



KIMS Hospital Quality Account 2023

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2023 Statement of Responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to prepare a Quality Account if they deliver services under an NHS contract, have staff numbers over 50 and an NHS income greater than £130,000 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 Organisation'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 Organisation 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



Prema Subaskaran
Chairperson

Date: June 2023

Statement from the Hospital Director

Over the past year our teams have continued to navigate a variety of changes and challenges related to moving through the pandemic and living with Covid-19, however as we have navigated these our focus has remained firmly on our 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 primary focus remains on providing safe, outstanding quality care and I am enormously proud of the team at KIMS Hospital for the outstanding contribution they have made to our patients and continued success of the organisation this year.

We continue to engage with our NHS colleagues to support the high demand for healthcare, not only through the post pandemic recovery plan but in our continued commitment to supporting the delivery of patient choice across Kent.

As the only Interventional Cardiology suite within the Kent independent sector, KIMS Hospital's Cardiology Services have collaborated with our NHS partners through providing emergency slots to NHS Trusts in the region for NSTEMI support and have also continued to provide rapid access angiograms for Medway NHS Trust. We have launched a new private Rapid Cardiac Assessment Service which includes eight cardiac pathways with dedicated cardiac nurses and specialised Cardiologists. Following the success of this pathway we intend to develop this further to include LycaHealth Orpington over the coming year. We are proud of the high quality cardiology service we provide to the population of Kent.

We continue to develop accessibility to KIMS Hospital across the region and have been proud of the service developments we have been able to implement at Sevenoaks Medical Centre. We remain committed to expanding these and during the coming year we are working to develop this further through the integration of our LycaHealth site in Orpington, and through continued investment in upgrading our imaging equipment.

Teams have worked hard to respond to increasing sector wide challenges in the recruitment and retention of healthcare professionals, and whilst we have continued to encounter a higher staff turnover than pre-Covid-19 we have seen unprecedented success in recruitment, which in turn has supported our commitment to providing safe, outstanding, quality care. The teams have continued to support each other through the challenges of raised absence levels and a greater reliance on working alongside agency staff. They have, however, remained focussed on working together to respond to and mitigate these challenges to ensure patient safety remains at the heart of what we do.

We have further strengthened our clinical leadership team this year, implementing additional senior clinical roles and as part of our learning culture we have implemented an additional layer of senior clinical support who are always now available on call for advice. The new role of Clinical Skills Officer has had an incredibly positive influence in the organisation this year, working with not only our own staff but also strengthening educational support for our university students and working in collaboration with the local Trusts and the ambulance service to facilitate collaborative training exercises across the region. We have continued to develop our pre-operative assessment service following the implementation of LifeBox software last year. The successful recruitment of a new senior nurse role within the department has provided us the opportunity to continually improve the care we provide to patients and has reduced the occurrence of delays in surgery.

The introduction of a multidisciplinary team meeting to review patients with more complex needs or undergoing more complex surgery has been successful and we will further develop this over the coming year.

Over the past year we have been fortunate to have continued support from our Patient Forum, who are now embedded and an integral to the hospital structure. We have remained focussed on developing partnerships to ensure patients are at the heart of everything we do. We have worked to include the patient voice in improvements as a key aspect of our journey from 'Good' to 'Outstanding.' The Patient Forum played a significant role in the launch of the new Rapid Cardiac Assessment Service and their views ensured that patient information was clear and easy to understand. They also worked with our project team when designing and launching our online patient booking system.

Richard Dimblebee
Hospital Director, KIMS Hospital

Date: June 2023

We have continued our quality improvement journey, identifying opportunities across the organisation, and successfully driving these forward using Task and Finish Groups. We have invested significantly in our patient safety and quality team this year to ensure we are able to respond swiftly to opportunities to learn and improve the care we provide.

KIMS Hospital has been working to further develop its sustainability strategy to meet its commitment to reach net zero by 2030. Although our trajectory slowed due to several varying factors, such as a shortage of electricity from green sources, we have developed several initiatives and remain on target to reach net carbon zero by 2030.



Statement from the Medical Director & Registered Manager

We are proud to continue to offer a wide variety of services covering many medical and surgical specialties which are aligned with the vision of KIMS Hospital to provide healthcare, both privately and as a partner to the NHS in Kent, for the people of Kent.

Over the last year, we have continued to co-operate across the health system, both private and NHS, to apply relevant recommendations and learning from the Paterson Inquiry, the Medical Practitioners Assurance Framework (MPAF) and Cumberlege Review.

Following the recent MPAF refresh, a gap analysis and an action plan have been updated to ensure we will meet these recommendations over the next 12-18 months. This includes our focus on multidisciplinary team working, monitoring of informed consent through shared decision making and transparency of fees. During this year, we have implemented a robust standard operating procedure for patient notification exercises based on the recommendations from the Paterson Report.

In addition, we have introduced a Medical Governance Committee which provides a multidisciplinary forum to provide robust governance of consultants with Practising Privileges (PPs) through review of a holistic dataset. This Medical Governance Committee will affirm further the crucial role Practitioner Compliance and Governance plays as part of an Integrated Governance structure.

The Medical Advisory Committee (MAC) has continued to strengthen and has recently been expanded through the creation of a new Cardiology Division. A patient representative continues to attend the MAC meetings, maintaining patient involvement in medical governance.

We recognise the importance of having high quality, appropriately trained and well supported Resident Medical Officers (RMOs). Our RMOs, whilst not directly employed by us, have been a very stable feature of our service which has been much appreciated by Consultants, staff and patients alike.

We are making every effort to make them feel as part of the team and to support their professional development and wellbeing.

KIMS Hospital continues to be an organisation where patient safety comes first, and learning is obtained and shared from each opportunity in a constructive and blame free fashion, characterised by a glowing curiosity and eagerness to learn and constantly improve, much in keeping with the Patient Safety Incident Response Framework (PSIRF).

Open and transparent engagement with commissioners and regulators, as well as health insurers, remain a key element of this organisation's code of conduct and I remain proud of the way we continue to achieve this ambition.

This Quality Account outlines our continued focus on avoidable infections as well as other avoidable complications and harm.

With the ongoing challenges of Covid-19 we have remained focused on supporting our patients, staff and consultants to remain vigilant as we transitioned to the "Living with Covid-19" agenda.

Dr Thomas Reichhelm, MRCGP FRACGP
*Medical Director & Registered Manager,
KIMS Hospital*

Date: June 2023





About KIMS Hospital

About Us

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

Our hospital services are commissioned by Kent and Medway Integrated Care Board with over 350 GP practices covering a population within Kent of 1.8 million. Through this reporting period KIMS Hospital saw in excess of 9,000 inpatient 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 280 expert consultants ensure the best treatment available for any patient is promptly delivered.

Our modern high-quality facilities and innovative technology support a wide range of specialist services, designed with patients in mind.



Our dedicated nursing teams and over 280 expert consultants ensure the best treatment available for any patient is promptly delivered.

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
- Mako Total Knee SmartRobotics™
- Enhanced care facilities
- Comprehensive diagnostics and imaging suite, including MRI and CT
- Physical Therapy department
- Pathology and Phlebotomy
- Private GP service
- Outreach clinics across Kent

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

- Nuclear Medicine
- Interventional cardiology services

Facilities at Sevenoaks Medical Centre include:

- 16 consultation rooms
- 2 treatment rooms
- MRI, CT, X-Ray, Ultrasound and Mammography
- Physical Therapy department
- Private GP service
- One stop breast clinic
- Health Screening

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

KIMS 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 technologies.

The Best Care

We put the care of our patients at the heart of everything we do. Our clinical leadership ensures the 6Cs 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. We are recognised for the specialist care we are able to offer our patients through our Breast Care Services. We are also a Bupa-approved specialist for MRI and CT and also an approved specialist for cataracts. We offer Bupa Health Assessments at our Sevenoaks Medical Centre.

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 seven outreach clinics.

There is continuing expansion of services available at KIMS Hospital with 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 develop and continually improve our services and systems to support our Mission.

Quality Account Regulatory Update

KIMS Hospital is regulated by the CQC (Care Quality Commission) and is committed to publishing a Quality Account that assesses our performance.

Since our last Quality Account, the Care Quality Commission undertook an unannounced inspection on 18.01.2023 and the report was published on 14.03.2023.

“We wanted to check the leadership team had responded to the Never Events and to ensure the service was safe.”

They reviewed the root cause analyses for Never Events reported in 2021-22. Staff could describe and demonstrate actions taken to address these concerns and they found that the service carried out comprehensive investigations after each of the Never Events and duty of candour was applied. The learning from Never Events was shared with all staff to prevent recurrence and there was evidence of changes in practice. The hospital had actively sought external scrutiny to support our analysis and had ensured learning had been shared both internally and externally. The hospital had undertaken comprehensive investigations into the Never Events reported in the previous year. Leaders had identified learning and had implemented changes to practice where required. Leaders in the service, and those involved in the Never Events, demonstrated they were committed to ensuring the learning was shared outside of the hospital.

Staff relayed that KIMS Hospital is a good organisation and that they felt proud to work here. They felt respected, supported, valued and listened to and they spoke positively about the teamwork they experience at the hospital. Staff spoke highly of the culture of openness where patients, their families and staff could raise concerns without fear and that transparency in learning from incidents was shared. They cited that the service managed patient safety incidents and near misses well, with thorough investigations involving patients and families, shared learning and evidence of changes in practice, and those patients' received apologies, honest information and suitable support. They

found that the hospital embraced a One Team culture; a positive culture that both supported and valued staff, creating a sense of common purpose based on shared values and that this culture was evident during their conversations with staff of all grades.

They noted that all staff are committed to improving services continually and focused on the needs of patients receiving care. They commented on the consistency of the surgical safety process, with fully engaged staff who feel able to raise concerns during the checklist process.

The report is a credit to our staff and is testament to our 'One Team' ethos with all our consultants and staff across the hospital working together for patient safety.

Overall Good	Safe	● Good
	Effective	● Good
	Caring	● Good
	Responsive	● Good
	Well-led	● Good

Extract from the 2018/2019 CQC Report



As a focussed inspection, there was no change to the KIMS Hospital rating and therefore KIMS Hospital's services remain rated 'Good'.

2022 Quality Priorities Update

KIMS Hospital set itself four key quality priorities for 2022 aimed at improving quality of care:

Reduction of avoidable harm related to thrombosis and deep wound infection Thrombosis

Thrombosis

During 2022/23 teams have focussed on the prevention of avoidable Thrombosis. This work has been led by our newly appointed Clinical Governance Lead and In-Patient Clinical Nurse Manager supported by a committed group of Link Practitioners. Senior clinical colleagues and Divisional Medical Leads have also supported and worked to improve prevention.

Key improvements to celebrate are:

- STOP THE CLOT initiative launched in August 2022, with Surgeons undertaking pre-operative risks assessments in collaboration with nursing staff
- Standardisation of chemical prophylaxis
- Re-launch of Link Practitioner Group
- Engagement with VTE Exemplar sites to gain insight and evidence of best practice
- Launch of risk assessment training as part of clinical induction
- Revised Thromboprophylaxis Policy launched in January 2023 which moves us towards a more individualised risk-based approach balancing risks of clots with risks of bleeding

As a result of this work the hospital reported:

- 54 suspected clots, all of which were reported and investigated. 19 were confirmed as VTE, all of which occurred post Orthopaedic Surgery, which carries a recognised risk of this complication. One case review gave us an opportunity for learning as whilst the correct pathway was followed, it was hypothesised that if pain control mechanisms had been more effective it may have allowed for earlier mobilisation, which may in turn

have further reduced the risk. As a result, changes were made within the pre-assessment phase of the patient pathway to ensure patients with a history of chronic pain have a specific pre-operative management plan. All other case reviews indicated that the VTE was deemed unavoidable, and the reviews evidenced multiple areas of good practice with appropriate Thromboprophylaxis. All cases identified that patients were given appropriate prophylaxis and treatment.

Deep Wound Infection

During 2022/23 a Quality Improvement initiative was commenced by KIMS Hospital's Infection Prevention and Control Lead Nurse to analyse post operative wound infections and identify any opportunities within the pathways to improve patient outcomes. The group involved key stakeholders from a variety of departments.

Key initiatives to celebrate were:

- The outpatient wound pathway was redesigned with increased involvement of senior nurses and the Tissue Viability Nurse
- The Wound Formulary was reviewed and published with a training package
- Post Infection Review methodology was refined, and a new methodology was launched
- Learning from reviews were shared through a variety of mechanisms
- Wound Risk Assessment Tool developed and implemented
- A "bitesize wound formulary" card was developed as a pocket guide for nursing staff
- A digital camera was purchased and is now used consistently to photograph wounds as part of initial assessment and ongoing treatment review
- Audit used as a QI tool to identify if standards set were being met

The hospital noted a reduction in Surgical Site Infections throughout the year.

Provide training for staff expected to lead root cause analysis to enhance the quality and objectivity of KIMS Hospital investigations

In July and August 2022, a review of the investigation methodology across KIMS Hospital was undertaken and a recommendation was accepted by the Quality & Governance Committee to refine and standardise our approach. It was agreed the hospital would utilise the local KMICB Full Root Cause Analysis Report template for those incidents deemed to meet the National Serious Incident criteria. In addition, a concise tool was developed for incidents where there was a recognition of opportunities for learning, using root cause analysis methodology. Following this decision each new investigator received 1:1 support and training from the Head of Quality, Governance & Patient Safety. Eleven Leads were given training and 1:1 support to ensure consistency in approach.

As the year progressed and Patient Safety Incident Response Framework (PSIRF) implementation became a priority, our investigation approach has been amended to undertaking reviews with a focus on learning and the implementation of a JUST Culture.

The Patient Safety Incident Response Framework was launched in 2022/23 with the following aims:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement

To prepare our staff at KIMS Hospital for PSIRF, we launched PSIRF Level 1 training for all staff in November 2022. Our weekly communications bulletin 'Hot Topic of the Week' was utilised to launch PSIRF and explained to staff that the Serious Incident Framework (SIF) was being replaced by the new Patient Safety Incident Framework (PSIRF) and of our strategy to

transition to this. Staff were signposted to Level 1 training through Health Education England and all Executives commenced Senior Leader Level Training. Those with patient safety responsibilities at a more senior level completed Level 2 training, enabling them to develop skills to undertake a fresh style of systematic review for learning.

Integration of Medical and Clinical Governance processes to enhance efficacy of the quality assurance framework

This year has seen further developments in our Integrated Governance structure. The hospital launched its Medical Governance Committee in September 2022 to complement the well-established divisional governance structure and Medical Advisory Committee. The meeting is chaired by the Medical Director and reviews a variety of quality performance indicators.

The seven clinical divisions are led by a member of our KIMS Hospital Medical Advisory Committee who facilitate regular divisional meetings, with all Consultants working within that division being invited. The meetings are also attended by key members of the KIMS Hospital teams. The meetings have become an effective mechanism to discuss and share learning, communicate information and provide opportunities for peer support and development of services.

Further development of the "Speaking Up for Safety" programme to focus on professional accountability

The Speaking Up for Safety programme continues, and staff are confident at using the safety code. Use of the safety code is discussed every morning during the hospital safety briefing, supported by a culture of openness and transparency and an embedded and well-established Freedom to Speak Up team.

The professional accountability adjunct is a separate module and whilst as we prepared our 2022/23 priorities this was an aspiration, the landscape subsequently changed with our strategy for the implementation of the Patient Safety Incident Response Framework, which became the priority. At present KIMS Hospital is considering how best to gain constructive interaction from the implementation of a variety of safety programmes.



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 several routes including regular and ad hoc audits, risk assessments, patient feedback, adverse incident reporting and raising concerns, and analysis of trends in performance indicators. We are continually reviewing our clinical standards and working to identify areas for growth and improvement using our patient safety and quality dashboard. We have further developed our integrated quality reporting and continue to develop schedules of robust and regular audits.

In 2022-2023 KIMS Hospital investigated two unexpected deaths within 30 days of discharge, both of which were reported to the CQC in line with regulatory compliance. Full root cause analysis investigations were undertaken into care given at KIMS Hospital for learning purposes. Our Matron supported the families following our being open principles and duty of candour.

Trend Analysis

KIMS Hospital has a strong incident reporting culture where staff report incidents which are reviewed for learning purposes. Learning is shared via team meetings through the Sharing the Learning group and at appropriate governance committees. In the last governance year, 1615 incidents were reported; 319 were non-clinical incidents (no or low harm in nature); 1296 were clinical incidents; and all were reviewed for learning.

Incidents meeting the threshold of moderate harm are all reviewed, and investigations monitored and approved by the Medical Director and Chief Nurse. All reported incidents meeting the serious incident framework threshold are escalated and a full route cause analysis completed and shared. Where immediate learnings are highlighted,

these are sent to all staff using the 'Hot Topic of the Week' to ensure any preventative measures from initial review are cascaded and implemented in a timely fashion.

In this period the trends identified were:

- **Sampling errors:** These accounted for 14% of clinical incidents reported. This was identified by the Sharing the Learning group and appropriately escalated through the Patient Safety Committee to the Quality & Governance Committee. In September 2022, a formalised Task and Finish Group was created to develop and implement improvements to pathways. Progress was monitored through the 'safety cross' approach and a significant reduction in errors was achieved.
- **Cancellation incidents:** These accounted for 10% of clinical incidents reported. A high proportion of cancellations were unavoidable and clinically appropriate due to changes in patients' conditions. However, the Quality & Governance Committee monitored trends related to avoidable cancellations on the day and identified the key issues were related to equipment availability and unexpected staff absence, particularly prevalent through the autumn/winter period where increasing numbers of staff experienced Covid-19 or viral illnesses. It is an absolute last resort to make the decision to cancel a patient's procedure and KIMS Hospital ensures patients are informed of the reasons and all are rebooked at the earliest possibility. No case where a patient was cancelled resulted in delays that led to harm or compromised clinical care.
- **Conversions from day to overnight stay:** These accounted for 9% of clinical incidents reported. These are discussed each morning during the safety huddle, and all are reviewed to identify any learning.

Lessons Learnt

Never Events are serious incidents that are considered preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

In 2022-2023 KIMS Hospital investigated one Wrong Site Surgery, deemed a Never Event by NHS England, which occurred during thyroid surgery.

The incident review undertaken gave the opportunity for learning across the organisation. Whilst it concurred with the statements made by HSIB (Healthcare Safety Investigation Branch) in their national report of Never Events 2021 that checklists are not strong, and systemic barriers will therefore not always prevent Never Events, it did provide the opportunity to reflect on additional safety measures that may be implemented and human factors considerations.

In this incident full compliance with the Surgical Safety Checklist was evidenced, however this did not prevent the event. The surgical site was marked and checked as per policy. However, when the skin flaps were pulled back, the mark was no longer clearly visible to the team. The thyroid is a single organ and when being operated upon it is through a small incision, meaning the visibility for the team around the patient is obscured.

The team around the patient were all competent and experienced in this type of surgery, however this was the first time they had worked with this specific Surgeon to undertake this procedure, which may have impacted communication and familiarity. This is demonstrated within patient safety literature "Team cohesion, the collective spirit that develops from continued working together, was important and has the potential to support safety" (Salyers et al, 2017).

Staff are subject to high cognitive and physical workload and must perform multiple tasks throughout an operation. In this event the Surgeon reports there were multiple small steps that were different in this case. This could potentially have impacted situational awareness.

At the Sharing the Learning meeting following this incident staff voiced that they had found the investigation process supportive, transparent and encouraging, meaning each has spent time in reflective thinking as opposed to anxious thoughts of blame and retribution. The team discussed transferrable learning to other procedures and teams.

The action plan developed in response to the incident was completed and during the unannounced CQC visit in January 2023, the inspectors found evidence of a healthy safety culture where learning was identified and shared with the aim of improvement.

Infection Prevention & Control

The Infection, Prevention & Control Committee (IPCC) meets quarterly to monitor and report on activities undertaken by the Infection Control services, Decontamination, Antimicrobials usage, Cleanliness and Water Safety, and reports into the Quality & Governance Committee, which has met monthly in this reporting period. Infection Prevention and Control activity is externally validated by the Quality and Governance Sub-Committee (QGSC).

In addition to monitoring by the IPC Committee, the Director for Infection Prevention and Control (DIPC), Infection Control Doctor (ICD) and the Infection Prevention and Control Lead Nurse (IPCLN) meet monthly to review the previous month's infection control activity. This meeting gives assurance to both the DIPC and ICD regarding Infection Prevention and Control activities and identifies any areas that may benefit from further review.

The Infection Prevention and Control (IPC) annual programme is designed to achieve compliance with the standards identified within the Code of Practice and achieve all national and local infection related objectives.

KIMS Hospital has continued to focus on reducing the risk of patients acquiring a healthcare acquired infection (HCAI) whilst patients are in the hospital's care.

Summary of Key Achievements in 2022-2023

- Working in collaboration with the Tissue Viability Nurse, the hospital implemented a new wound pathway to enhance patient outcomes.
- The hospital developed a new process for the management of positive pathology results to ensure a more cohesive and timelier pathway for patients.
- Development of cohesive engaged team of Infection Control Link Practitioners across all departments in the organisation.
- KIMS Hospital participated in the national mandatory orthopaedic surveillance programme for surgical site infections following hip and knee replacements for all quarters in 2022-2023.
- KIMS Hospital continued to follow national guidance in response to the Covid-19 pandemic to keep both staff and service users safe whilst accessing the KIMS Hospital facilities.
- KIMS Hospital has continued to meet its mandatory reporting requirements in relation to alert organisms i.e. MRSA/MSSA/ Clostridium difficile/Escherichia coli/Klebsiella pneumoniae and Pseudomonas aeruginosa.
- Participation in the national flu programme with 66% of staff vaccinated against flu in the 2022/2023 season.
- Updated and revised policies and procedures in line with best practice guidance and the National IPC manual.

Mandatory Reporting

Mandatory reporting mechanisms allow the organisation to monitor their rates of infection and benchmark their performance against other providers to continually improve the standards of care across the healthcare community. KIMS Hospital has met these requirements.

Table 2 Reportable Organisms Performance KIMS Hospital 2022/23

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



KIMS Hospital has maintained its excellent record against national compliance targets with no cases of Clostridium difficile or MRSA throughout the reporting period.



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 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 are reduced to the lowest possible level.

KIMS Hospital ensures effective treatment for its patients by keeping policies updated 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, Integrated Care Boards (ICB) and partners that our care continues to be effective.

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)

During the year, the hospital refined its approach to ensuring NICE guidance is consistently reviewed and implemented as appropriate to the services provided, ensuring a robust approach to monitoring progress.

PROMs data is published in retrospect and provides an opportunity for organisations to benchmark clinical outcomes. The most recent available data from 2020/21 was during a period of a shift in focus due to the Covid-19 pandemic, with elective surgical pathways pausing, causing the data to be unusual. However, KIMS Hospital has continued to see high health gain and improvement scores.



“Kind knowledgeable staff. Clear explanations given at every interaction. Made to feel safe at all times. My dignity and privacy was maintained at all times and I felt included on everything that was happening.”

Patient feedback, March 2021

PROMs Hip replacement 2020/21 KIMS Hospital in relation to the rest of England.

Total Hip Replacement (THR) – Benchmarking						
Organisation Name	Oxford Health Gain	Oxford Improvement	EQ5D Health Gain	EQ5D Improvement	EQ5D VAS Health Gain	EQ5D VAS Improvement
England			0.460	90.1%	14.074	69.8%
KIMS			0.464	91.5%	18.681	78.2%

PROMs Knee replacement 2020/21 KIMS Hospital in relation to the rest of England.

Total Knee Replacement (TKR) – Benchmarking						
Organisation Name	Oxford Health Gain	Oxford Improvement	EQ5D Health Gain	EQ5D Improvement	EQ5D VAS Health Gain	EQ5D VAS Improvement
England	17.340	22.560 (94.7%)	0.341	18,556 (83.2%)	7.916	12,955 (60.1%)
KIMS	15.813	147 (94.8%)	0.342	127 (86.4%)	8.497	92 (60.9%)



We are delighted, for the second consecutive year, to be awarded the status of 'NJR Quality Data Provider' due to our excellent data quality and audit work. This is a great achievement and demonstrates our 'One Team' ethos driven by key individuals in both Theatres and Finance teams.



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?

This word cloud summarises the type of words used by patients to describe the KIMS Hospital teams.

Staff at KIMS Hospital and Sevenoaks Medical Centre 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.

"People will forget what you said, people will forget what you did, but people will never forget how you made them feel," said Maya Angelou, civil rights activist.

By listening to feedback, we at KIMS Hospital have been able to more fully appreciate how we have made patients feel this year.



Patient Experience

KIMS Hospital has a responsibility to establish a complaints procedure in line with statutory requirements.

We are registered with the Independent Sector Complaints Adjudication Service (ISCAS) and follow their guidance on best practice in managing complaints for private patients. Our compliance with the ISCAS standards is recognised by the Care Quality Commission as assurance of an effective complaints process. ISCAS provides an independent review process that complainants can utilise when they regard our local process has not met their needs. We also work closely with NHS Resolutions and the Parliamentary and Health Service Ombudsman. In this last year, no complainant has sought independent review.

Our process ensures that complaints are dealt with promptly and efficiently and we strive to ensure that complainants are treated courteously and sympathetically. Our comments and complaints procedure has three main elements:

- 1. Listening** – to hear and take seriously all feedback that is received, whether that is a formal complaint, a compliment or other patient experience.
- 2. Responding** – to provide a full written response to complaints. All responses are investigated by an appropriate senior manager and reviewed by the Chief Nurse.
- 3. 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.

We have developed processes to learn from all types of patient feedback and share learnings through the same mechanisms as learning from incidents. Developing wider feedback from our service users continues to be a key priority for the coming quality year. It is important for us to learn from the compliments and feedback received. During the period, the hospital reviewed complaints from 0.05% of service users.

When complaints are made and trends are noted, action is taken to improve the service we provide. As a result of feedback, a number of improvements were implemented including the relaunch of “hello, my name is” and the implementation of a consistent seven-day physiotherapy service at KIMS Hospital.



Patient Forum

KIMS Hospital has an active Patient Forum that plays an important role in the hospital. It consists of both patients and ex-patients who have experienced inpatient and outpatient treatment at KIMS Hospital and/or Sevenoaks Medical Centre.

Patient Forum members have varying backgrounds, offering a range of broad life experiences that benefit patients of KIMS Hospital.

The forum meets quarterly, in person, at the hospital. The meetings and discussions focus on patients' experience and safety during the hospital experience, in alignment to the hospital's key objectives through the CQC guidelines.

The forum is fully supported by the leadership team at KIMS Hospital and has an active input into new initiatives and patient improvement programmes including testing of those initiatives prior to "going live".

They review patient satisfaction survey results to identify key themes and suggest improvements or changes to improve the feedback and accuracy of the results.

The Patient Forum members participate in project groups to ensure the development or improvement of services includes our feedback and ideas, ensuring they are patient-friendly, relevant and accessible. Their views and feedback are sought in the development and launch of new services.

The Chairperson regularly attends other meetings including the Hospital Management Board meetings and the Medical Advisory Committee to give the patients' prospective and to understand current issues in both hospital and clinical areas.

We believe the Patient Forum plays a meaningful and fulfilling role within KIMS Hospital.

Geoff Raisbeck,
Chair of Patient Forum

Sevenoaks Medical Centre

Sevenoaks Medical Centre has been open for two years, offering scans, tests and outpatient treatments. During the pandemic it was closed for the first half of 2020, reopening finally in July 2020. A new manager has been appointed who has also taken over the role of the Registered Manager at Sevenoaks Medical Centre.

In June 2022, Sevenoaks Medical Centre had its first routine CQC inspection, the outcome of which was rated 'GOOD' in every domain for both Outpatients and Imaging and Diagnostics. This is an achievement the whole team are incredibly proud of. The CQC inspection team reported, "Staff understood and respected the individual needs of each

patient and showed understanding and a non-judgemental attitude when caring for patients. There was a strong, visible, person-centred culture to care at the service. Staff were highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service and staff were witnessed to be strong, caring, respectful and supportive. We observed staff took the time to interact with people who used the service in a polite, respectful and considerate way."

A full copy of the report can be found on the CQC website.

2022/2023 has brought exponential growth of activity throughout the centre. The clinical and administration teams at Sevenoaks Medical Centre have continued to remain agile

to change as we have introduced new clinical pathways, which have at all times been led and supported by the KIMS Hospital Quality Governance structures. This has enabled our teams to deliver safe, outstanding and quality care to our ever-growing patient community.

We continue to focus on bringing KIMS Hospital's quality objectives, strategic objectives and values to life at Sevenoaks Medical Centre. The teams at Sevenoaks Medical Centre are fully aligned with KIMS Hospital and have active membership in all of the Governance structures/committees and wider team meetings. This has enabled us to continuously improve through shared learning, embedding a learning culture for us all. All staff at Sevenoaks Medical Centre have recently undertaken PSIRF training.

We continue to provide monthly and quarterly education events to the Protected Learning Time (PLT) group for Sevenoaks which includes GPs, Nurses, Physiotherapists and other allied health professionals. These sessions are very well attended by clinical and non-clinical staff.

During the last year, we have further developed the Bupa Health Assessment service. Sevenoaks Medical Centre went through a TUPE process with another provider and successfully transferred clinical staff over to the team. This has enabled us to grow our services for Bupa Health Assessments and provide appointments to patients five days per week.

We continue to be members of 'My Sevenoaks Community' which is a community interest group where we have promoted our services, our involvement in the community and invited members and patients to join the KIMS Hospital Patient Forum. A new Volunteering Policy has been introduced which allows staff to volunteer on community initiative and be released from work one day per year. We are keen to provide patient insights from Sevenoaks and the surrounding areas to help us shape and define our services, truly demonstrating responsiveness to needs and experiences of our patients and how they can access services.

We are fully embracing the Equality, Diversity and Inclusion strategy and have a section within our departmental meetings where we review a diversity calendar and discuss upcoming celebrations. This has provided the team with talking points and research opportunities to learn about differing cultures and communities.

We review and share feedback from patient questionnaires at our departmental meetings and discuss and implement improvement measures. For this coming year, we will continue to invite patients to provide feedback on their experience at the centre. We have also introduced a new digital platform for patients to complete their questionnaire and have a dedicated person to represent Sevenoaks Medical Centre at Patient Insight sessions to increase patient satisfaction responses.



KIMS Hospital Outreach Clinics

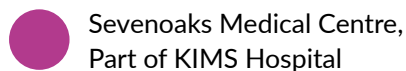
A large number of patients at KIMS Hospital undergo Orthopaedic surgery, which often requires follow up appointments and physiotherapy. To make this easier for our patients who do not live within the locality of the hospital in Maidstone, KIMS Hospital

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. Services include X-rays, physiotherapy and pre and post operation appointments.

Registered Outreach Clinics Actively Hosting Orthopaedic Clinics:



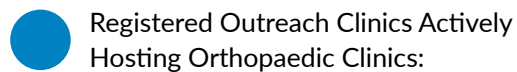
KIMS Hospital



Sevenoaks Medical Centre,
Part of KIMS Hospital



Towns



Registered Outreach Clinics Actively
Hosting Orthopaedic Clinics:

- 1 **Kingsnorth Medical Practice (Ashford):** Hip & Knee
- 2 **Wye Surgery (Ashford):** Hip & Knee, Upper Limb, Foot & Ankle
- 3 **Charing Surgery (Ashford):** Hip & Knee, Upper Limb, Foot & Ankle
- 4 **Estuary View Medical Centre (Whitstable):** Hip & Knee, Knee, Upper Limb, Foot & Ankle
- 5 **Faversham Medical Centre (Faversham):** Hip & Knee, Foot and Ankle, Upper Limb (planned for 2022)
- 6 **Springhead Health Ltd (Northfleet)*:** Hip & Knee, Upper Limb, Foot & Ankle
- 7 **Lyca Health Orpington:** Hip & Knee, Upper Limb, Foot & Ankle



Well-Led

Employee Wellbeing

Staff mental health and wellbeing is a key factor in the development of a sustainable, high performing workforce. It is an important influence in staff satisfaction, performance and retention. There should be equal consideration towards both mental health and physical health concerns within the workplace.

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KIMS Hospital has invested in developing new approaches that will support the development and delivery of our health and wellbeing strategies and policies.

Mental health continues to be a focus within the hospital, and within the last year we have trained an additional 10 Mental Health First Aiders to be available, listen to and sign-post employees. We are currently developing a Mental Health strategy and raise awareness of the support that is available through events such as Mental Health Awareness Week.

In October 2022, we launched our Menopause Policy with a week of menopause-related events across the hospital.



During this week we provided a number of activities such as yoga, nutritional advice, menopause talks with both staff and managers, and recruited KIMS Hospital menopause champions.

In response to the external pressures on colleagues through the Covid-19 pandemic and the cost-of-living crisis, we launched our Resilience training which is now available for all employees. The purpose of the resilience training is to give employees the tools to manage difficult or challenging situations, both at work and at home.

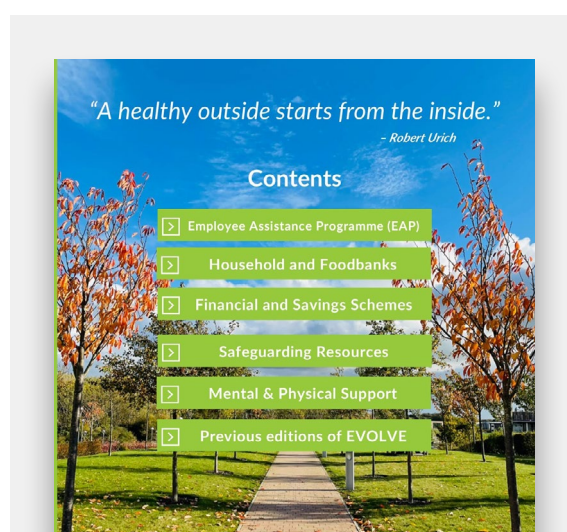


“ My line manager has been very supportive by allowing me to work flexibly to cope with my health issues and family commitments which has helped enormously with my wellbeing.”



We received very positive feedback on the first edition, so three further editions were produced.

Our most recent edition has paid particular attention to mental health, safeguarding, menopause, food banks and financial support available in the community.



Staff Survey

Due to external factors, we have focused on smaller, more regular pulse surveys as opposed to the standard, annual survey. This has enabled us to understand the changing needs of our workforce and be agile in our response to work more proactively.

Our last pulse survey in January 2023 focused on 4 sections: organisational change, personal wellbeing, wellbeing at work and safety culture.

The responses relating to organisational change reflected the changes that have recently happened at the hospital; whilst the majority of employees felt organisational change is good for the business, a desire for more/clearer communication around the changes has been identified. Following this, the Hospital Director is now attending team meetings, our Head of HR and Chief Nurse are setting up drop-in sessions across all sites and the agenda template for team meetings has been updated to reflect key initiatives.

Understandably given the current cost of living crisis, financial challenges were the

main concern felt by colleagues, followed by work pressures, physical health and mental health. Our Head of Finance has run budgeting workshops to help employees plan and manage their personal finances. We have also implemented a staff support group, with funding available to help those in need.

The wellbeing at work section highlighted how friendly and supportive co-workers are, and that most people felt they could communicate openly with their manager. Our newly formed Social, Charity and Wellbeing Committee holds events throughout the year to promote wellbeing, raise money for our Charity of the Year and provide opportunities to socialise with colleagues.

Our safety culture received positive feedback, with a large proportion of respondents feeling confident that they could speak up about any safety concerns, and an appreciation of our increased emphasis on learning from incidents. Speaking Up for Safety is a focus for our teams and all new employees receive training as part of their corporate induction.

Training and Development

We continuously review our training provision and are able to offer a variety of apprenticeship courses, for both clinical and non-clinical staff at any stage in their career.

There are 19 team members who are currently doing an apprenticeship; 9 of these are clinical apprentices (ODP training); 5 are non-clinical apprentices (accountancy); and five are management apprenticeships (ILM). We focus on helping our staff to grow their skills and develop their careers at KIMS Hospital, which in turn helps us future-proof our workforce due to the shortages we face within healthcare.

In the next 12 months we will be introducing the Oliver McGowan training which aims to ensure the health and social care workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability. We will also be developing our Mental Capacity training which is for workers involved in the care, treatment and support of adults who may lack capacity in making life decisions

Spotlight on two of our apprentices

Employee A*

Employee A has been working at KIMS Hospital for over four years as a Theatre Support Worker. She is currently undertaking an Operating Department Practitioner Apprenticeship.



“ I have always wanted to learn new skills and my dream was to become a qualified professional within theatres. Knowing that I had security at KIMS Hospital while learning is really reassuring.”

Employee B*

Employee B is another Theatre Support Worker who is undertaking an Operating Department Practitioner Apprenticeship with KIMS Hospital.



“ Working in theatres was a road I wasn’t expecting to travel. However, once the apprenticeships were advertised, it made perfect sense to go for it. My colleagues have been amazing in their teaching and support of my learning”



Engagement

Employee engagement is a key priority and our continued focus over the next year.

Having celebrated a number of 5-year service awards and with KIMS Hospital entering our 10th year, we have taken the opportunity to review our long service awards. From May 2023, we have now added additional annual leave for 10, 15, 20 and 25 years service, as well as a cash bonus for employees who reach these milestones.

This year we have launched a new Volunteering Policy enabling employees to spend a day at their chosen charity. Volunteering is shown to improve self-esteem, confidence and wellbeing by using existing skills and knowledge to benefit the local community

In February 2023, we ran our first CPR training and wellbeing evening, which was a fantastic opportunity for staff, their friends and family to get together to learn crucial CPR skills, pick up some tips on staying healthy and socialise. The evening also included back, shoulder and neck massages, women's health advice, tips on keeping our heart healthy, BMI checks and smoothie making

We recognise that staff engagement needs an element of fun, and our Social, Charity and Wellbeing Committee organises a variety of events throughout the year to encourage staff to socialise, fundraise for our Charity of the Year and promote our 'One Team' ethos.

Equality, Diversity and Inclusion

We have developed an Equality, Diversity and Inclusion strategy to ensure we have an inclusive and supportive workplace.

We have diversity and inclusion champions who meet regularly to discuss improving equality, diversity and inclusion across the hospital. Staff are required to attend a mandatory Equality, Diversity and Inclusion workshop to understand the benefits of a

diverse and inclusive workforce, and to raise awareness of unconscious bias. We have celebrated and raised awareness of events and festivals, including Easter, Ramadan and Pride Month. We are recognised as a Disability Confident Employer and our focus of the upcoming months is on Neurodiversity.h



We have diversity and inclusion champions who meet regularly to discuss improving equality, diversity and inclusion across the hospital





Quality Objectives

Quality Objectives 2023–2024

KIMS Hospital's culture of openness and transparency supports an environment of learning and improvement across all our services, and the ongoing quality strategy ensures that these improvements continue to develop. As part of our ongoing culture of quality improvement we have identified some key priorities for the coming year which we believe will improve patient experience.

Key priorities for quality improvements over the coming year include:


- Implementation of Patient Safety Incident Response Framework (PSIRF) across the organisation, including alternative review methods to harness learning and improve patient safety.
- Achieving Association for Perioperative Practice (AfPP) Accreditation to demonstrate our commitment to exacting standards of perioperative care.
- Developing the patient experience strategy to further enhance patient involvement in services, refinement of and improved engagement in our patient survey and the relaunch of KIMS Angels.
- Enhanced discharge procedures to include a review of patient information and management of post discharge concerns.



Our ongoing review of Quality and Governance continues to develop as a measure of ongoing improvement across the organisation

KIMS Hospital is situated on the outskirts of Maidstone.



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 Free parking

 Disabled access