have here at KIMS Hospital.”

(S James CEO)

A Motivated and Engaged Workforce

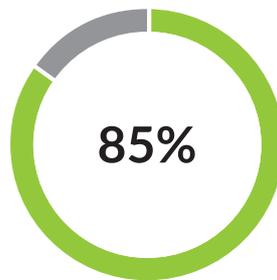
Staff Survey conducted every year - most recent survey carried December 2018.

- 394 staff invited to participate (including regular Bank)
- 313 responses received = 79% response rate

Our Staff Engagement Scores



Does your organisation take positive action on health and wellbeing?



The Hospital provides equal opportunities for career progression or promotion.



I see myself still working here in one year's time.

Resources, Training & Workload



2018-19



Last year's score



Difference from last year

	This year's score	Difference from last year
There are usually enough staff in my area to get the job done safely.	72%	8% ↑
I have the information and tools I need to do my job well.	87%	7% ↑
I have had a performance review / appraisal in the last year.	91%	5% ↑
I see myself still working at KIMS Hospital in one year's time.	90%	4% ↑
My job makes good use of my skills and abilities.	89%	2% ↑

Our next steps...



Recruitment & Retention, Staff Development & Training

Learning & Development

Our focus continues on our commitment to developing the career path for clinical staff and developing new innovative clinical roles to differentiate our offering to the clinical workforce including preceptorships for new nurses, return to nursing and student nurse placements – a new pool of candidates for us to attract. All of this will be supported by our Practice Development Nurse and we also work closely with the University of Kent on retention of staff and moving forward we will continue to implement the proposals. We have also implemented a new electronic appraisal system which has been designed by our clinical and non-clinical teams. A new corporate induction was successfully launched that has helped streamline our processes and ensure consistency, safety and quality, feedback received has included:

'I found the week to be very informative and was a great way to meet staff around the hospital. The days were set up well so that it wasn't 'too much' all at once so wasn't a complete overload. All in all, a great week.'

"Liked meeting the variety of new starters."

"Set up a Messenger Group during first week and continue to communicate with each other."

"Recruitment contact prior to joining is reassuring and useful to answer any questions."

One Team

We embrace a One Team culture - a way of working that we believe makes our hospital unique. By being open, listening and communicating with our staff, we nurture relationships, respect staff opinions and use their views to help shape our patient's experiences. We want our staff to share their knowledge, share our values and believe in what the hospital can achieve. We continue to focus on our health and wellbeing and have launched this year's challenge to support our charity of choice "Macmillan Cancer" 32 team members will walk from KIMS Hospital to the Kent Coast – 29 miles.

We are also proud to have celebrated our long serving members of employees with 5 years' service. 86 employees will receive an award during the coming year, some quotes from our long serving members of staff include:

"Always learning and have learnt so much from my managers."

"Believed in the journey and so glad we have made KIMS successful."

"Have loved seeing how the departments have evolved."

Quality Improvement Objectives 2019-2020

For improvements to be successful, we must provide a framework which embraces change and continuous quality improvement. There are nine quality objectives set for the coming three years (Appendix 3) each of which are associated with our strategic objectives and CQC domains.

Our ongoing quality strategy continues to develop as a measure of ongoing improvement across the organisation, relating to the quality

and safety of our services and the care delivered to our patients. KIMS Hospital's culture of openness and transparency supports an environment of learning and improvement across all of our services, and the ongoing quality strategy ensures that these improvements continue to develop.

Priorities for 2019-2020

Key priorities for quality improvements over the coming year include:

Pathology Accreditation

In mid 2017 Pathology services moved from a third party supplier to become part of the KIMS Hospital team. The small but busy Pathology department provides an essential service, running routine blood tests, screening of MRSA and other bacterial infections and supplying blood and blood products as required, thereby, supporting all areas within the hospital in the diagnosis and monitoring of patients.

By bringing the Pathology service in house enabled KIMS Hospital the ability to ensure the right services are implemented and maintained as required for our patients. One aspect of Pathology that has not yet been established is United Kingdom Accreditation Service (UKAS) accreditation. This is a voluntary activity which requires rigorous self evaluation and an objective independent review and evaluation by UKAS.

Accreditation puts emphasis on quality assurance and a commitment to continual quality improvements focusing on all aspects of the analytical pathway including pre, post and analytical steps. Implementation of a full quality

management system (QMS) over the coming year will enable the department to apply for and accomplish UKAS accreditation.

Accreditation gives laboratories, regulators and service users confidence in pathology, It addresses the primary concerns involved in medical laboratory services: accuracy, reliability and safety. It means that the pathology services have been assessed against internationally recognized standards to demonstrate their competence, impartiality and performance capability. Accredited laboratories are able to reduce risks, control costs and stimulate innovation, providing patients with high-quality services which is a key objective at KIMS Hospital.

Written Documentation

Over the reporting period the quality of clinical notes both by consultant staff and nursing staff have been audited as part incident investigations. In several instances notes were found to be either illegible or lacking in detail or entries omitted.

Good clinical records are a prerequisite of delivering high-quality, evidence-based healthcare, particularly where a number of different healthcare professionals are contributing simultaneously to patient care. Unless everyone involved in clinical management has access to the information they require, duplication of work, delays and mistakes are inevitable.

Therefore medical records must be:

- Clear – both legible and understandable when handwritten. Each entry should be legibly signed with the date and time
- Objective – clinical records should be factual and free from subjective comments about patients or their relatives
- Contemporaneous – clinical records should be written up at the time to ensure accuracy
- Attributable – if information has been given to you by someone other than the patient, then you should record who provided the information as well as what they said
- Original – sometimes it is necessary to amend or alter medical records, for example if a factual error has been made. Any correction must be clearly shown as an alteration, complete with the date the amendment was made and the name of the person who made it so there can be no allegation that the alteration was an attempt to deceive anyone into thinking that it is part of the original record

KIMS Hospital aims to provide the highest quality of care to its patients so improvement in medical record keeping and written documentation has become a key focus for the coming year. All staff across the organisation are passionate that documentation is to the highest standard to ensure our patient safety.

A working party has been developed to complete further more detailed documentation audits, identify trends and set key improvement objectives across clinical specialties.

A working party has also been developed for the consultant body within KIMS Hospital who will be working across all specialties to improve documentation throughout the patient journey when under their care. The audits will not only

review how we document but also whether our documentation is fit for purpose and how it can be improved to enable our records to be clear and objective.

Speaking Up for Safety – Patient Advocacy

As part of our continuing journey from Good to Outstanding and as an action from ongoing improvements and learning from incidents KIMS Hospital are implementing the Speaking up for Safety programme, to empower staff to speak out and become the patient advocate.

The programme is based on the work of the Vanderbilt Centre for Patient and Professional Advocacy in the United States, and is a critical aspect of achieving an organisation-wide safe and reliable culture.

The programme teaches a common language, where all staff support each other by effectively communicating concern to colleagues that unintended harm to patients may be about to occur. A critical aspect of achieving safety for all patients is through:

- Leadership commitment to promoting a culture of Speaking Up for Safety
- Skilling staff in a common language of speaking up at any time there is a safety concern
- A culture where staff check each other and welcome being checked improving accountability

Implementation is planned to begin with training of key staff members and then roll out of training across the whole organisation. This will include clinical, non clinical and consultant staff members, and will also include bank staff members who work within the organisation.



Appendix

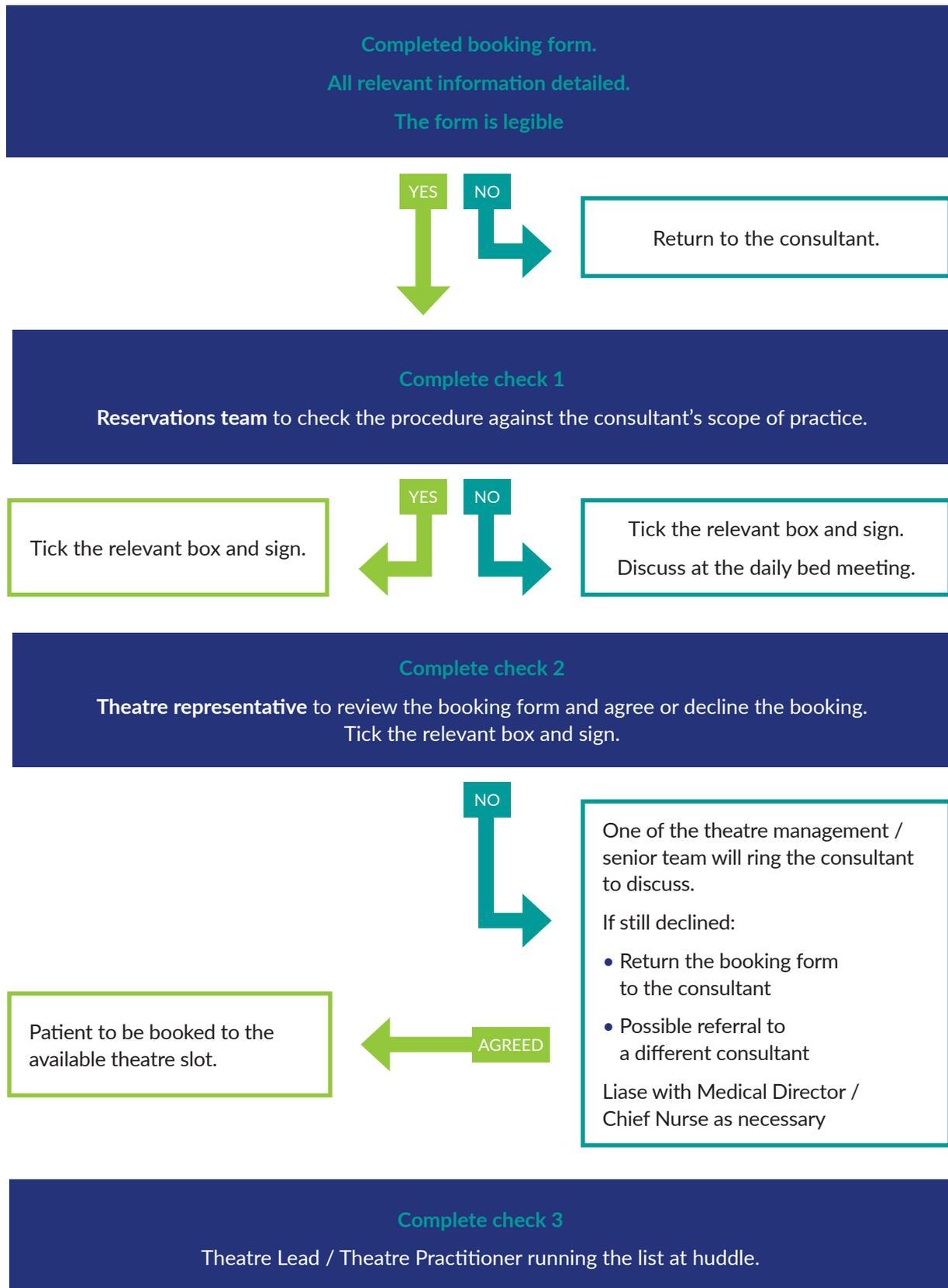
Appendix 1 - Prescribed information

	Prescribed information	Type of trust	Comment
18	<p>The trust's patient reported outcome measures scores for:</p> <ul style="list-style-type: none"> (i) groin hernia surgery (ii) varicose vein surgery (iii) hip replacement surgery and (iv) knee replacement surgery 	Trusts providing relevant acute services	<p>Available for 2017-18 only at time of reporting:</p> <ul style="list-style-type: none"> (1) Groin hernia (EQ-5D) = NA (2) Varicose veins - NA (3) Hip replacement (Oxford hip score) = 23.941 (4) Knee replacement (Oxford Knee score) = 17.052
19	<p>The percentage of patients aged:</p> <ul style="list-style-type: none"> (i) 0 to 14 and (ii) 15 or over <p>readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.</p>	All trusts	<p>All patients readmitted to KIMS Hospital are over the age of 15 years</p> <ul style="list-style-type: none"> i) 0% ii) 100%
20	The trust's responsiveness to the personal needs of its patients during the reporting period.	Trusts providing relevant acute services	KIMS Hospital patient satisfaction survey is given to all inpatients and measures the responsiveness to personal needs of its patients (91% for overall quality of service over the reporting period).
21	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	Trusts providing relevant acute services	I would recommend KIMS Hospital to friends and family if they needed care or treatment – 95%
22	Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2).	Trusts providing relevant acute services	Friends and Family recommendation of care 93.4%

	Prescribed information	Type of trust	Comment
23	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	Trusts providing relevant acute services	Assessment for VTE for NHS patients = 98.4%
24	The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	Trusts providing relevant acute services	0/100,000 bed days cases of C.difficile
25	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	All trusts	7 patient safety incidents reported, 1 reported as severe harm.

Appendix 2 - Triple Lock Process

Flowchart for booking forms to ensure procedures are booked in line with consultants' 'Scope of Practice'



Appendix 3 - Quality Objectives

2018 - 2020

Quality Objectives		Strategic objectives	Quality domains	KIMS Value
1	To work towards CQC outstanding rating in all core areas.	Safe outstanding care Working as one team Commercial success	Caring Responsive Effective Well-Led	Caring Dynamic Respect Integrity Quality
2	Maintain and exceed our position in both staff and patient experience.	Safe outstanding care Working as one team	Caring Well-Led	Respect Integrity Caring
3	Continue to improve the safety culture by effectively managing risk to maintain quality of care and to develop a learning organisation.	Safe outstanding care Working as one team	Safe Caring	Caring Confident Dynamic
4	Implement and embed a quality management system (QMS) across the organisation leading to successful accreditations and certifications (ISO, JAG, VTE).	Safe outstanding care Commercial success	Safe Responsive	Integrity Quality Value
5	Actively improve and promote visibility of clinical outcomes by publication and monitoring.	Safe outstanding care Commercial success	Responsive Effective	Confident Value

Quality Objectives		Strategic objectives	Quality domains	KIMS Value
6	Compile and complete a robust audit schedule across all areas of the organisation to drive continuous improvement and a culture for change.	Safe outstanding care Working as one team	Safe Responsive	Integrity Quality Dynamic
7	Performance benchmark (using a quality dashboard) against published internal and external data.	Safe outstanding care Commercial success	Safe Responsive Effective	Confident Quality Integrity
8	Work creatively with partners to develop and sustain high quality of care as part of the health economy of the future.	Working as one team Commercial success	Effective Well-Led	Quality Caring Value
9	Value and promote our environmental and social responsibilities within the local community.	Working as one team Commercial success	Caring Well-Led	Caring Respect

KIMS Hospital is situated on the outskirts of Maidstone.



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 Free parking

 Disabled access