



# KIMS Hospital Quality Account 2019/2020

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# 2020 Statement of Responsibilities in respect of the Quality Account

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**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.

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**By order of the Board**



Peter Goddard, Chairman

Date: June 2020



Simon James, Chief Executive, KIMS Hospital

Date: June 2020

# Statement from Registered Manager & Chief Nurse

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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, Quality Care
- Working together as one team to make KIMS Hospital a Great Place to Work
- 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 remains on safety, and following the learning from incident case reviews, we have undertaken an overview of some of our services, including how we work together with our doctors, to outline areas for improvement to keep our patients at the heart of our care.

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 have adopted and are implementing 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, 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 retain staff, and 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 exchange, to a Leadership Action Team, whose focus remains on shared learning and leadership development. This has been possible following the development of these individuals over the years through the ILM 3 and 5 programmes.

This 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, 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 led a team of trained staff to deliver vaccinations through 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 our IPC Strategy, which will be launched in the summer of 2020. This will focus on how we improve the safety of our patients, staff and environment in relation to infection prevention and control.

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 reviewed and simplified our Patient Satisfaction Survey, and re-engaged with the Patient Forum, using this as an opportunity to develop and discuss key themes.

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

Our focus clinically is to enhance the development of cancer services at KIMS Hospital. We remain committed to increasing our Breast Screening Service, and will continue to work with our consultant body to support health and early diagnosis through our Healthy Bowel and Prostrate programmes.

We are proud of the services we are able to offer to our patients within our diagnostics and Imaging services, and remain committed to expanding these to increase capacity on our scanners, to meet the continuous demand for diagnostic services. Our enhanced care service has supported a group of patients with increased medical needs through their surgical pathway, and has again been complemented through the annual audit of this service by the Critical Care Network. This coming year we are again looking to enhance this service with additional technology and further staff training.

We have also committed to working with the IHPN and the NHSI teams to pilot the GiRFT programme within the Independent Sector, taking part in the IPC data project and VTE reporting. This work will continue over the coming 12 months.

Finally, I cannot finish without making reference to the recent pandemic and the impact on our patients, staff and services. I am immensely proud of all our staff who have worked together to adapt to a rapidly changing landscape of healthcare needs. They have embraced the need to change and adapt the care they deliver to a wider group of patients. Their dedication and commitment has been truly inspiring, and I would like to personally thank all of our teams for their dedication, flexibility and courage during these extremely challenging times. We will continue to develop our new ways of working over the coming year, recognizing that the delivery of healthcare will need to change to ensure safety remains at the forefront of everything we do.

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**By order of the Board**



Simon James, Chief Executive, KIMS Hospital

Date: June 2020



Jackie Groom, Chief Nurse, KIMS Hospital

Date: June 2020



## About KIMS Hospital

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# About Us

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**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 9,600 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 270 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
- Sevenoaks Medical Centre Part of KIMS Hospital – OPD services
- Outreach clinics across Kent

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

- Nuclear Medicine
- Interventional cardiology services

# Key Areas

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## 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 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

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## 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**.



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

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# 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?

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

KIMS Hospital underwent a targeted inspection in September 2019, looking at Surgery in particular. The report was very positive and a Good rating was retained.

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 2020

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## Pathology Accreditation

Pathology for KIMS Hospital was previously supplied by KPS a private pathology company based at the KIMS Hospital site. In 2017 pathology was brought in house and work began towards moving the service towards UKAS 15189:2012 accreditation.

This included introducing and embedding a quality management system (QMS) and many processes not previously in place.

The team have worked hard to achieve all the required standards across the service which allowed our application to be submitted in February 2020.

The hope is to achieve full accreditation by the end of 2020.

## Written Documentation

Over the last year the Documentation Working Party has worked hard to increase the quality of our documentation at KIMS Hospital.

The first key action introduced were daily spot check audits of patient records within wards & theatre areas. This was very valuable as it allowed us to highlight to staff immediately any areas of improvement in regards to their documentation. Staff were very supportive of this and as the audits continued we saw an improvement of the quality and completion of patient notes. Audit of notes continues on a regular basis and is discussed at relevant Governance meetings.

A review was undertaken of the content of a patient record which led to some changes, including new dividers and alternations of some pathway and risk assessment documents. The review also looked at what is recorded on our patient administrative system mainly in our Outpatient setting - changes were made to ensure consistency, quality and appropriateness of what is written.

A detailed audit was undertaken by our Medical Director reviewing Consultant documentation. All findings from this were fed back to the consultant body at the Hospital Medical Advisory Committee and all recommendations has been shared via our Consultant Connect newsletter.

Other process changes have been made, such as an update to our PACS system which has helped to ensure we capture information in real time by our staff and consultants. During this focus the team has fully engaged and have welcomed the review which has led to the quality of our documents improving. Focus remains on continuing maintaining high standards of documentation across the organisation

## Speaking up for Safety (SUFS)

Speaking Up for Safety (SUFS) is a hospital wide programme to build a culture of safety by empowering staff to support their colleagues and raise concerns regarding patient safety when necessary.

SUFS is a tried and tested model, used at some private hospitals and recently adopted by Great Ormond Street Hospital.

6 individuals within KIMS Hospital completed training and an accreditation assessment in presenting and training SUFS.

The training session for staff is 1 hour in length and includes explanation of speaking up for safety, why and where it should be used. SUFS underpins KIMS Hospital's strategic objectives and helps to ensure that patient safety is at the heart of everything we do.

**Commercial**

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

**Providing safe, outstanding quality care for our patients.**



**Success**



**Safe**

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# Safe

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## 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 and mistakes, and ensures strong lines of communication between hospital staff, patients, and their families.

# Infection Prevention & Control

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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. This collective responsibility 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 a KIMS Hospital standard which is 10% higher than the National standard.

# Mandatory Reporting

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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	Not achieved*

\*A single case of Clostridium difficile occurred in November 2019. All IPC procedures and precautions were implemented, no further cases were identified.



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**0 Cases of MRSA  
1 Case of C. Difficile  
Since opening in 2014**

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# 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 Health & Safety incidents along with complaints and compliments.

Incidents are monitored in several ways within the organization; 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 2018-19 and in this reporting year 2019-20.

There is an increase in incident reporting throughout the reporting year, this is due to changes in reporting process. These include reporting of ongoing tissue viability issues, and delays in clinic and theatre list start times due to clinical delays.

No trends were identified throughout the reporting period.

## Incident Reports

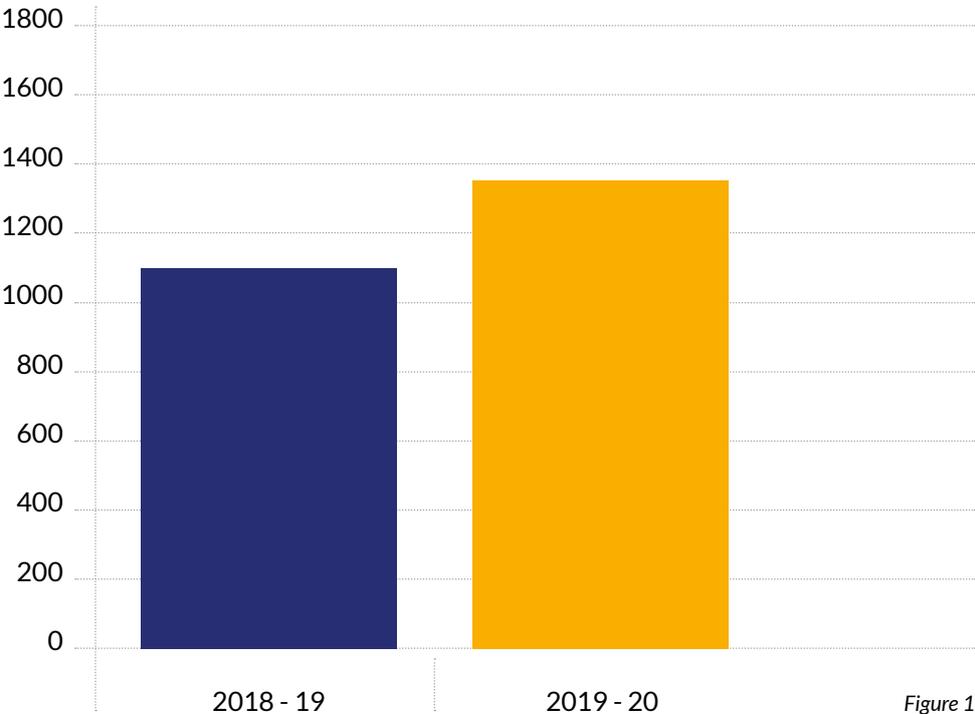


Figure 1

# 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.

No severe harm incidents occurred in this reporting year.

## Incident by severity

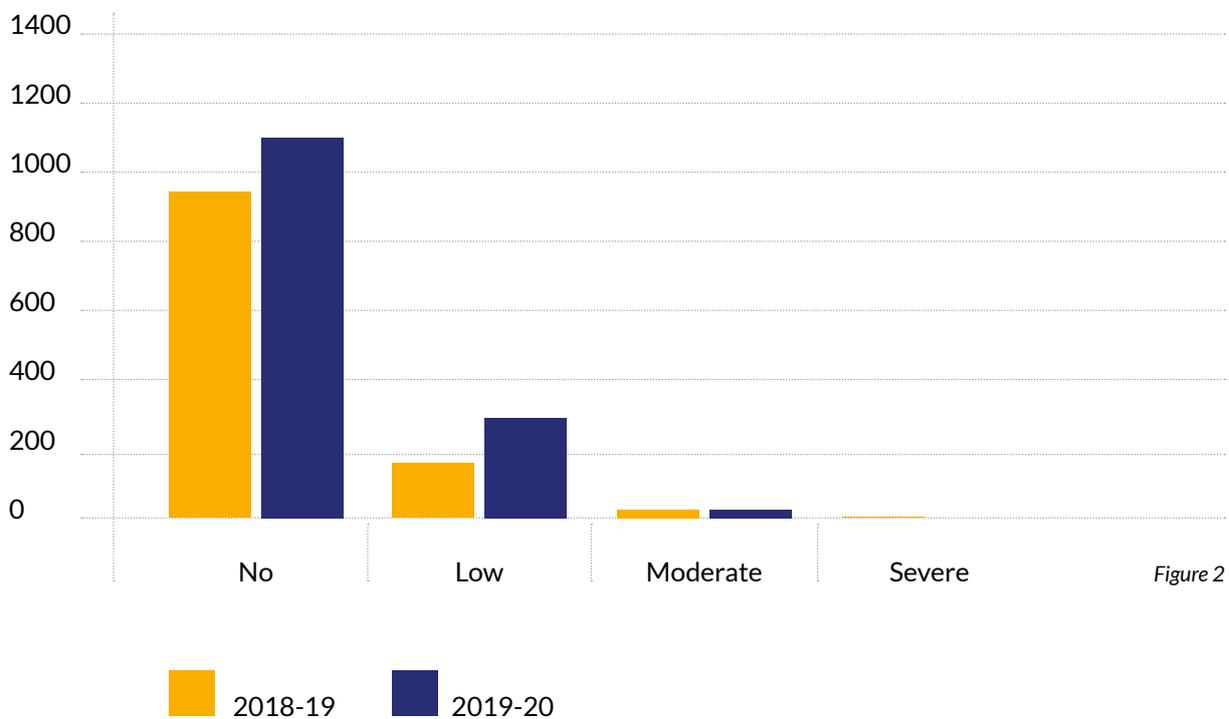


Figure 2



**“Always very professional & courteous  
& care is of the highest standard.”**

Google Review April 2020

# New Patient Forum

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## Voice of our Patients

Enabling local people to effectively share their thoughts and insights is critical as our hospital and services evolve to meet local needs.

Over the past 12 months we have relaunched both our Patient Satisfaction Survey (PSS) and Patient Forum (PF) to enable us to gain valuable insights from our patients.

## Patient Satisfaction Survey

In August 2019, we established a working group consisting of team members key to patient experience to revise and relaunch our PSS. The overarching goal was to improve how we included the voice of our patients in the way we develop and improve services at the hospital.

The key objectives were:

- Revise content of surveys to collect data that is necessary, useful and actionable, helping us to improve our services
- Significantly improve the response rate to ensure we get better data and more information to act upon
- Create an action plan, to utilise data more effectively to improve our services, recognise our staff's care and communicate improvements to our patients and other key stakeholders
- Contribute to and incorporate other sources of patient satisfaction data e.g. Datix to create and act on trends and other findings
- Be a well-led organisation and contribute to our Good to Outstanding efforts by demonstrating our commitment to including the voice of the patient in all we do.

Ahead of a November 2019 relaunch, the working group reviewed and considered every question in detail, restructured and redesigned the questionnaires to be easier to complete and ensured all reporting obligations were met with regards to; Private Healthcare Information

Network, Clinical Commissioning Groups, Care Quality Commission and our Quality Dashboard.

After launch, November 2019's results saw our response rate rise from a previous monthly average of 2-4% to 14% for Outpatients and from 17-20% to 28% for inpatients/day case. Subsequent months saw similar increases in response rate.

Planned next steps are:

- Continue to increase the response rates through sharing success with staff, ensuring continued engagement
- Improve the ability for patients to complete questionnaires digitally
- Create comprehensive data review and action planning processes to use the data to make improvements to our services
- Develop our Patient Forum to evaluate important topics and issues identified from our PSS results, along with other pertinent issues.

## Patient Forum

Our Patient Forum provides us with an excellent opportunity to engage local people in the evolution of our hospital, ensuring that we continue to provide NHS and private patients with safe, outstanding, quality care. Reflecting the Care Quality Commission's (CQC's) recommendations on Patient Forums, we relaunched our Patient Forum on 20th February, 2020. Following an introduction to KIMS Hospital from our CEO and Communications & Marketing Director, the group decided to elect their own independent chair and devise their draft terms of reference (ToR) for approval by KIMS Hospital's Quality & Governance Sub Committee. During 2020/21 we will be supporting and developing our Patient Forum to ensure the Voice of our patients is heard.



**Effective**

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# Effective

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## 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 that their care is in line with nationally recognised guidelines and relevant NICE quality standards. Also that we offer the most effective techniques to give patients 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 continually rather than consistently monitoring patient outcomes we can assure our patients, Clinical Commissioning Groups (CCGs) and partners that our care continues to be effective.



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**“I cannot find the right words to praise this hospital the way it deserves! Staff & conditions and again Staff = Excellence!”**

**I had surgery and the whole experience was beyond my most optimistic expectations!”**

Facebook Review April 2020

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# Clinical Outcomes

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**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.

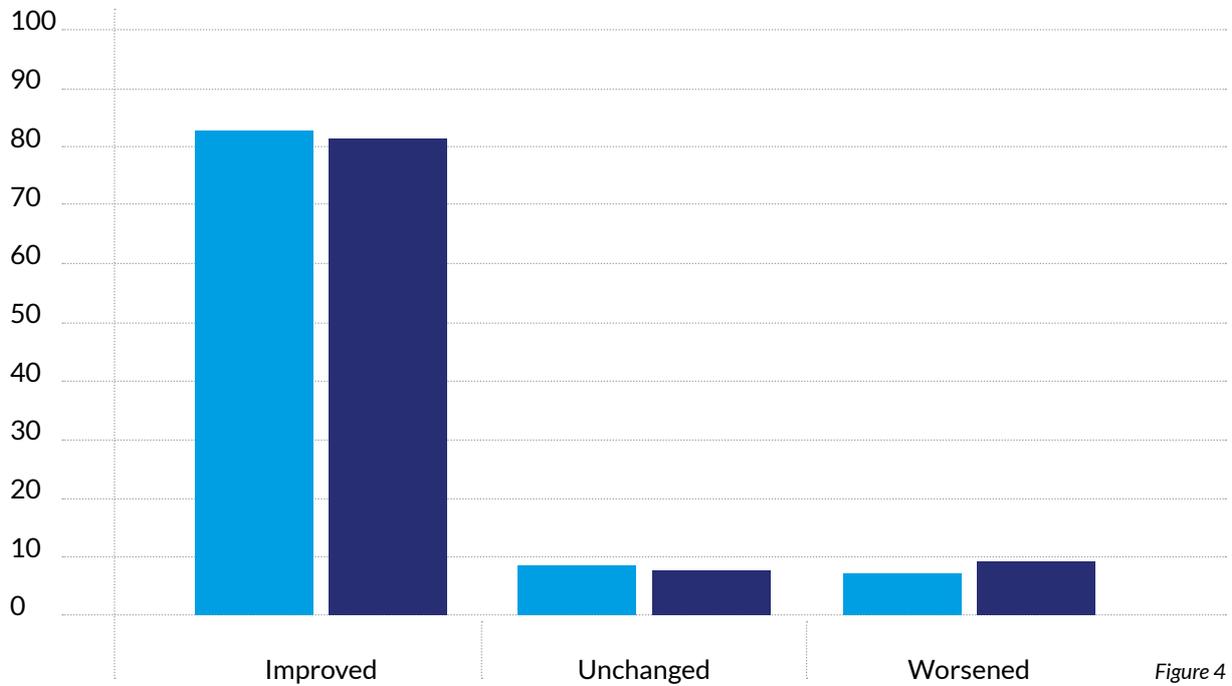
There are two questionnaires: the pre-operative survey, administered by staff in hospitals, and the post-operative survey, sent to patients 3 months or 6 months after their operation, direct to their home address.

Review of most recent data indicates that KIMS Hospital is not an outlier for data recorded and in fact sits slightly above competition for hips, and only < 1% below competition for knees. Hips and knees are very effective across all measures and are thus seen as successful procedures within KIMS Hospital.

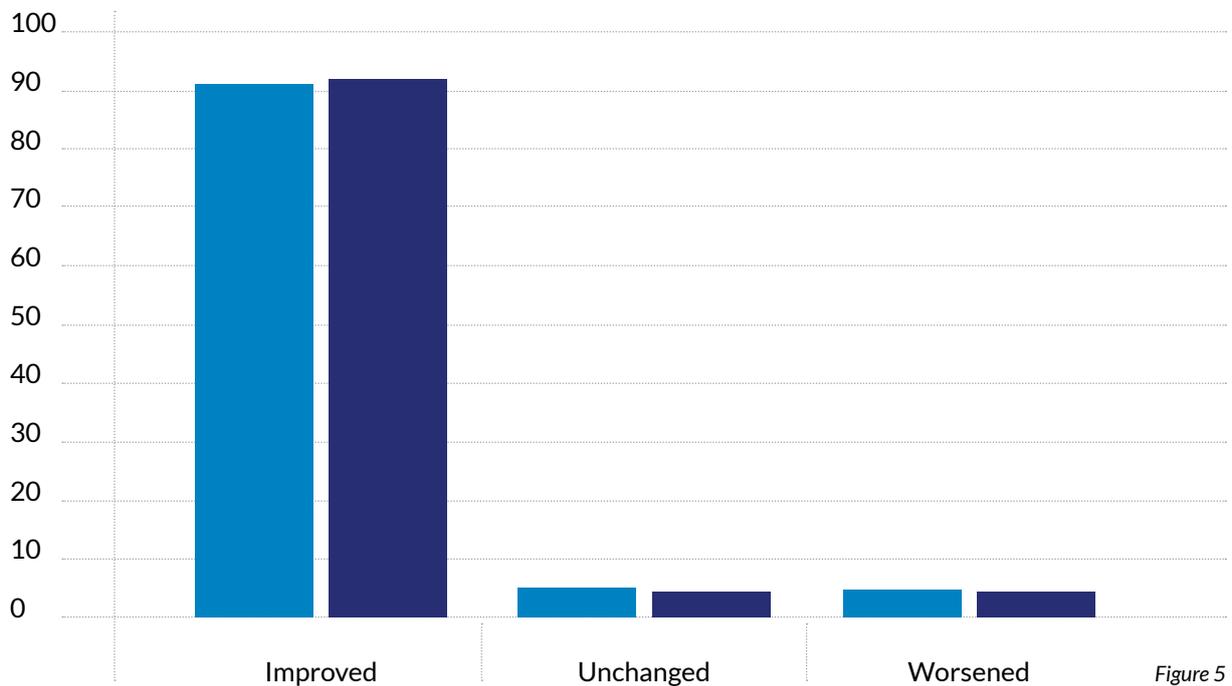
Figures 4 & 5 below show KIMS Hospital PROMS data against NHS England data.



### EQ5D Total Knee Replacement



### EQ5D Total Hip Replacement



# Unplanned Readmissions / Return to Theatre

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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 patient's 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.

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

The decrease in return to theatre is reflective of the implementation of improvement actions and the triple lock safety measures now in place. There is a slight increase in readmissions but no trends identified



### Readmission / Return to Theatre



Figure 6

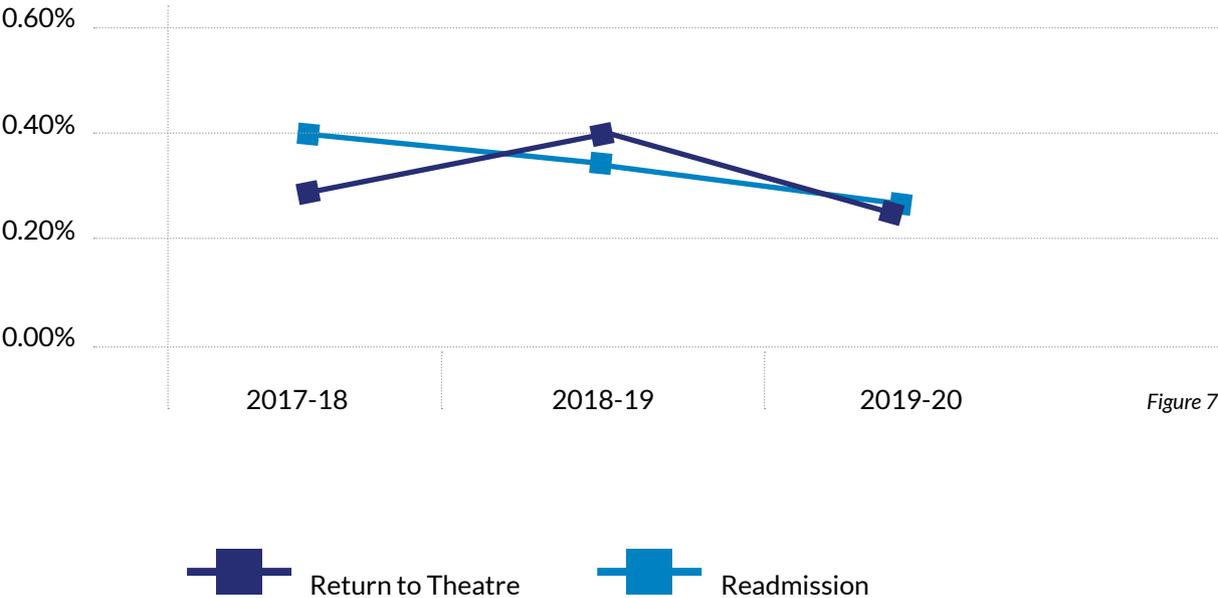


Figure 7



## Caring & Responsive

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# Caring & Responsive

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**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 patient's 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 2020 friends and family test results (91% were extremely likely to recommend KIMS Hospital, and 85% 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.



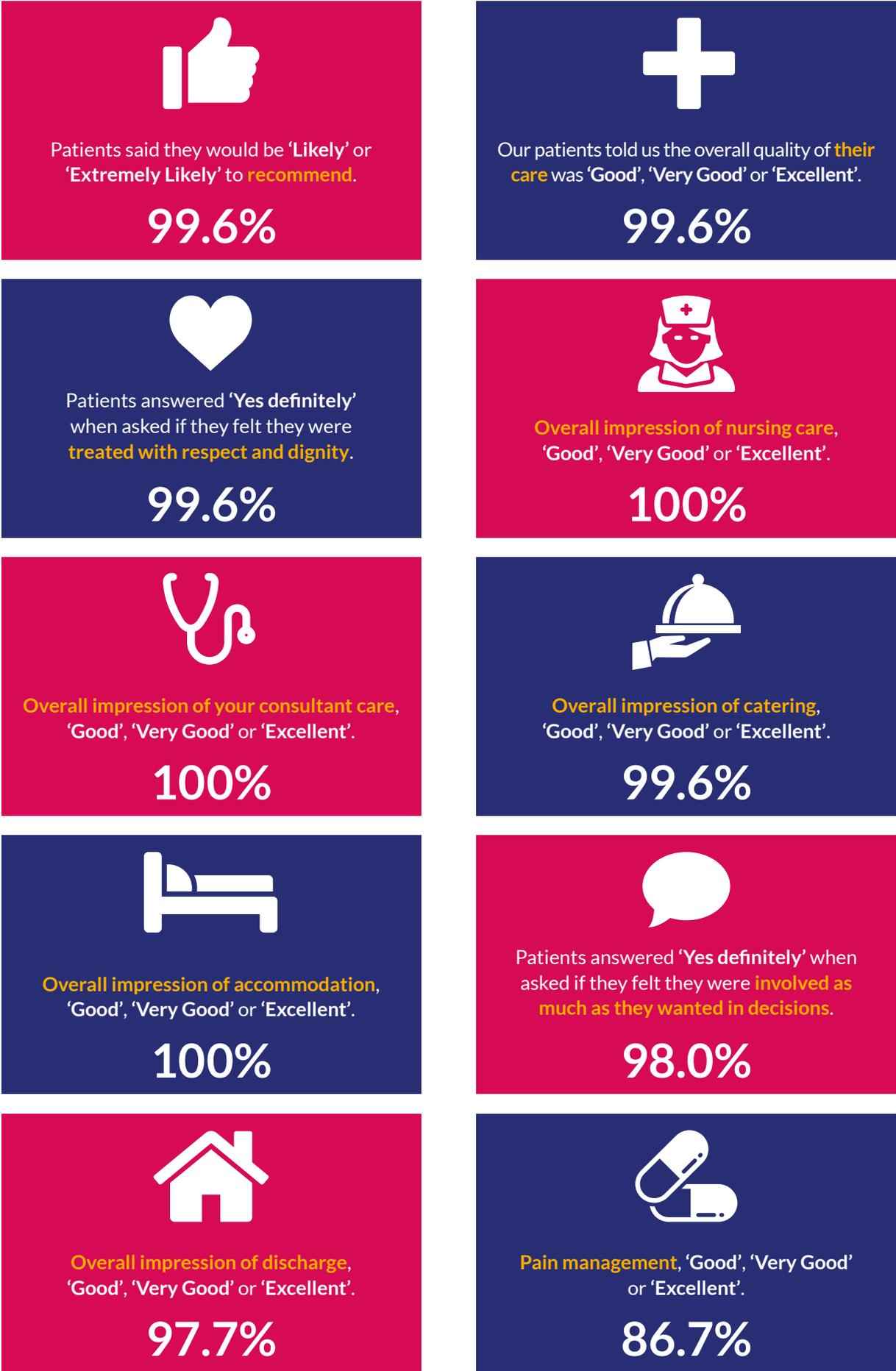
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**“From our first consultation, I have felt heard, directed well & very safe in this man's hands. I feel incredibly lucky to have been in his care. Absolutely amazing.”**

Patient user survey result April 2020

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Figure 8 is the latest Patient Satisfaction Outcomes (inpatients, April 2020).



# 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.

Learnings from complaints received are highlighted at meetings which include; Clinical Effectiveness, Quality and Governance and Board level meetings.

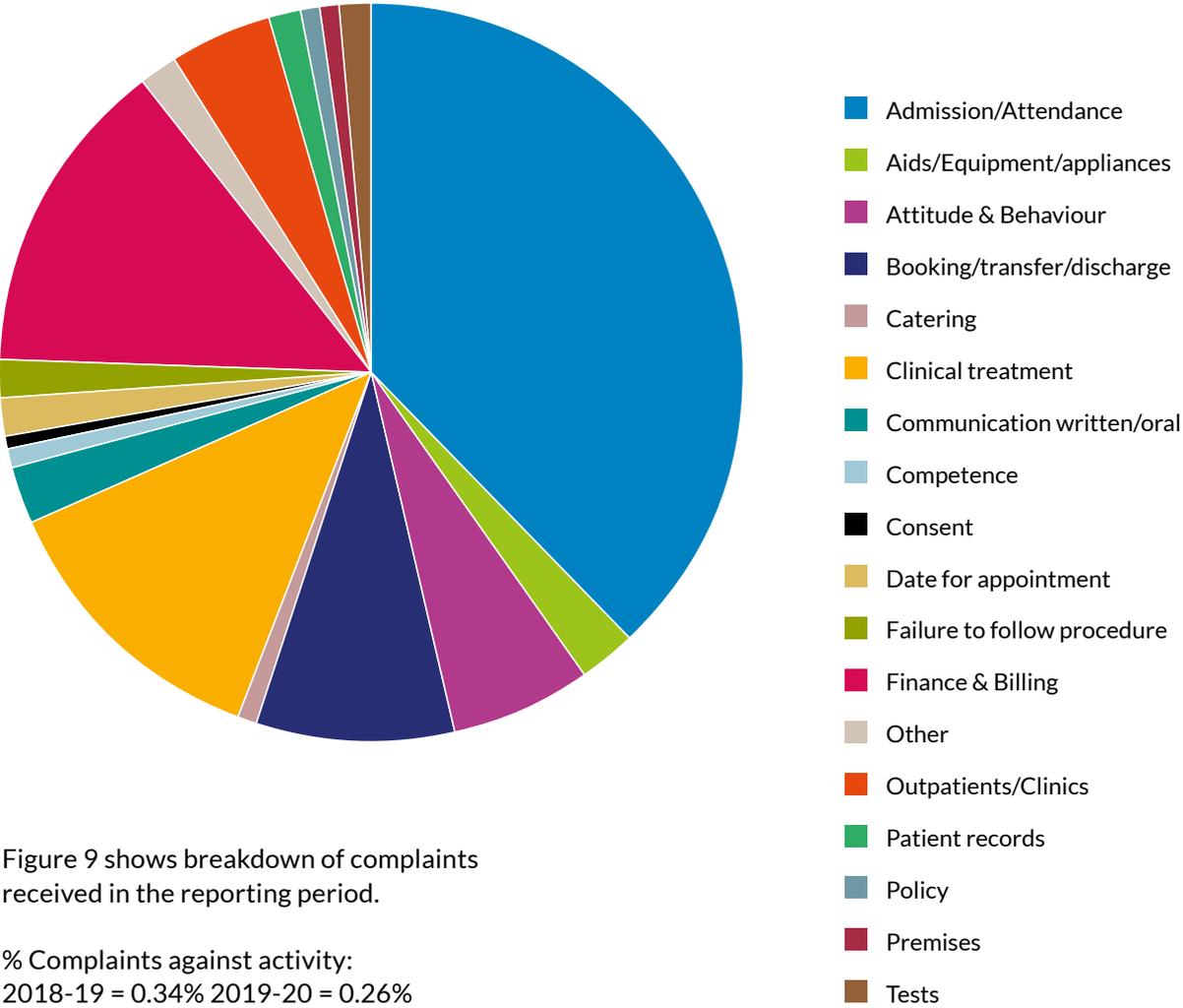


Figure 9 shows breakdown of complaints received in the reporting period.

% Complaints against activity:  
 2018-19 = 0.34% 2019-20 = 0.26%

# 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



# Sevenoaks Medical Centre, Part of KIMS Hospital

KIMS Hospital has acquired the private healthcare site 'Sevenoaks Medical Centre' in Sevenoaks, previously run by HCA International.

KIMS Hospital CEO, Simon James commented, "For people who live in Sevenoaks and the surrounding areas, this means they can choose to see a consultant and be diagnosed close to where they live.

If patients need further specialist treatment or surgery, there is a direct and straightforward clinical pathway into KIMS Hospital in Maidstone. This gives patients in west Kent the choice of accessing healthcare within the county as an alternative to having to travel into London. The centre is very accessible, opposite Sevenoaks railway station and with easy access from the A21, M20 and M25."

Patients visiting Sevenoaks Medical Centre will be able to access a wide range of services including MRI, CT, mammography, X-ray, private GP and physiotherapy. Specialities include; orthopaedics, cardiology, breast care services, gynaecology and women's health, general surgery, cosmetic and plastic surgery.

As the largest independent hospital in Kent, we continue to work collaboratively within the local healthcare economy to provide safe, outstanding healthcare for both NHS funded and private patients.

Simon James also commented that "It is no secret that across the country NHS hospitals remain under significant pressure and it therefore remains imperative that the state and independent healthcare sectors work in partnership to provide choice to patients and reduce pressure on NHS facilities".





# Well-Led

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# Well-Led

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## 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 retain 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 **85% response rate** and **96% staff engagement score**.



In 2018 KIMS Hospital was the winner of the KEiBA employer of the year award.

We achieved this award through demonstrating numerous initiatives and policies that reflected that the hospital is well-led and administered and that morale is exceptionally high. The 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. In September 2019 KIMS Hospital had a CQC inspection. What was evident during the inspection and noted by the CQC was that 'The KIMS Hospital One Team Spirit' has been very much in evidence. The inspectors commented on how the whole team were friendly, engaging, open and honest.

We continue to ensure our employees 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.

In addition to this, during 2019, the HMB spent time in different departments, carrying out a "Day in the Life" to see what challenges they face on a day to day basis. As well as this employee forums were also hosted across the hospital. Another great avenue to express any concerns.

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**“Winning this award (KEiBA Employer of 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.”**

(Simon James, CEO)

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# A Motivated and Engaged Workforce

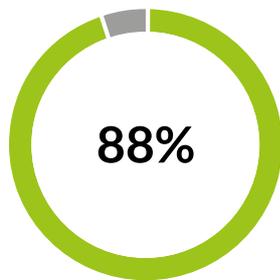
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Staff Survey conducted every year - most recent survey carried December 2018.

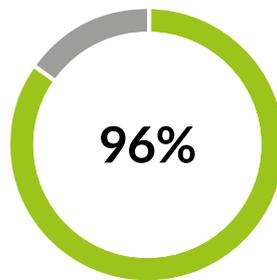
- 455 staff invited to participate (including regular Bank)
- 388 responses received = 85% response rate

## Our Staff Engagement Scores

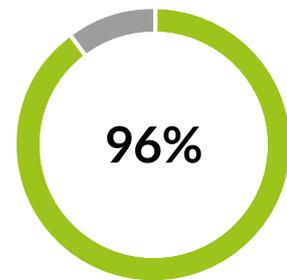
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I am proud to work for KIMS Hospital.



I am personally committed to helping the Hospital achieve its objectives.



I really enjoy the type of work that I do.

## Resources, Training & Workload

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2018-19



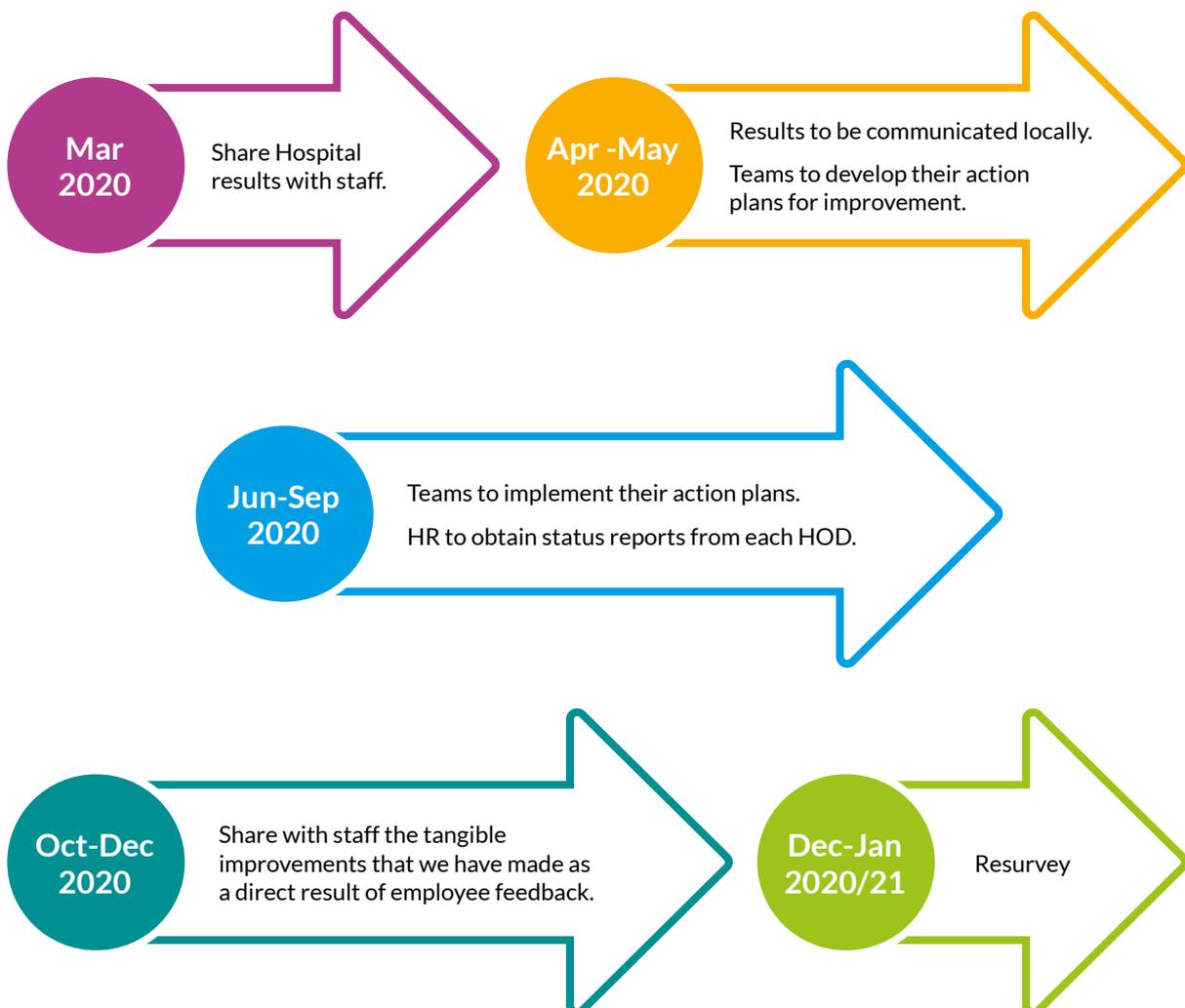
Last year's score



Difference from last year

	This year's score	Difference from last year
I have been well supported in achieving the objectives that were set in my last performance review / appraisal.	90%	6% ↑
There are usually enough staff in my area to get the job done safely.	78%	6% ↑
I am able to make decisions to improve the work of my team / work group.	88%	4% ↑
I am given the time I need to complete my mandatory training.	83%	4% ↑

## Our next steps...



# Recruitment & Retention, Staff Development & Training

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## 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. Through the apprentice levy we have invested in our clinical support staff at Christchurch University and have 2 associate practitioner graduates and a nurse associate currently in progress.

We have also invested in finance, HR and IT professional courses to develop our management staff. Each year we support a cohort of our leaders to go through the ILM 3 or 5 courses.

In addition to this during 2019/20 we have started to design KIMS Hospital Career Pathways. This is a great way to understand what you need to achieve within the hospital to develop your career. The Clinical teams will be supported by our Practice Development Nurse. We have a close relationship with the University of Kent and are currently looking for ways to partner with the new Medical School. We also work closely with both regarding retention of staff moving forward.

The new electronic appraisal system is now in its 2nd year and will support the pathways and the development of our clinical and non-clinical teams.

Our training strategy clearly articulates the different pathways we have planned over the next 3 years to achieve our goal for providing KIMS Hospital staff with a great place to work in a safe working environment.

We have invested in the Speak Up For Safety Initiative for all staff and Doctors as providing a safe environment where people feel confident to speak up is of paramount importance to us. We have a very informative corporate induction that ensures all our new employees are trained to the highest standards before they join their departments. We continue to receive extremely positive feedback about their experiences.

## 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.

During 2019 we launched an innovative suggestion scheme based on the Dragons Den for which the winners would receive a £1000 prize at implementation of their idea. The Hospital GO Scheme, enabled employees to bring their ideas to the "Dragons" and pitch cost effective initiatives. This was a great success where 7 ideas were pitched and invested in by the Dragons and so far 4 have reached full implementation into the Hospital. The CQC rated this as Outstanding on their recent visit.

We continue to focus on our health and wellbeing, during this unprecedented time we have launched a KIMS Hospital Evolve Magazine. This has enabled us to ensure our employees are still engaged but also have access to lots of different resources during these times.

We are also proud to have celebrated our long serving members of staff with 5 years' service. 30 employees will receive an award during 2020.

# Quality Improvement Objectives 2020-2021

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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 2) 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.

## Key Quality Priorities for 2019-2020

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### VTE Exemplar

KIMS Hospital have commenced a pathway working towards becoming a VTE Exemplar centre. This is a standard which is endorsed by Department of Health and awarded by Kings College Hospital, London. The extensive criteria for becoming an exemplar centre requires evidence to be collated over a period of time showing our improvements of service delivery and meeting an excellent standard of care. A multi-disciplinary working party/ VTE committee has been set up and meet quarterly to monitor progress and work through the action plan to achieving the necessary criteria. A policy update in January 2020 for VTE Prevention and prescribing of prophylaxis (NICE NG89) ensures we are delivering a standard which sets our benchmark for improvement. All relevant documentation has been reviewed to deliver the same standard of care. Monthly audits are monitoring the effectiveness of any changes, providing the evidence for meeting the extensive criteria. The next step is working on the diagnosis and management of VTE policy and related documentation. Currently we are on schedule to meet application criteria late 2020 / early 2021.

### Ensuring a COVID safe environment for staff, patients and visitors

Due to the ongoing challenges with the COVID19 pandemic KIMS Hospital is working hard to ensure patient, staff and environmental safety. New patient flows are being introduced, and other social distancing measures are being put in place.

New systems for patients attending the hospital are being explored and are planned for early June, including an external drive through swab clinic, texting of patients whilst they wait in their vehicles prior to coming into the building and clear PPE policies and processes.

During this time guidance is continually changing on how social distancing and measures for staff and patient safety should be implemented.

A COVID meeting and staff update occurs regularly and all guidance is reviewed as soon as it is released, and new measures put into place as required.

As the situation evolves KIMS Hospital continues to adapt both its environment and services to ensure the highest quality and safety for both our patients and our staff.

# Freedom To Speak up

## SPEAK UP

The Freedom to Speak Up role remains an integral part of KIMS Hospital wellbeing. The guardians attend new staff induction week to give a short introduction to the role and how they can be contacted.

Posters with contact details are visible in all departments across the hospital. Staff are able to contact the guardians at any time via a dedicated email address, by telephone or in person.

Monthly drop in clinics are also held which staff can attend.

When a member of staff speaks up, the guardian will provide support to them throughout the process and keep them up to date with the progress of the concern raised.

All concerns raised are logged within a secure and confidential database and relevant paperwork completed.

Once an outcome has been completed the guardian will ensure that the staff member is satisfied with the outcome and close the case.

The guardians have open access to the Chairman and other Board Members, ensuring that if there was a concern that staff were suffering detriment as a result of raising the concern it would be raised immediately with the appropriate person.

The guardians meet quarterly with the Chairman where any concerns raised in the quarter are discussed in a confidential environment.



The poster features the KIMS Hospital logo at the top right. The main heading reads 'WE WANT YOU TO FEEL FREE TO SPEAK UP' with a megaphone icon. Below this, a dark blue box contains the text: 'WE ALL WANT KIMS HOSPITAL TO BE A GREAT PLACE TO WORK. IF YOU HAVE A CONCERN AROUND WRONG DOING, MALPRACTICE OR RISK THAT IS TROUBLING YOU THEN PLEASE RAISE IT WITH YOUR MANAGER.' At the bottom, a section titled 'FRIENDLY ADVICE' includes the text: 'IF YOU'D PREFER, YOU CAN TALK TO OUR FREEDOM TO SPEAK UP GUARDIANS, ELAINE LOCK AND LAUREL NEAME. EMAIL [SPEAKUP@KIMS.ORG.UK](mailto:SPEAKUP@KIMS.ORG.UK) OR YOU CAN CALL OR FIND THEM IN PERSON'. To the right of this text is a circular photograph of Elaine Lock and Laurel Neame.



# Appendix

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# 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"> <li>(i) groin hernia surgery</li> <li>(ii) varicose vein surgery</li> <li>(iii) hip replacement surgery and</li> <li>(iv) knee replacement surgery</li> </ul>	Trusts providing relevant acute services	<p>Available for 2018-19 only at time of reporting:</p> <ul style="list-style-type: none"> <li>(1) Groin hernia (EQ-5D) = NA</li> <li>(2) Varicose veins - NA</li> <li>(3) Hip replacement (Oxford hip score) = 22.996</li> <li>(4) Knee replacement (Oxford Knee score) = 14.892</li> </ul>
19	<p>The percentage of patients aged:</p> <ul style="list-style-type: none"> <li>(i) 0 to 14 and</li> <li>(ii) 15 or over</li> </ul> <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"> <li>i) 0%</li> <li>ii) 100%</li> </ul>
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 (85% 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 – 91%
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 91%

	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 = 99%
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	0.015 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, 0 reported as severe harm.

# Appendix 2 - Quality Objectives

## 2018 - 2021

	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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 01622 237 727

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 [kims.org.uk](http://kims.org.uk)

 Free parking

 Disabled access