



KIMS Hospital Quality Account 2025

Contents

2025 Statement of Responsibilities in respect of the Quality Account

Statement from the Director of Clinical Services and Registered Manager

About KIMS Hospital

Key areas, Mission and Values

Quality Account Regulatory Update

Quality Priorities Update

Safe

Effective

Caring and Responsive

Well-led

Quality Objectives 2025 - 2026

2025 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

Statement - Director of Clinical Services & Registered Manager

As the Director of Clinical Services and Registered Manager, I am proud to present our Quality Accounts for 2024. This report reflects our unwavering commitment to delivering the highest standards of care, patient safety, and clinical excellence within KIMS hospital.

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 past year, we have continued to prioritise patient-centred care, ensuring that our services are tailored to meet the needs of every individual who trusts us with their health. Through investment in advanced technologies, continuous professional development for our staff, and robust governance frameworks, we have fostered an environment that encourages innovation and excellence in care delivery.

Our focus on safety and quality is at the core of everything we do. This year, we have implemented key initiatives to enhance patient safety (PSIRF), including rigorous staff training programs, new protocols to reduce preventable harm (AAR), and the adoption of evidence-based practices to improve clinical outcomes (PROMS). We are particularly proud of the progress we have made in areas such as infection prevention, patient satisfaction, and help reduce wait times for our local NHS partners.

We also recognise the importance of transparency and accountability in maintaining public trust. As part of this commitment, we have strengthened our feedback mechanisms, ensuring that patients, families, and stakeholders/patient forum members have a voice in shaping the care we provide.

We are grateful to all those who have shared their experiences, helping us to continuously improve our services.

Looking ahead to 2024, we remain committed in our ambition to lead in delivering exceptional healthcare. Our strategic priorities include expanding our services, enhancing staff wellbeing, and deepening our collaborations with local NHS partners and other healthcare providers to deliver truly integrated care.

This year marks an exciting milestone for our organisation as we prepare to open our second cath lab and launch a state-of-the-art Cardiology Centre. This new centre will be the only dedicated cardiology centre in Kent, offering exceptional care to both NHS and private patients. With this expansion, we aim to enhance access to life-saving cardiac procedures and specialist care, reinforcing our position as a leader in cardiology services.

On behalf of our entire team, I extend my heartfelt gratitude to our patients, their families, and our dedicated staff for their trust and support. Together, we will continue to strive for excellence and deliver the highest standards of care in every aspect of our service.

This statement represents my honest and accurate account of our quality performance and plans for the future.

Peter O'Neill

Director of Clinical Services & Registered Manager, KIMS Hospital



About KIMS Hospital

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 expert consultants ensure the best treatment available, is delivered, for any patient.

Our facilities include:

- 54 in-patient and day-case rooms
- 16 Ambulatory beds in our Cath Lab
- 17 consultation/examination rooms
- 6 outpatient treatment rooms
- 5 operating theatres
- 1 endoscopy suite
- 2 cardiac catheter labs
- 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:

- 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.



Regulatory Update

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

The CQC last inspected KIMS Hospital in January 2023 and published their report in March 2023.

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.



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

Overall Rating - Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-Led	Good

2024 - 25 Quality Priorities Update

KIMS Hospital set itself four key quality priorities for 2024 - 2025 aimed at improving quality of care:

- 1. Implementation of Patient Safety Incident Response Framework (PSIRF) across the organisation, including alternative review methods to harness learning and improve patient safety.**
- 2. Maintain and monitor compliance with Association for Perioperative Practice (AfPP) standards of perioperative care – link in with PSIRF Safer Surgery Project.**
- 3. Develop the patient experience strategy to further enhance patient involvement in services. Increase feedback from service users by developing electronic patient survey.**
- 4. Enhanced discharge procedures to include a review of patient information and management of post discharge concerns.**

PSIRF Update

The PSIRF Plan was implemented in full across the organisation and continues to support effective patient safety response to incidents, complaints and patient experience feedback.

KIMS has successfully embedded After Action Review (AAR) as a valuable method of incident review and, using a systems-based approach, allows staff to be involved in the investigation. We are able to identify systems-based issues from which we can ensure learning and quality improvement in a timely manner.

In addition, KIMS Hospital uses other methods of incident review including multi-disciplinary case review and Patient Safety Incident Investigation (PSII).

KIMS Hospital identified 3 key areas of quality improvement, from the organisations risk profile:

- Safer Surgery
- Deteriorating Patient
- Enhanced Discharge

Working groups have made good progress with the first phases of the improvement programmes. Through audit there is a greater understanding of the systems that require change to bring about safer care pathways. Each workstream has identified key changes in practice and there are a number of commonalities across each improvement project. Work will continue into 2025 to bring on board

members of the multi-disciplinary team including consultants, to improve the safety of the care pathways.

Updates on progress from each of the groups is escalated through the Patient Safety Committee.

Safer Surgery Update

Phase 1 has been focussed on the use of the WHO safety checklist in all key areas where invasive / surgical procedures are carried out.

Phase 2 will be focussed on improving the process of consent, specifically focussing on discussion of risks and benefits, provision of information about the procedure, documentation of informed consent and a 2-stage consenting process.

Deteriorating Patient Update

Phase 1 has focussed on improved information sharing at the point of booking procedures. An improved booking form is being trialled by a group of consultants with the aim of improving risk assessment and identifying high risk patients prior to surgery. Phase 2 will focus on pre-assessment, triage and MDT process. Phase 3 will focus on Ward Management of the deteriorating patient, alert systems and escalation. This will also include KIMS process for implementation of Martha's Law.

Effective Discharge Update

Areas of focus for the Effective Discharge PSIRP Improvement Project are:

Pre-Op Assessment, information sharing on expected length of stay, early mobilisation, preparation for early discharge, organisation of discharge medication, discharge co-ordinators and effective communication with GPs through electronic discharges. Next phase requires consultant input to ensure effective messaging early in the patient pathway and implementation of an enhanced discharge checklist and process.

Patient Experience Strategy Update

Develop 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.

KIMS Angels are a group of volunteers willing to share their time to provide support and comfort to patients within various parts of the Hospital. The KIMS Angels are a group of volunteers who help patients across the hospital. We understand that attending appointments and receiving treatment can be challenging for some of our patients and a friendly face can make all of the difference.

Our volunteers go above and beyond to brighten our patients' days. They spend time talking to patients on the wards or in various outpatient departments, help our patients with tasks or keep them company whilst they wait to be discharged in the main reception.

The hospital Patient Experience Committee has reviewed and discussed of all the data collected about patient experience, survey results, patients' comments, patient complaints and any claims. Improvement plans are then developed from the feedback and monitored through the Committee. The patient voice is strengthened with the attendance of two members of KIMS patient Forum to the Committee.

Work has been underway to improve engagement with our patient survey to ensure our patients have a voice. KIMS has introduced a new process using text messaging to allow patients to complete a survey online if they would prefer. Response rates for the Inpatient survey has improved from 5% to 50% and Outpatients has improved from 2% to 10%.

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

The hospital's Medical Governance complements 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.



Safe

Safe

Are people protected from avoidable harm and abuse?

Ensuring services across the organisation are safe is a key strategic objective for KIMS Hospital. Risks to patient safety are identified through several routes including regular and ad hoc audits, risk assessments, patient feedback, patient safety 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.

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, 1575 incidents were reported; 178 were non-clinical incidents (no or low harm in nature); 1397 were clinical incidents; and all were reviewed for learning.

Incidents meeting the threshold of moderate harm are all reviewed, and investigations monitored by senior clinical leaders. All reported incidents meeting the serious incident framework threshold are escalated and a full root cause analysis is 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:

- There were 138 Sampling errors: These accounted for 8.76% of clinical incidents reported. This was a reduction on the previous year demonstrating some evidence of success of the task and finish group that had been established to identify root causes and implement improvement measures.
- There were 97 unavoidable cancellation incidents and 43 avoidable cancellations of surgery on the day. These accounted for 8.9% of clinical incidents reported.
- There were 88 administration errors which is an increase from the previous year and accounted for 6% of incidents. Errors mostly related to documentation errors on electronic systems, when booking patients or completing booking forms.

The Quality & Governance Committee monitored trends and made recommendations for action to take in light of the lessons learnt from patient safety incidents.

'Sips til Send'

We identified that patients were becoming dehydrated whilst awaiting their procedures and remaining 'nil by mouth'. We implemented a 'sips til send' initiative to allow patients to have 150mls of water each hour, to sip, until they were sent for by theatres. We have noticed a decreased in the post-operative nausea and other signs of dehydration.

Lesson Learnt and Actions Taken

Pre-Operative Assessment, Weekly MDT

Through pre-operative risk assessment of all our patients that are scheduled for surgery, we identify those who require additional discussion, risk assessment and planning for their admission. These patients are referred to our weekly multi-disciplinary team meeting (MDT). The team has representation from the ward nursing staff, physio therapists, pharmacist, anaesthetists, surgeons and theatre. High risk patients are discussed and additional safety measures are put in place to ensure that they remain safe throughout their stay at KIMS.

Stop and Check Campaign

KIMS implemented a 'Stop and Check' campaign that included all clinicians and administrative staff. With the aim of reducing errors in sampling errors and administrative errors. The simple message with to **STOP** and **CHECK** that you have the right patient.

NatSSIPS

We launched a task and finish group to ensure that we are following **National Safety Standards for Invasive Procedures** (NatSSIPs).

This formed the basis of our PSIRF programme looking at Safer Surgery across the organisation, not just in theatres, but in all areas where invasive procedures are performed.

Specific focus on consent (including documentation of discussion about risks and benefits), effective use of WHO safety checklists, team debrief ahead of theatre lists, training to recognise and understand the impact of human factors on patient safety in theatres, and monitoring of safety outcomes through audit, incident reviews and after-action reviews.

NatSSIPs 2 Summary Organisational and Sequential Standards

Organisational Standards

People for safety

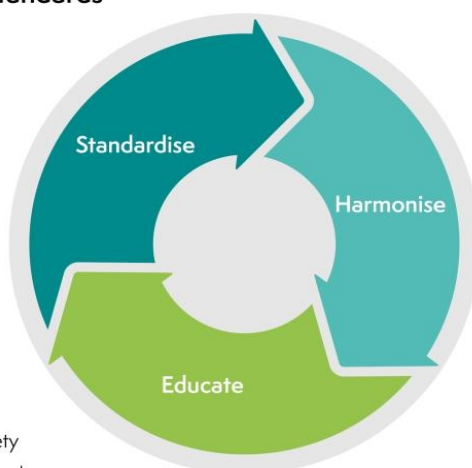
- Patients as partners
- Staff to deliver
- Roles in safety
- Training in safety
- Human factors understanding

Processes for safety

- Documentation
- Scheduling
- Induction
- Governance

Performance for safety

- Data for assurance and improvement
- External body engagement



Sequential Standards (‘The NatSSIPs 8’)

1. Consent and Procedural verification
2. Team Brief
3. Sign In
4. Time Out
5. Implant use
6. Reconciliation of items
7. Sign Out
8. Debrief/Handover

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 2024-25

- Implemented the IPC Patient Safety Incident Response Framework (PSIRF)
- Continued to develop and adjust our responses to the local and National requirements for COVID-19 implementing our IPC Covid Framework.
- A COVID risk assessment for patients as an elective admission.
- Introduced electronic systems for Hand Hygiene, and Environmental audits. This shows steady improvements in our Hand Hygiene compliance with sustained achievements above 90%. Our Environmental audits have also demonstrated improved compliance at above 92%.
- KIMS Hospital continues to meet our mandatory requirements for Surgical Site Surveillance (SSI) for Hip and Knee surgery, reporting into the Orthopaedic National
- UKHSA Data collection site. We have continued to remain under the National average for (SSIs) at 1%.
- Maintained enhanced water monitoring continuing to mitigate risk of pseudomonas and legionella.
- The Sterile Services department has continued to maintain a full quality management system and follows guidance set out in HTM 01-01. A new washer disinfectant was introduced to mitigate risks and support our increased activity.
- Continued with our MyAudit House Keeping standards to meet the National Standards of Healthcare Cleanliness (2021)
- Reviewed and updated KIMS policies and procedures in line with National Guidance and IPC National Manual.
- Continued to meet the mandatory reporting requirements in relation to alert organisms and Notifiable diseases and causative organisms.

Mandatory Reporting 2024-25

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 2024/25

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 April 2022 to March 2023.

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 were maintained at all times and I felt included on everything that was happening."



Caring and Responsive

Caring and Responsive

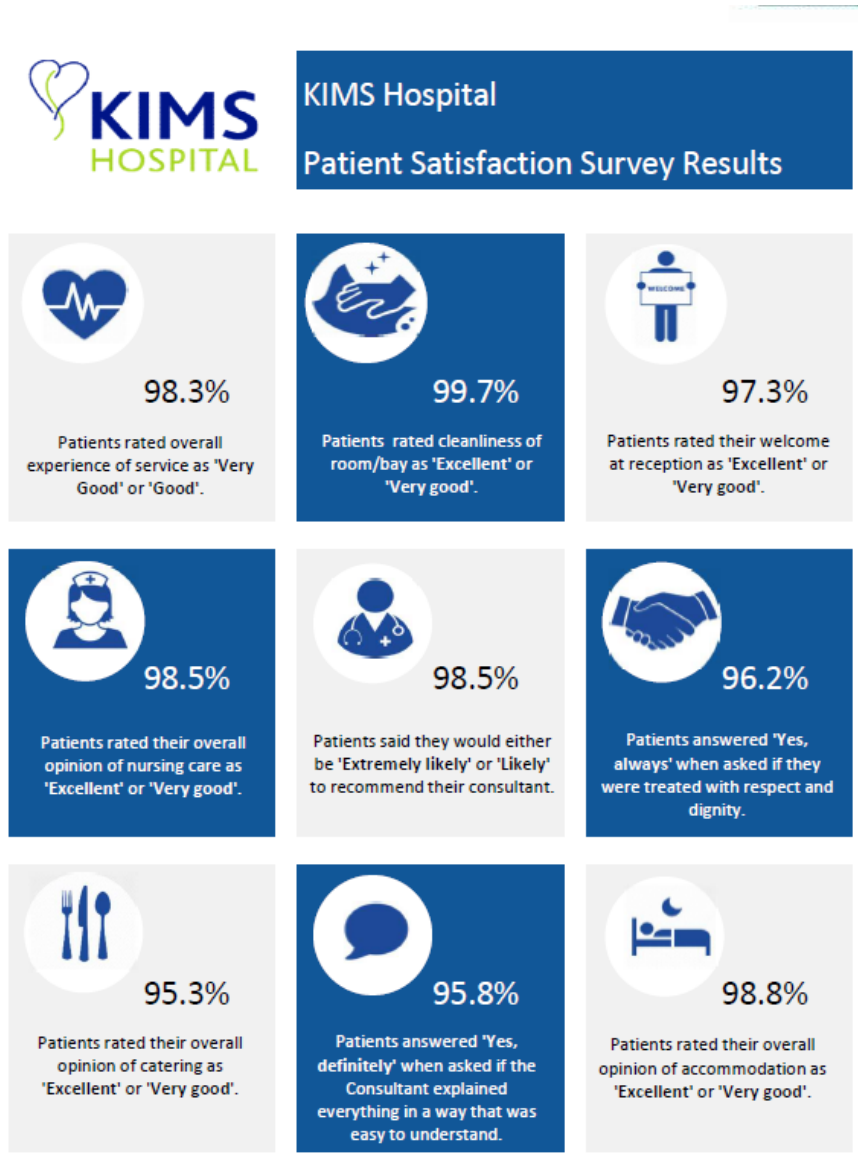
Do staff involve and treat people with compassion, kindness, dignity and respect?

All staff at KIMS Hospital treat patients and their families with kindness, dignity, respect and compassion. Staff take time to interact with our patients and are always respectful of the patient's right to privacy. Patients were also involved in their treatment and care and reported good interactions with their consultants.

Are services organised so they meet people's needs?

Our services met our patients' expectations both clinically and in meeting their cleanliness, comfort and catering expectations.

KIMS hospital is a welcoming and caring environment that our patients rated as Very Good or Good in our patient experience Picker surveys.



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 the patient forum 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 a patients' perspective and to understand current issues in both hospital and clinical areas.

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.

2024/2025 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.





Well-Led

Employee Wellbeing

KIMS Hospital defines employee wellbeing as good overall health. Staff mental health and wellbeing is a key factor in the development of a sustainable, high performing workforce. It is an important influence in employee engagement, productivity, retention and attraction.

The KIMS Hospital wellness strategy focuses on developing key goals and objectives that align with our six wellness priorities. Body, Community, Financial, Mind, Social and Work. 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 an important focus within the hospital. We have invested in training 7 employees to undertake the role of Mental Health First Aiders, who actively work to raise awareness of mental health throughout the organisation. The Mental Health First Aiders are available to listen to and sign-post employees to both internal and external support.

In October 2022, we launched our Menopause Policy with a week of menopause-related events across the hospital. Activities such as yoga, nutritional advice, menopause talks with both staff and managers, and recruited KIMS Hospital menopause champions.

The KIMS Hospital Social Committee plan and facilitate a number of staff events throughout the year to raise money for the charity of the year, nominated and voted for by staff. Employees are encouraged to participate in the various events, from physical challenges to bingo and quiz nights. These events not only benefit the local charity we support, but also aids in staff engagement and social wellbeing.



To raise awareness of cultural diversity within our workplace, the Equality, Diversity and Inclusion committee run a number of awareness days throughout the year, celebrating the diversity of our workforce. The success of these events has been reflected in the 2024 staff survey, where 80% of staff said they felt comfortable talking about their social and cultural background in the workplace.

EVOLVE magazine was originally released in response to the COVID-19 pandemic, signposting employees to various lines of support. Since then 5 editions have been created and are available for all employees to access via the bookmarks on their web browsers. The final edition released in response to the cost of living crisis, signposting employees to financial support.



" 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.

Staff Survey

The Annual KIMS Hospital Staff Survey has been carried out to provide valuable insight into employee perceptions on various aspects of their working environment, and their engagement with the organisation.

The survey was conducted by the HR team and comprised 57 questions, the first three questions are questions regarding the demographic of the employee completing the survey, with the remaining 54 questions gather their personal opinion on the question asked. All questions were positively phrased and the majority of questions were closed-ended, where employees were asked to respond by indicating their levels of agreement using a ten-point Likert Scale.

The survey comprised of 4 themes:

- Our Executive Team & Leadership
- Your Line Manager
- Employee Voice
- KIMS Hospital Culture

563 surveys were sent via email link and participants were given three weeks to complete the survey. The majority of responses were made online and directly submitted to the 'Survey Monkey' database; a small number of paper-based copies were also received. 383 staff members completed the survey, resulting in an overall response rate of 68.03%.

What we are doing well

The highest theme score was 'Your Line Manager' scoring an average score of 7.8, an increase of 0.1 on last year's survey. Scores in this section were most consistent, scoring between 7.4 for 'My line manager gives regular feedback on my performance' to 8.2 for 'My line manager is supportive'. These two

questions remain the bottom and top questions for this section in comparison to last year.

The highest scoring question was 'I enjoy working with my team' which scored an impressive 8.6, though a slight decrease on last years score of 8.7. This demonstrates the strong relationships employees build at work and the inclusive culture KIMS Hospital strives for.

Employees commitment to KIMS Hospital stands out in this year's survey, with the question 'I am personally committed to the success of the organisation' scoring 8.2, maintaining its score from last years, demonstrating employee's commitment and dedication to the success of the company.

Opportunities for improvement

The response rate for this year's survey was 68%, the same as last year which is lower than hoped. This year's response rate started off slowly and an incentive was offered to employees to complete the survey. In particular four survey families received less than 50% response rate, which will impact the reliability of the family reports as this may not demonstrate the true feeling within the department.

'Our Executive Team & Leadership' scored an average of 6.1, a decrease of 0.5 from last year's score of 6.6. This could be due some changes within the Executive team over the last 12 months and is therefore an opportunity for our Leadership Team to build trust and relationships with staff.

The lowest scoring question was 'I am satisfied with my current pay, benefits and training and development package' which scored 4.9, a decrease of 0.5 on last year's score of 5.4. This shows that this is still an area of concern for our employees. This could be due to the recent increase in the NHS Agenda for Change and the continued cost of living pressures.

Training and Development

We continuously review our training provision and are able to offer a variety of a variety of training to all staff across the business.

Within the last twelve months we have implemented a few different training courses into our mandated list of modules, these included:

Mental Capacity

Dementia

Preventing Radicalisation

In 2024, 8 of our senior managers successfully completed their Level 5 Programme in Leadership and Management. They had to complete 9 workshops, 1 Assignment and put together a Business Improvement Project. Some of the projects included:

- Proposal for a Practice Development Nurse
- Financial Reporting Process
- Consultant Intranet



We have 10 individuals who have commenced Level 3 Management Programme in January 2025.

Across the business we currently have 12 individuals completing apprenticeships of all levels, some of their courses are:

- ODP Degree
- Physiotherapy Degree
- Senior HCA
- Accounts Assistant
- Senior Leaders

Being able to provide apprenticeships to the business allows us to develop our own and in some cases these apprentices will then be able to move into registered roles.

This year we celebrated some great apprenticeship graduations for 3 of our staff, with two becoming Registered Operating Department Practitioners and 1 becoming a Registered Nursing Associate.

We no longer are partnered with an external company for Resus and Moving and Handling training. We are utilising our Clinical Skills Facilitator and Resus Lead to provide Basic Life Support, RAMD and ILS, and she has recently completed her Train the Trainer course to deliver Moving and Handling. This has given us the flexibility to adapt training to fit our schedule and ensure the content is relevant to our business.

Over the next twelve months, we have various projects that we are working on including:

- Standardised Local Induction
- Competency Workbooks for all roles within the business
- Career Pathways
- Planned role out of Tier 2 Oliver McGowan Autism awareness Training
- A second cohort of our inhouse Care Certificate Course

Employee Engagement

Studies show that employee engagement can have a positive impact on customer satisfaction, productivity, innovation, staff retention, efficiency and performance. Employee engagement is a key priority and our continued focus over the next year.

In April 2024 we celebrated the 10-year anniversary of the opening of KIMS Hospital with a number of staff initiatives including cash bonuses for colleagues celebrating 10-year service, an award ceremony to reward employees nominated and voted for by staff and a party to celebrate everything we have achieved in the last 10 years. This was a fantastic celebration and look back at the last 10 years and a fantastic opportunity to recognise the hard work and dedication of all our employees who have contributed to that journey.

In August 2024, 29 employees successfully climbed Mount Snowdon in a bid to raise money for our charity of the year, Holding on Letting Go, a local charity supporting families going through a bereavement. The team raised an incredible £7,000 for the charity.



Operation Jackpot is a staff engagement initiative for the purpose of creating a happier workforce. Eligible employees and bank workers from KIMS Hospital and Sevenoaks Medical Centre, will be entered into a draw where winners will be picked at random to receive a prize. Standard prizes include extra holiday, free lunch in the bistro, £50 or £100 added to their pay. There are also special editions of Operation Jackpot at Christmas, where more prizes and winners are picked.

In 2023 we launched a 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.

Employee voice throughout the organisation is encouraged for reinforcing and challenging views, creating collaboration between departments and allowing staff to help initiate change. KIMS Voice is an open employee forum where staff can come with ideas for improvement and help drive improvement to make KIMS Hospital a great place to work.

Equality, Diversity and Inclusion

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

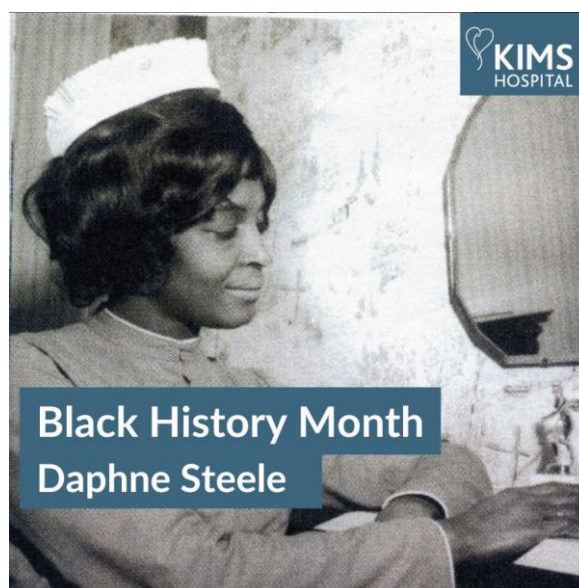
We have diversity and inclusion champions who meet regularly to discuss improving equality, diversity and inclusion across the hospital. Staff are required to attend a mandatory Equality, Diversity and Inclusion workshop to understand the benefits of a diverse and inclusive workforce, and to raise awareness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

The success of these initiatives is measured annually in the staff Survey where employees are asked demographic questions including ethnicity and age. Asking these questions allows us to monitor any trends in responses to the survey, which could alert leaders to any potential discrimination within the workplace. In particular, the responses to questions such as 'Have you personally experienced any form of discrimination or bias within the workplace'.



Key Achievements and highlights

- Members of the Employers Inclusive Forum.
- Anonymised CV's are now submitted to aid with bias and unconscious bias.
- Over 50% of staff have received their EDI training.
- Approved funding for 40 staff to complete an accredited British Sign Language course
- Implemented a clear and easy pathway to support staff who have been unfairly treated which includes our Freedom to speak up guardians.
- International Recruitment and Relocation of 38 clinical staff across the hospital.
- Partnered with 4 Disability Employment Programmes to increase opportunity for disabled people to gain employment
- Partnered with 3 companies who have the governments welfare to work funding for priority groups and unemployed candidates e.g. NEET, BIPOC





Quality Objectives

Quality Objectives 2025 - 2026

Key Priorities for Quality Improvements across the KIMS Hospital and Associated Sites

Patient Safety

Continuing to Implement the Patient Safety Incident Response Framework (PSIRF) across the organisation, including alternative review methods to harness learning and improve patient safety:

- Safer Surgery programme across the organisation to implement and audit the WHO checklist
- Enhanced discharge procedures to include a review of patient information and management of post discharge concerns.
- Implement measures to ensure that patient risks are identified prior to admission and that potential for deterioration of high-risk patients is anticipated and planned for.
- Greater involvement of the consultant body in implementing additional safety measures into their practices to improve patient outcomes and reducing risks to patient safety.

Quality Management System across the Company

- Implementation of a new quality management system, across all sites of the company, and centralised management of incidents, patient experience, risks, policies and audits – **InPhase**
- Roll out of strong Clinical Governance practices across all sites of the organisation – amalgamation of policies, protocols and procedures

Centre of Excellence for Orthopaedics

- Multi-disciplinary team approach to the development of orthopaedic services following the RCOS GIRFT standards; with the aim of becoming a Centre of Excellence for orthopaedic surgery.



Patient Experience Strategy

- Developing the patient experience strategy to further enhance patient involvement in services. Implementation of digital patient feedback platform across the organisation
- Implementation of an online Patient Experience Questionnaire through our partnership with the Picker Institute

Development of High Dependency Care Services

- Development of knowledge, skills and expertise of staff to provide Enhanced Care and High Dependency Care, to enable us to provide higher-risk surgeries and to include more high-risk patients in our service profile.

Cardiac Services

- Implement updated Cardio Report System that will enable direct data collection for national audit, charging and consultant reporting for patients and GPs
- Development of new service to KIMS hospital – Sleep Apnoea Diagnostic Service allowing rapid diagnosis of patients of risk in a multitude of specialties and areas
- Development of cardiology services to Orpington site and to develop GP services with direct referral into cardiology services for rapid access, assessment and treatment.

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