



KIMS Hospital Quality Account 2017-2018

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2017-2018 Statement of Directors' Responsibilities in respect of the Quality Account

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

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

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

- The Quality Account presents a balanced picture of the Hospital's performance over the reporting period.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice.
- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.

- The Quality Account has been prepared in accordance with any Department of Health guidance.
- The Hospital will ensure that all the information provided in this report is not false or misleading.

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

By order of the Board



Peter Goddard, Chairman

Date: June 2018



Simon James, Chief Executive, KIMS Hospital

Date: June 2018

Statement from Registered Manager & Chief Nurse

This Quality Account is a reflection of the growth and achievements made by KIMS Hospital over the reporting period of May 2017 to April 2018.

We are proud of our achievements over this past year. Our dedicated teams of clinical and non-clinical staff all work within our three strategic objectives to deliver safe, outstanding quality care. An absolutely fundamental aspect of keeping our patients safe is to ensure that we have the right skill mix and numbers of staff in all clinical areas. We have continued to develop and use a staffing tool in ward areas to support the planning of staffing requirements against patient acuity of care.

We have continued to focus on and invest in recruiting more substantive staff this year, leading to a reduction in the use of agency staff across all our clinical departments, ensuring we have achieved compliance with our target of less than 5%. Within our theatre department, we have managed to reduce and maintain our agency usage to zero.

The report outlines our continued success in managing avoidable infections, with 100% compliance to our targets of zero reportable infections. The focus of our Infection Prevention and Control (IPC) Lead practitioner has been the ongoing development of Policies and Standard Operating Procedure, incident investigation and management, surgical site surveillance and mandatory reporting, as well as audit compliance. Details of this work is outlined within the Annual Director of Infection Prevention and Control (DiPC) Report.

Our strategic focus on being One Team has also supported a culture within the hospital of being open and honest, where staff can raise concerns and hold each other to account. We have appointed our Freedom to Speak up Guardians within the last year, who will continue to promote their role across the organisation.

In January 2018, KIMS Hospital was reinspected by the Care Quality Commission (CQC) and a rating of Good across all services and domains was achieved, with some areas of outstanding practices highlighted.

The coming year brings the introduction of new services and a hospital focus on developing our quality improvement plan to move from “Good” to “Outstanding”.

Our focus clinically is on the development of cancer services, including building robust screening programmes, supported by further development of the use of our state of the art imaging and diagnostic services.

Finally, we would both like to extend a heartfelt thank you to all of our staff for their dedication to delivering high quality care to our patients. We look forward to working alongside them to achieve our goals over the next year.

By order of the Board



Simon James, Chief Executive, KIMS Hospital

Date: June 2018



Jackie Groom, Chief Nurse, KIMS Hospital

Date: June 2018



About KIMS Hospital

About Us

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

Our hospital provides services for eight clinical commissioning groups, over 350 GP practices covering a population within Kent of 1.7 million. Through this reporting period KIMS Hospital saw in excess of 7,900 patients.

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

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

Our facilities include:

- 72 en-suite bedrooms
- 20 day case beds
- 17 consultation/examination rooms
- 6 outpatient treatment rooms
- 5 integrated operating theatres
- 1 endoscopy suite
- Enhanced care facilities
- Comprehensive diagnostics and imaging suite, including MRI and CT
- Physical Therapy department
- Pathology and Phlebotomy

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

- Nuclear Medicine
- Interventional cardiology services

Key Areas

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

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

The Best Expertise

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

The Best Facilities

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

The Best Technology

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

The Best Care

We put the care of our patients at the heart of everything we do. Our clinical leadership ensures

the 6C's of nursing including care, compassion, competence and commitment, are embedded across all clinical and non-clinical teams.

KIMS Hospital is a Bupa accredited Breast care centre and Prostate care centre. We are recognised for the specialist care we are able to offer our patients through our breast care services and prostate treatment.

We 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 six outreach clinics.

We are the medical partner for Maidstone Football Club providing ECG's for all the first team players, and have recently become the private hospital partner for Kent County Cricket Club. We are also Healthcare Patron for the Kent Invicta Chamber of Commerce who represent over 3,000 businesses in Kent.

There is continuing expansion of services available at KIMS Hospital with the availability of a new breast screening service and the ongoing development of cancer services.

Mission & Values

Our Mission

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

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

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



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

Quality Account Methodology

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

Are our services SAFE?

Are people protected from abuse and avoidable harm?

Are our services EFFECTIVE?

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

Are our services CARING?

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

Are our services RESPONSIVE?

Are services organised so they meet people’s needs?

Are our services WELL LED?

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

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

KIMS Hospital’s ambition is to achieve an “outstanding” rating from CQC. Regular monitoring and reporting on quality across the domains gives internal assurance, continual improvement and ongoing progression to an outstanding rating.



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

Previous Quality Priorities 2016-2017

To help achieve KIMS Hospital's three strategic objectives: providing safe, outstanding quality care for our patients; working together as One Team and commercial success; a key priority in 2016-2017 was to implement a robust quality and governance team within the organisation with experienced leadership and team members.

A new Governance and Quality Improvement Manager is now leading the team, alongside the Deputy Chief Nurse for clinical input with addition of a Specialist Quality and Governance Nurse.

The team being a single point of contact and information regarding quality and governance including non conformities, risk and regulatory reporting, strengthens the overall governance within the organisation leading to the best quality and care for patients. (Appendix 2 Governance structure)

By implementing a strong Quality and Governance team, the already embedded clinical governance structure has been strengthened and spread across the wider organisation. Good governance in health care ensures:

- Patients receive safe, outstanding quality care.
- Responsibilities are clearly allocated within the organisation.
- Good financial management.

The broader benefits of good governance that can have a much wider and far-reaching positive impact on the organisation include the following:

- **Culture** – consistently good governance at all levels from board to ward, creates an output of a culture of excellence. The leadership's behaviour defines the behaviour of the workforce and it becomes far easier in such circumstances to fit in with the defined culture.
- **Reputation** – good governance delivers good services, which in turn lead to high quality performance. The reputation of an organisation can be enhanced or damaged in the market.
- **Clarity** – all organisations have issues, complications and non conformities. An organisation with good governance can identify and action these, reducing impact on the services and often containing the risk internally or before it actually occurs.
- **Financial sustainability** – good governance reduces the threat of safety, legal, performance and contractual concerns that can severely impact an organisation and its reputation with stakeholders, partners and local community.

Commercial

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

Providing safe, outstanding quality care for our patients.



Success



Safe

Safe

Are people protected from abuse and avoidable harm?

Ensuring services across the organisation are safe is a key KIMS Hospital strategic objective. Risks to patient safety are identified through a number of routes including routine and ad hoc audit, risk assessments, complaints, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Throughout KIMS Hospital the staff work together as One Team to ensure hospital policies and procedures are adhered to. This helps to reduce infection rates, put checks in place to prevent harm, mistakes, and ensures strong lines of communication between hospital staff, patients, and their families.

Infection Prevention & Control

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

It is recognised that infection control is everybody's responsibility and must remain a high priority for the organisation ensuring the best outcome for all of our patients. KIMS Hospital has implemented robust audit and surveillance, an effective training programme and has a zero-tolerance approach to avoidable infection and a collective responsibility which places a duty on all staff to minimise the risk of infection at all times.

The annual IPC programme focuses on ensuring the ongoing compliance with all the regulatory requirements. Compliant measures include;

1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and others may pose to them.
2. Providing and maintaining a clean and appropriate environment that facilitates the prevention and control of infections.
3. Providing suitable accurate information on infections to service users and their visitors.
4. Ensuring that people who have or develop an infection are identified promptly and receive appropriate treatment and care to reduce the risk of passing on the infection to other people.

Mandatory Reporting

The Infection Prevention & Control (IPC) annual programme (2017-2018) was designed to achieve compliance with the standards identified within the Code of Practice, and achieve all national and local infection related objectives:

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



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

Adverse Incident Reporting

DATIX incident and risk management system is used to report adverse incidents and was introduced at KIMS Hospital in late 2015 for embedding and use by all teams in early 2016. The most appropriate individual associated with where the incident occurred investigate.

Incidents are monitored in several ways within the organisation: locally at team meetings, at the weekly DATIX review meeting (ensures investigation and actions are assigned to the correct individual(s)), monthly governance meetings, including Clinical Effectiveness. The Quality and Governance Committee monitors all incidents reported in relation to department noting any trends.

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

Figure 1 shows the number of incidents raised in 2016-2017 and in this reporting year 2017-2018. This shows an increase in incident reporting across the organisation.

Incident Reports

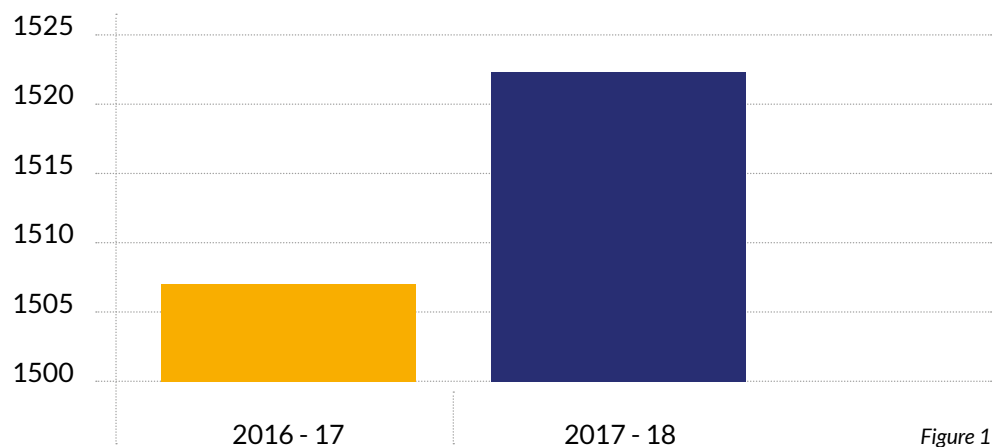


Figure 1

Incident By Severity

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

A single severe harm incident occurred in this reporting year, this was associated with an adverse outcome of eye surgery.

Incident by severity

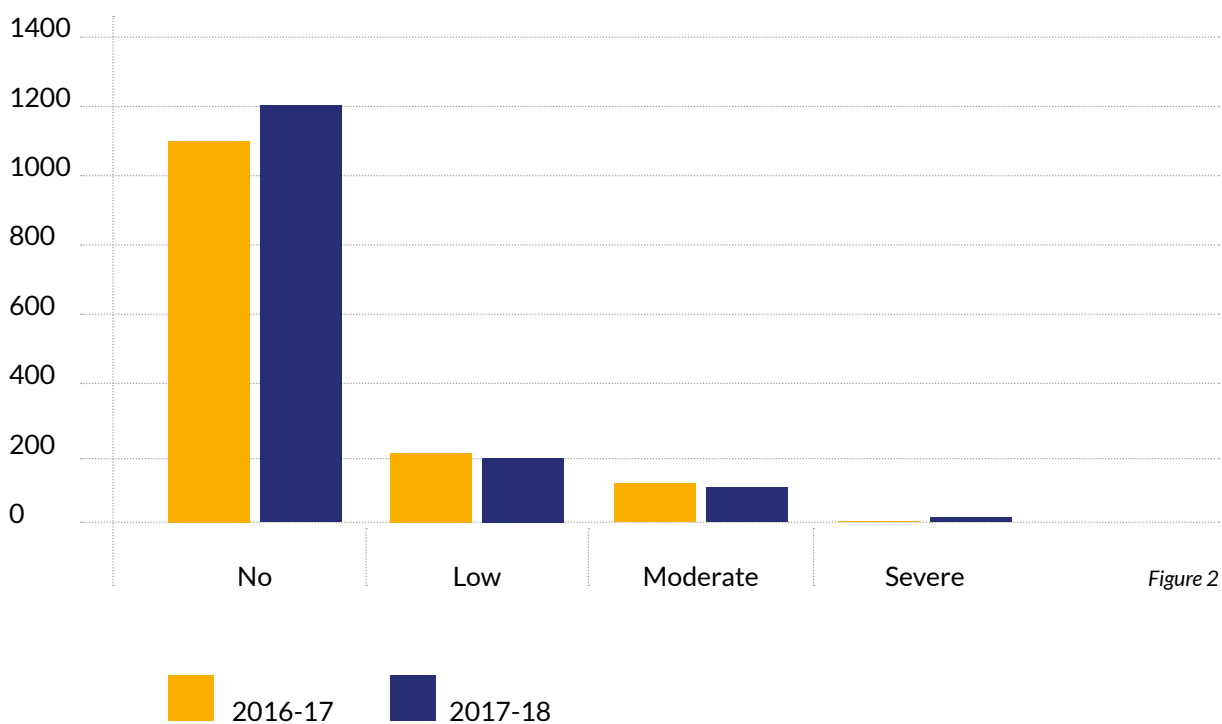


Figure 2



There were no unexpected deaths in this reporting period 2017-2018.

There were no never event incidents in this reporting period.

Safe Staffing

Ensuring all clinical areas within KIMS Hospital are staffed with the appropriate number and mix of clinical professionals is vital to the delivery of quality care and in keeping patients safe from avoidable harm. To align with the National Institute for Health and Care Excellence (NICE) safe staffing guidelines, KIMS Hospital's clinical management team have developed procedures to ensure that ward nurse staffing levels are sufficient to provide safe nursing care to each patient at all times.

KIMS Hospital has a staffing planner (tool) that is used for all wards. This is completed in advance and reviewed on a daily basis to allow us to ensure appropriate nursing staff cover for the dependency of our patients.

The Deputy Chief Nurse and Clinical Manager review the tool together on a weekly basis and highlight to the team any variances outside of our agreed parameters. Our bi-monthly business review meetings also review staffing levels against equivalent patient days.

The planner is used as a guide, but clinical judgement on staffing requirements is always considered to ensure our patients receive the appropriate level of nursing required.

Figure 3 is an example of the safe staffing planner used within KIMS Hospital. It shows clinical hours required along side the clinical hours allocated and used based on patient numbers.

Clinical hours

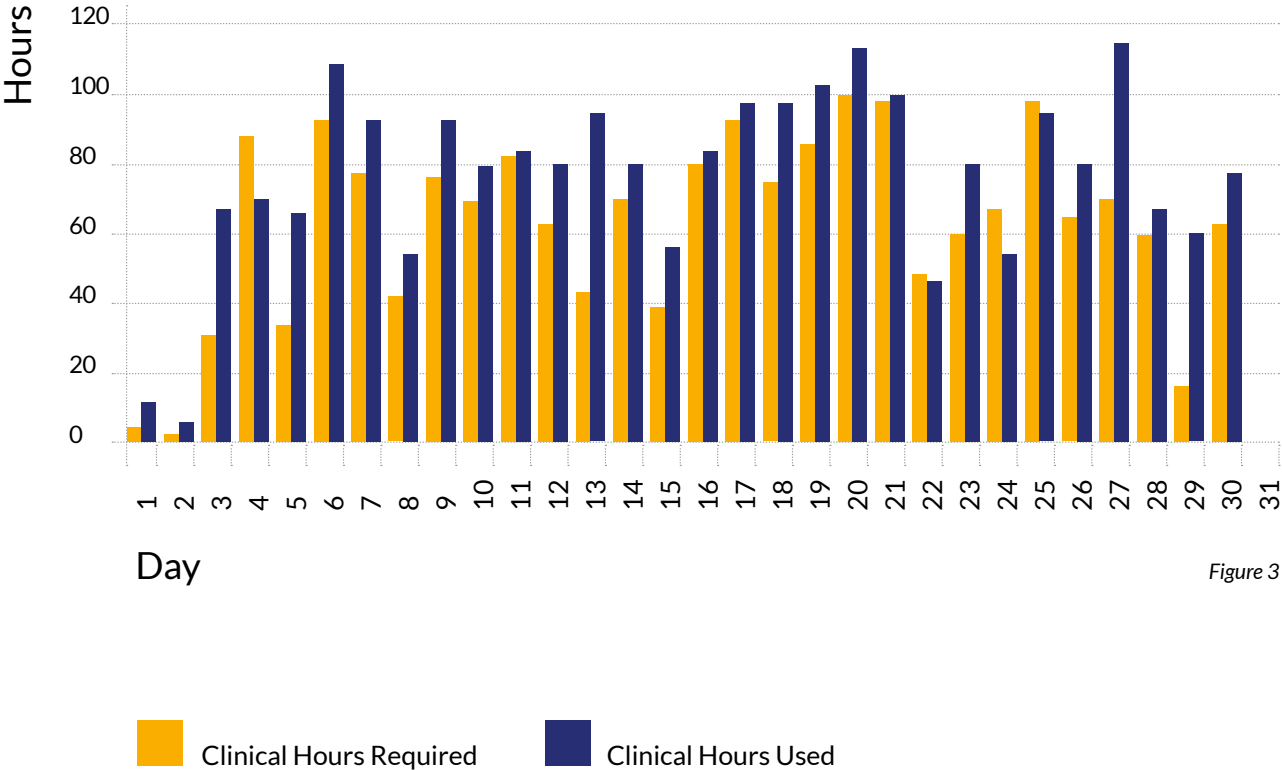


Figure 3



Effective

Effective

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

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

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

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

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



“Patients received evidence-based care and treatment in line with relevant national guidance and best practice.”

CQC Jan 2018

Clinical Outcomes

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

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

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

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

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

Figures 4, 5 & 6 below show KIMS Hospital PROMS data against NHS England data.

EQ5D Total Knee Replacement

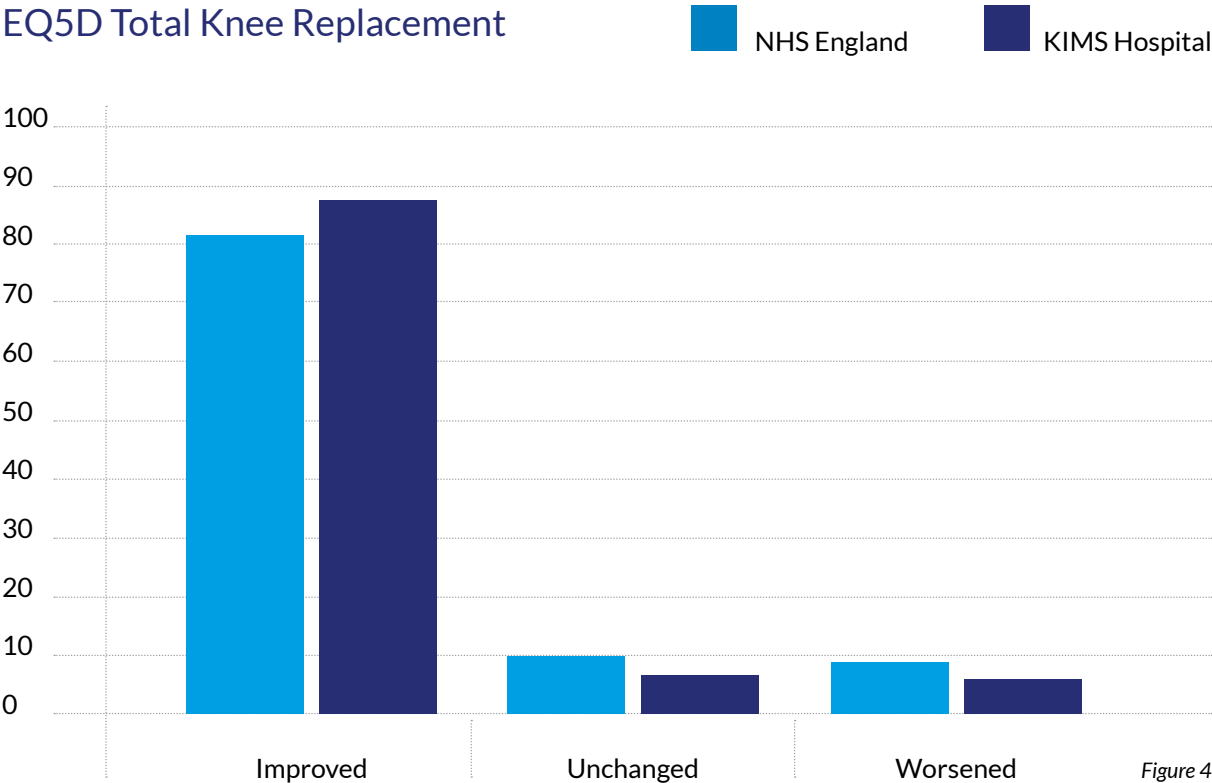
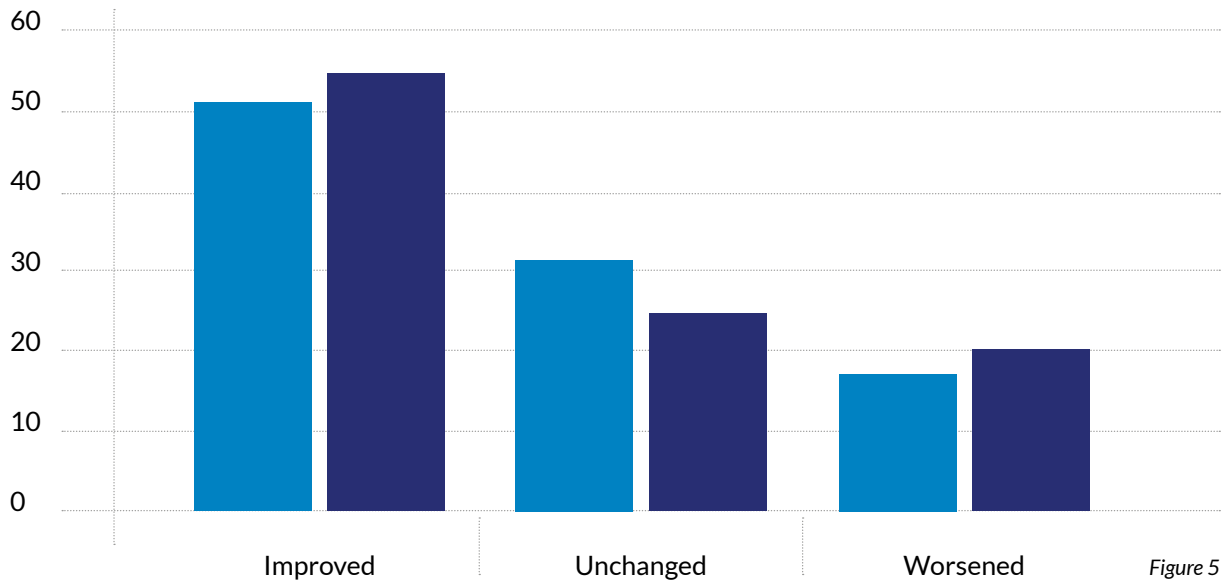


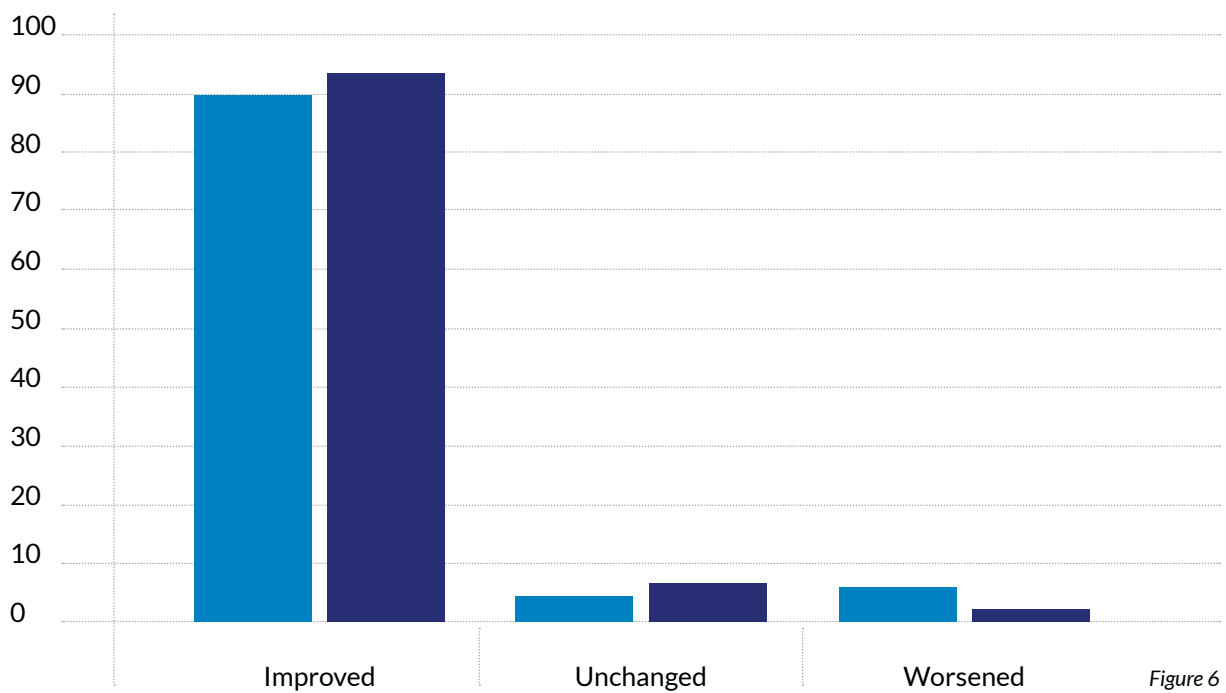
Figure 4



EQ5D Groin



EQ5D Total Hip Replacement



Unplanned Readmissions / Return to Theatre

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

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

Both these measures have been identified as being sensitive to improvements in coordination, process of care and discharge planning for patients.

Figure 7 & 8 show numbers and rates of readmission and returns to theatre over the last two reporting periods. This indicates unplanned returns to theatre remain unchanged, and the number in readmissions has increased in proportion to the number of patients treated in the reporting periods; this measure is continually under review.



Readmission / Return to Theatre

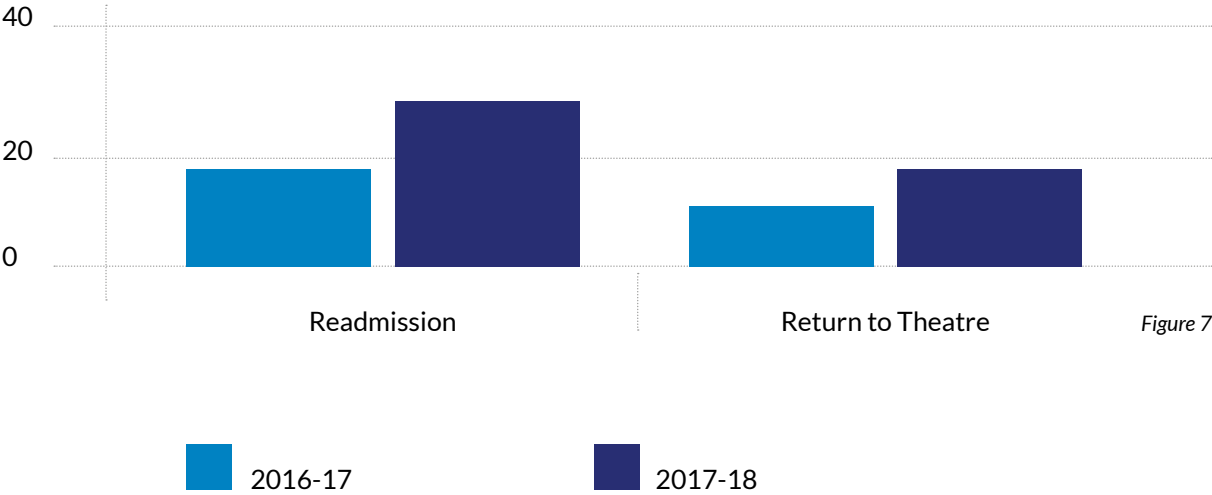


Figure 7

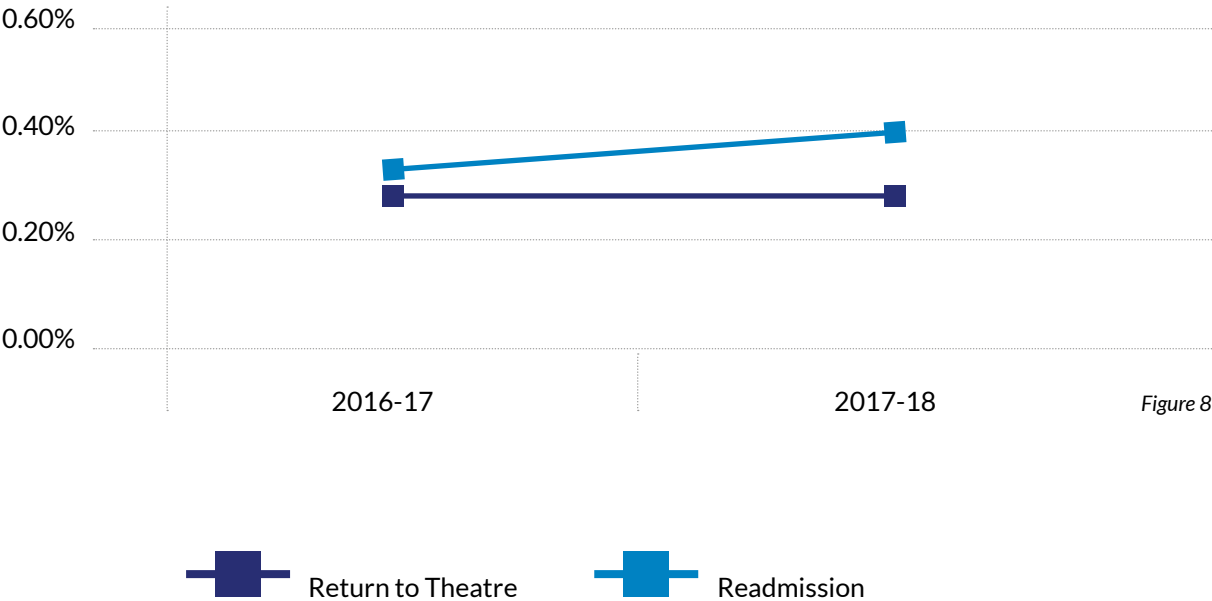


Figure 8



Caring & Responsive

Caring & Responsive

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

Are services organised so they meet people's needs?

All staff at KIMS Hospital treat patients and their families with kindness, dignity, respect and compassion. Staff take time to interact with patients and those close to them and are always respectful of the patients privacy and dignity. Patients were also involved in their treatment and care if this was required. KIMS Hospital introduced 'KIMS Angels', a group of volunteers who come into the hospital and support patients both emotionally and with any help they may require. The CQC recognised the 'KIMS Angels' as an area of outstanding practice within the hospital.

This caring approach of all staff across the organisation is reflected in the recent 2017 Friends and Family Test results (90% were extremely likely to recommend KIMS Hospital, and 90% rated the quality of service as excellent) and in consistently positive results gained from the inpatient questionnaires. Results of these questionnaires are openly displayed around the hospital, information includes both positive and negative comments.



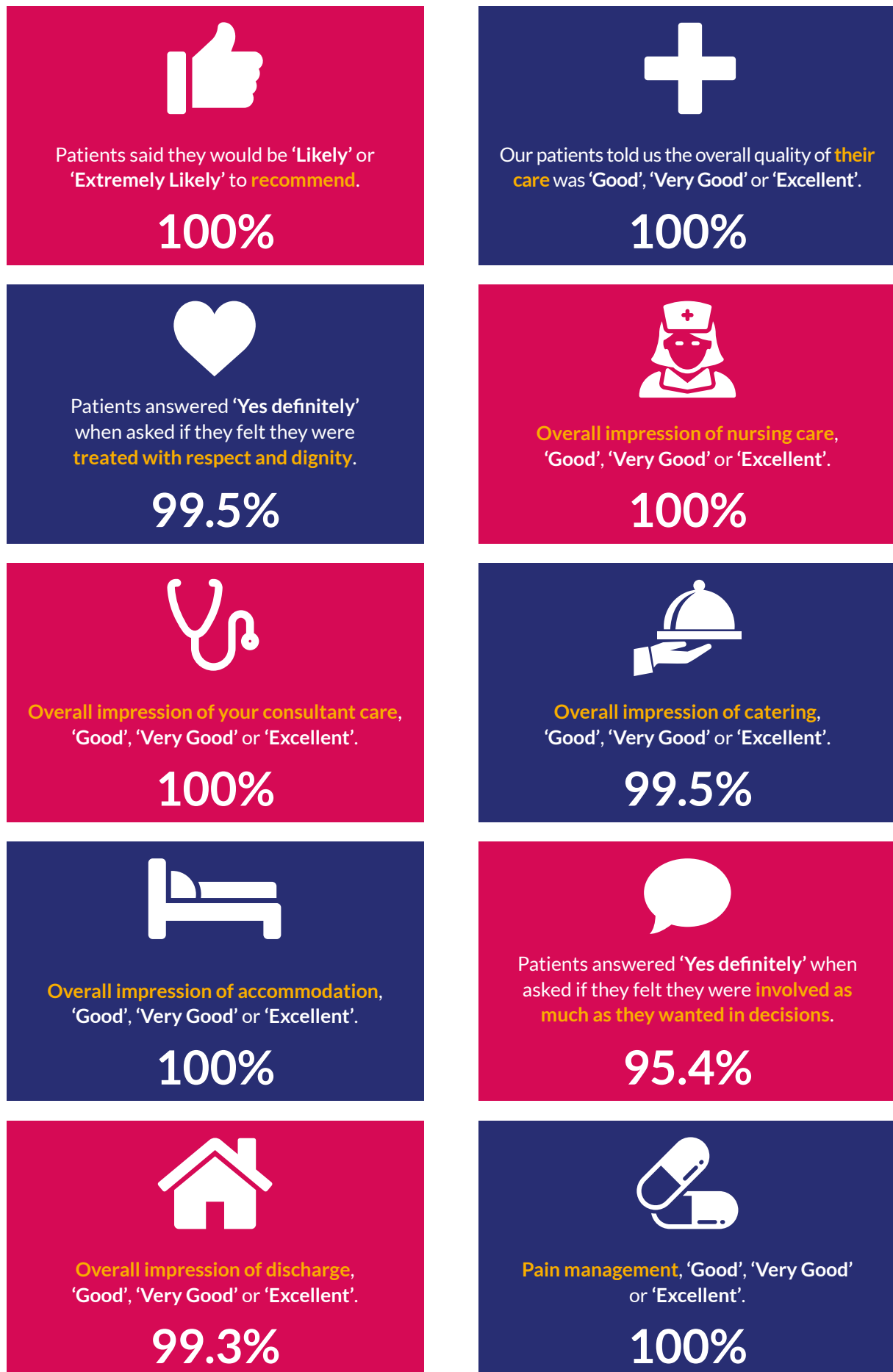
“We found areas of outstanding practice in the hospital as a whole:

- **The hospital had volunteers known as ‘KIMS’ angels’ who spent time in departments talking to patients.**

This was introduced to enhance patient care and support patients so that they felt listened to.”

CQC Jan 2018

Figure 9 is the latest Patient satisfaction outcomes (inpatients, April 2018).



Complaints

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

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

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

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

Figure 10 shows breakdown of complaints received in the reporting period.

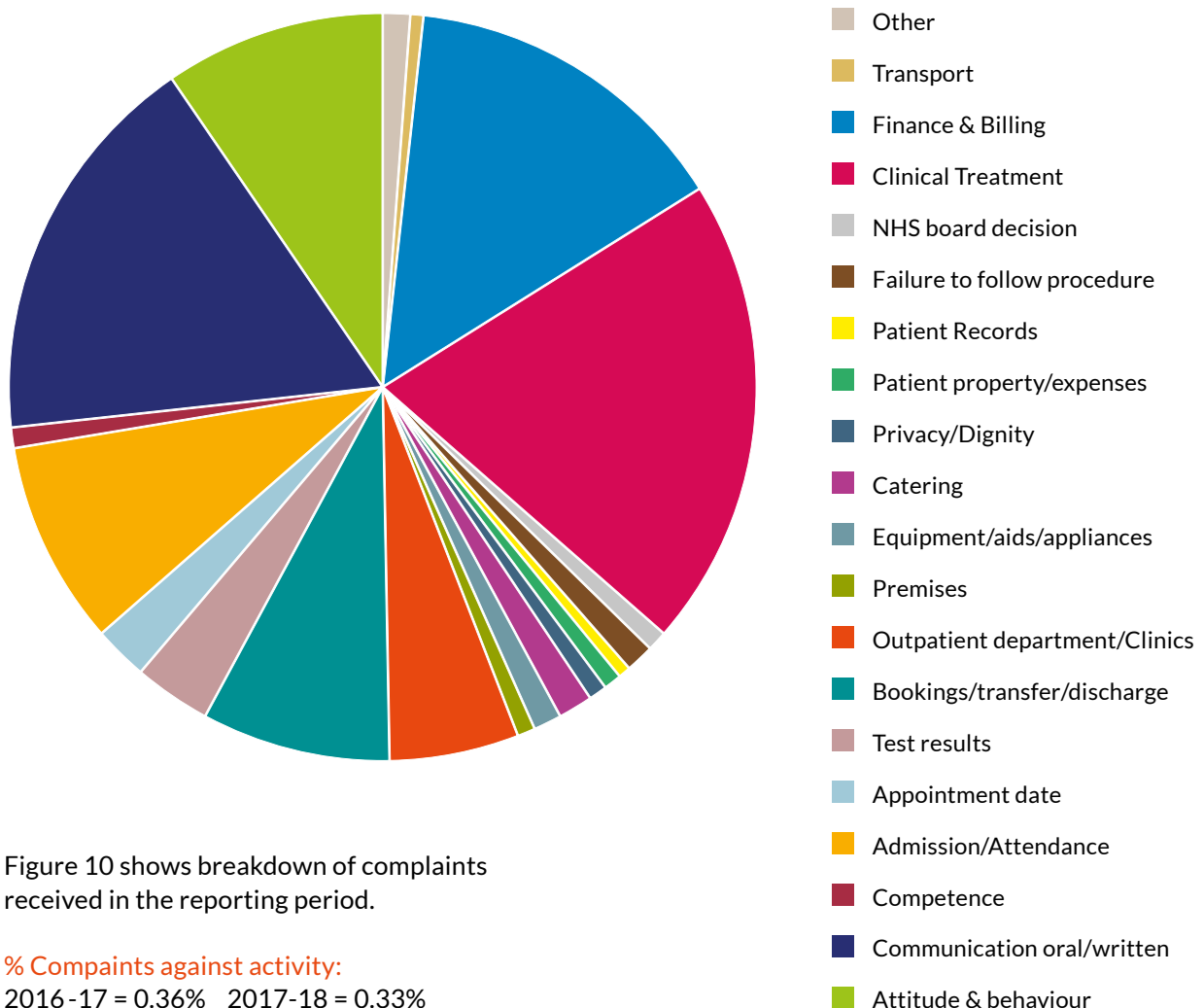


Figure 10 shows breakdown of complaints received in the reporting period.

% Complaints against activity:
 2016-17 = 0.36% 2017-18 = 0.33%

KIMS Hospital Outreach Clinics

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

KIMS Hospital has opened a number of outreach clinics across Kent so patients can access orthopaedic care nearer their home. (Figure 11) Services include x-rays, physiotherapy, pre and post op appointments. This is an ongoing project with other outreach clinics planned

Figure 11 KIMS Hospital Outreach Clinics



Joint School

Following patient feedback, in collaboration with Orthopaedic Consultants, the Physical Therapy team identified opportunities to develop a 'Joint School' based on the needs of our patients.

The purpose of the school is to provide education to patients about their journey. It also allows for early identification of patients requiring a package of care on discharge so this can be highlighted to the nursing team in advance.

Although Joint School is not shown to improve patient outcomes it is considered best practice, and increases patient satisfaction and engagement in their healing process prior to surgery.

Joint School has received excellent patient feedback with the vast majority of patients feeling that all relevant information was covered through the class as well as an information booklet. The vast majority of patients regarded their experience of the Joint School as excellent or very good. No one rated their joint score experience as poor (Figure 12 - 9 months of patient feedback).

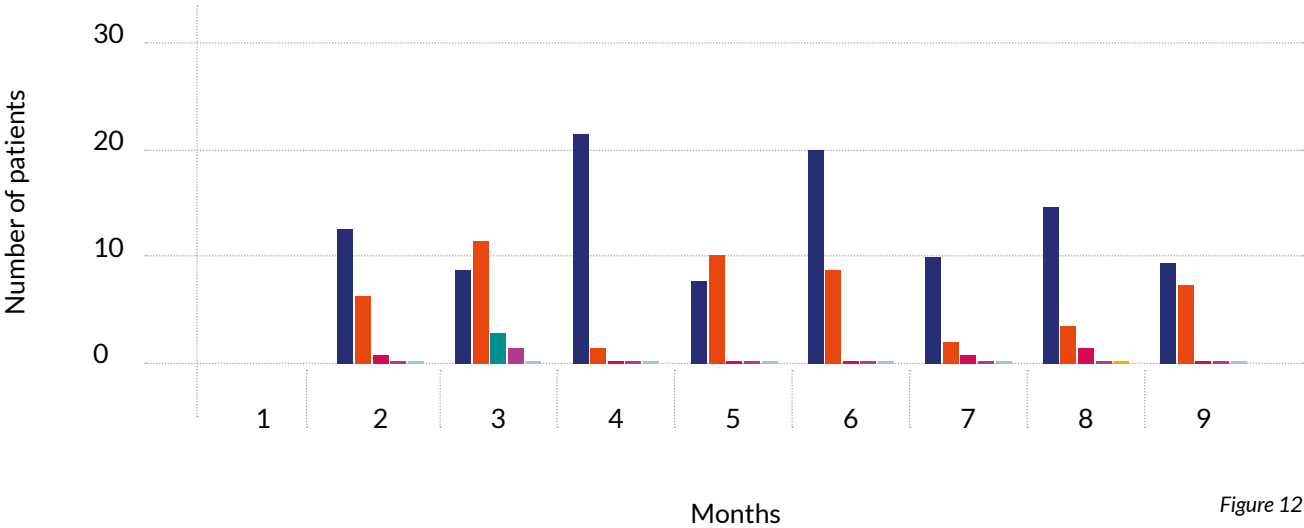


Figure 12

Excellent
 Very good
 Good
 Fair
 Poor



Well-Led

Well-Led

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

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

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

In 2017, KIMS Hospital was a KEiBA finalist for 'employer of the year', and continues on this journey as finalists again in 2018.

Other awards KIMS Hospital has won or been nominated for include;

- Chartered Institute of Personnel and Development (CIPD) – Recruitment and Innovation Award 2017 - winner
- The Recruiter – Best In-house Recruitment Team 2017 & Best Candidate Experience 2017 - winner

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

To ensure all staff have an opportunity to voice any concerns confidentially, KIMS Hospital have designated 'Freedom to Speak Up Guardians' who can be contacted at any time for confidential conversations and advice.



“Leaders had an inspiring shared purpose, to deliver high quality care and to motivate staff to succeed. Successful leadership strategies ensured delivery and developed a highly positive culture.”

CQC Jan 2018

A Motivated and Engaged Workforce

Staff Survey conducted every year - most recent survey carried December 2017.

- 339 staff invited to participate (including regular Bank)
- 276 responses received = 81% response rate

Our Staff Engagement Scores



12% increase in staff engagement since 2015

Our Measure of Staff Engagement	% in Agreement 2017	% Change since 2016 Survey
I enjoy the type of work that I do in my role.	99	2% ↑
I am personally motivated to helping the Hospital achieve its objectives.	99	1% ↑
I often go 'above and beyond' my job description, to help the Hospital be successful.	99	0% ←
I share the same values as my organisation.	99	0% ←
I am proud to work for KIMS Hospital.	99	2% ↑
I would recommend KIMS Hospital as a good place to work to any friends or relatives seeking employment.	95	2% ↑

Recruitment & Retention, Staff Development & Training

At KIMS Hospital, we focus on the strategic importance of retaining our staff in a competitive environment where nursing and clinical staff are in demand. We have worked with the University of Kent on retention of our clinical staff, run focus groups and have implemented the suggestions from these forums. This has had positive results as our turnover has reduced from, 35% in 2015 to 12% in 2017. We have instigated the following initiatives:

KIMS Voice - an employee led forum where staff from all areas of the hospital are encouraged to bring up topics for discussion. The Voice is the committee for all initiatives rolled out throughout the hospital, giving KIMS Hospital a consistent approach to communication.

Wellness programmes - to encourage our One Team culture have included; pedometer challenges such as 'To Rome and Back' and Cluedo Murder Mystery (walk to get the clues), the KIMS Olympics, It's a Knock out, Quiz nights, Three Peaks challenge and London to Brighton Bike ride. Led to us raising over £14,000 for our 2017 chosen charity of the year, Heart of Kent Hospice.

Innovative recruitment techniques using social media campaigns and videos to promote recruitment days have proved very successful with a 'Time to Care' campaign being the most successful to date.

Our retention strategy has included engagement with the University of Kent and involved staff focus groups with our employees to find out directly what would make a difference to them. Benefits given to staff in the last year include 'Birthday Benefit', entitling staff to have a day off for their birthday, and the availability of child care vouchers.



Staff headcount up 23.1%



Currently 15.7% of Leavers request to stay on Bank



Sickness down 1.09% from Target

Quality Improvement Objectives 2018-2019

Our quality strategy for the coming year and beyond has been developed as a systematic measure and continuous improvement programme relating to the quality and safety of our services and care delivered to our patients. KIMS Hospital's culture of openness and transparency, reinforced by a robust governance structure (Appendix 2) supports an environment of learning and development across all of the services within our hospital.

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

Priorities for 2018-2019

Key priorities for quality improvements over the coming year include:

Cancer Services

KIMS Hospital offer a symptomatic Breast Clinic as well as Breast Screening (mammogram) for women who are aged over 40 years old, do not currently have any symptoms and have not had screening within the last 12 months. At KIMS Hospital this service is supported by experienced consultant breast surgeons, breast radiologists, mammographers and specialist nurses including a Macmillan Breast Care Nurse Specialist.

Cancer services are being developed further with the introduction of rapid access to a wide variety of treatments for many common blood disorders and non-cytotoxic drugs for the treatment of blood cancers. Over the coming year the service will be developed to include a more comprehensive range of cancers and cancer treatments.

Dementia Strategy

Develop and embed Dementia training and policies throughout the organisation. It is essential that people receive mental health interventions at the right time. Improving care of patients with dementia or with early warning signs of dementia is a national priority and we know that an increasing number of people who access care and treatment from us have dementia or are caring for someone who has dementia. Implementation of best interest meetings and a more integrated approach across all services is needed to ensure effective and appropriate treatment and care is made available to these patients.

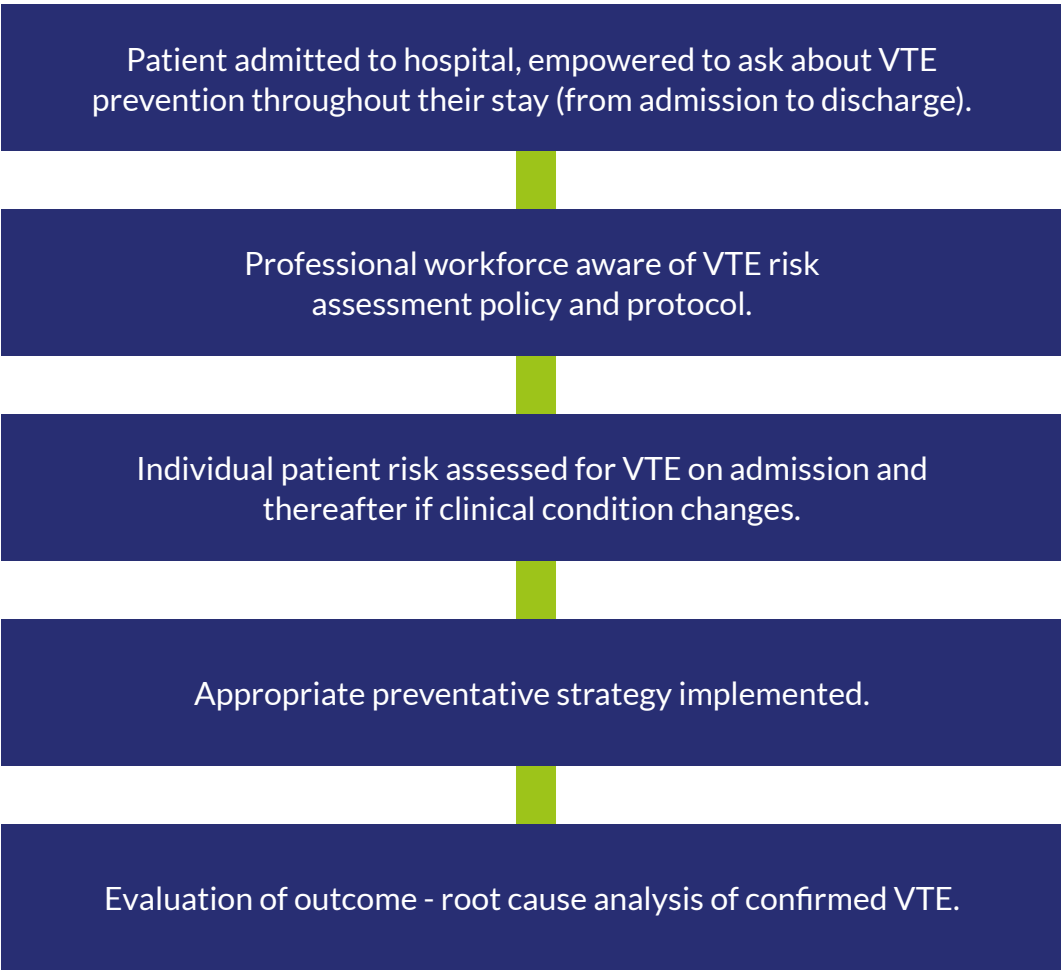
A training programme for all staff both clinical and non-clinical is to be rolled out by the end of this year. The aim of the training is that all staff at KIMS Hospital are aware of how to identify possible dementia patients and are aware of the clear and well defined pathways in place for the review and treatment of these patients. This strategy is supported by both the Chief Nurse as the organisations dementia lead, and Deputy Chief Nurse.

Venous Thromboembolism (VTE) Prevention

The Quality Standard for VTE Prevention includes seven quality statements and associated measures in connection with VTE risk assessment, patient information on admission, anti-embolism stockings, re-assessment, VTE prophylaxis, patient information on discharge and extended VTE prophylaxis. This NICE VTE quality standard reflects the recognition of VTE prevention as a top clinical priority.

In terms of determining how good our service is in relation to VTE Prevention, it is essential to ensure that KIMS Hospital further develops its systems of prevention based on a step-wise approach (figure 13). Over the coming year KIMS Hospital aims to improve its compliance with the requirement of completed risk assessment to 100%, and complete the process of applying for VTE exemplar status, by implementing an improved policy, lead VTE link nurse and a VTE committee.

Figure 13



KIMS Hospital is committed to continual improvement of its quality, by setting challenging goals, evaluating its achievements and learning from error by implementing best practices across the organisation. Quality and patient safety are our top priorities.

Our quality goals are integral to our ambition 'to ensure consistency in quality and safety of care across the whole organisation with an ongoing leadership for quality'.



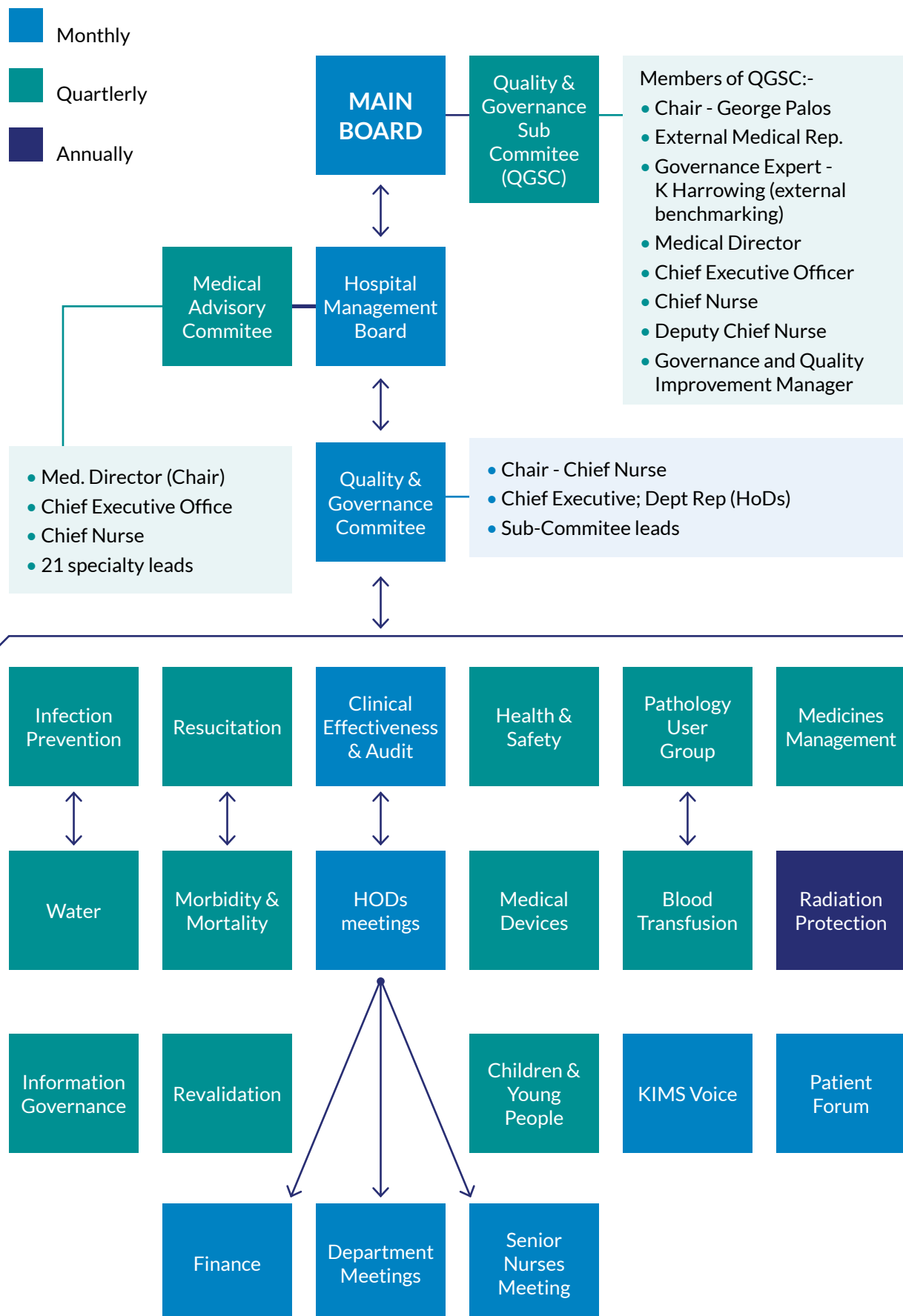
Appendix

Appendix 1 - Prescribed information

	Prescribed information	Type of trust	Comment
18	<p>The trust's patient reported outcome measures scores for:</p> <ul style="list-style-type: none"> (i) groin hernia surgery (ii) varicose vein surgery (iii) hip replacement surgery and (iv) knee replacement surgery 	Trusts providing relevant acute services	<p>Available for 2016-17 only at time of reporting:</p> <ul style="list-style-type: none"> (1) Groin hernia (EQ-5D) = 0.093 (2) Varicose veins - NA (3) Hip replacement (Oxford hip score) = 22.351 (4) Knee replacement (Oxford Knee score) = 17.255
19	<p>The percentage of patients aged:</p> <ul style="list-style-type: none"> (i) 0 to 14 and (ii) 15 or over <p>readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.</p>	All trusts	<p>All patients readmitted to KIMS Hospital are over the age of 15 years</p> <ul style="list-style-type: none"> i) 0% ii) 100%
20	The trust's responsiveness to the personal needs of its patients during the reporting period.	Trusts providing relevant acute services	KIMS Hospital patient satisfaction survey is given to all inpatients and measures the responsiveness to personal needs of its patients (89.6% for overall quality of service over the reporting period).
21	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	Trusts providing relevant acute services	I would recommend KIMS Hospital to friends and family if they needed care or treatment – 97%
22	Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2).	Trusts providing relevant acute services	Friends and Family recommendation of care 93.9%

	Prescribed information	Type of trust	Comment
23	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	Trusts providing relevant acute services	Assessment for VTE for NHS patients = 98.6%
24	The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	Trusts providing relevant acute services	0/100,000 bed days cases of C.difficile
25	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	All trusts	5 patient safety incidents reported, 1 reported as severe harm.

Appendix 2 - Governance Structure



Appendix 3 - Quality Objectives

2018 - 2020

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

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

KIMS Hospital is situated on the outskirts of Maidstone.



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 Free parking

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