‘building on excellence’

Quality Accounts
2016-2017
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About Us

Benenden Hospital Trust is an independent hospital with charitable status, set in the beautiful Kent countryside. Our Hospital was founded in 1907 and today continues to provide a wide range of consultation, diagnostic and treatment services for a large range of medical and surgical specialities, all within a comfortable, well equipped facility.

Our Vision and Strategic Goals

**Growth**
We will:
- Actively engage across the organisation and with stakeholders in the way services are planned and delivered
- Build on existing good practice and change practice where needed
- Forge collaborative relationships with our key stakeholders
- Understand the competitive environment and become the independent healthcare provider of choice

**Vision**
‘The patients’ choice, providing high quality, caring and responsive health and wellbeing services’

**Efficiency**
We will:
- Achieve financial balance, to reinvest to the benefit of our future customers and support innovation
- Create modern, high quality systems, processes, protocols ad care pathways that support the efficient and effective delivery of services
- Develop a new facility with high-tech equipment and a clean environment

**Excellence**
We will:
- Ensure that we put the patient first, every time and are proud ambassadors of Benenden hospital
- Develop and communicate a shared vision of the future and an inclusive approach to its attainment
- Feel empowered to bring about continuous improvement
- Deliver a first class customer journey, ensuring that all of our support and administrative services meet the needs of all customers at every point in that journey
- Provide the highest quality of accessible clinical care built around the needs and convenience of our patients
Our Values

Our values are well embedded and reflect the ethos, culture and heritage of Benenden Hospital and the Benenden Group

Our values are:

Care
We value caring about people in our community which means we take time to listen to our members and patients with empathy and go out of our way to help them. It also means we’re supportive and challenging with colleagues, helping each other to grow to be the best we can be.

Mutuality
We value mutuality and our reputation, which means we always make decisions that we’re proud of and do the right thing for the wider Benenden Community. It also means we respect and trust members, patients and colleagues alike, and in return we win awards for how trusted we are.

Sustainability
We value sustainability, which means we make smart choices with our time, resources and money to deliver on our promises so we can create a brighter future for our community.

Wellbeing
We value wellbeing and happiness which means we are clear about where we are going, have fun on the way and always encourage wellbeing in our community.
Part One: Statement of Quality and Accuracy from our Hospital Director
Highlights of 2016-2017

• An overall rating of Outstanding by the Care Quality Commission who visited in January 2017

• Maintenance of our impeccable infection prevention and control record

• Continued progress of our ‘Sign up to Safety’ Pledges including the ‘Speak out Safely’ Campaign with a cross site event on Near Misses

• Implementation of The National Safety Standards for Invasive Procedures (NatSSIPs)

• Laing Buisson Award Finalists in two categories for Innovation in Care and Excellence in Training

• A continued focus on staff health and wellbeing and development

• Launch of our 3 year Dementia Strategy and Plan to help us drive improvements for patients with dementia, for whom care is often complex and admissions to hospital can be challenging

• Progression of our Site Development with completion of Phase One re-provision of wards, theatres and an ambulatory care unit which opened in May 2016, with completion of the rest of the development scheduled for later in 2017; with close engagement with our patients in relation to plans and changes to their experience

“At no time did I ever feel worried because all the staff were so caring, friendly and very professional in every way” April 2016
1.1 Statement on Quality from the Hospital Director

On behalf of Benenden Hospital Trust I am pleased to make this statement about our Quality Accounts for 2016-2017 which is a requirement of all healthcare organisations providing care to NHS patients.

2016 has seen the continued progress of our full scale site development and it was an absolute delight to welcome our first patients to our new wards, theatre and ambulatory care suites. The facilities really are superb and are in keeping with the exceptional standards of care delivered here. The continued progress of the work will see the conclusion of the development with the opening of new outpatient facilities, our first class imaging suite and eye unit.

The contribution of our staff has always been an important focus and we have continued to invest in our health and wellbeing programme in addition to a learning and development programme aimed, not just at current leaders in the organisation, but also those aspiring to succeed.

These Quality Accounts continue to provide an objective measure of the quality of our Hospital whilst also giving the opportunity for benchmarking against a broad range of criteria. Examples of our patients’ views also give an insight into our unwavering commitment to the experience we provide.

For 2017 we will be bringing our main site development to a conclusion, building on our latest Care Quality Commission overall rating of Outstanding and continuing to improve our services. We will be seeking accreditation in a number of key areas as well as applying for reaccreditation of our Investors in People Award.

These Quality Accounts have been compiled from the work undertaken by our staff across the Hospital, whilst also drawing on the feedback from our patients and benchmarked data where available.

I believe that our continued approach and collaborative working in relation to achieving the highest possible standards is demonstrated in these Quality Accounts and I am able to state, to the best of my knowledge, that the information contained in this document is accurate at the time of publication.

Jane Abbott
Hospital Director
Part Two: Our Priorities for Improvement
We develop our organisational plan every year which sets out our main strategic objectives and our planned actions which will help us achieve those objectives. Our organisational plan builds on the progress from the year before, but also takes into account feedback from our staff and patients and responds to innovations and national initiatives in healthcare. We recognise the core requirement of providing high quality, safe and responsive services and we prioritise this whilst taking into account best practice, benchmarking and maintaining efficient systems and processes.

“The staff couldn't have been more helpful, and what a wonderful facility you have. My experience certainly lived up to your mission statement - the hospital with the space and time to care. This would be my choice of hospital every time now. Thanks to everyone.”  

July 2016
2.1 Our Plans for 2017/18

○ Patient Safety

Building on the ‘Sign up to Safety’ Campaign, which we joined in January 2016, we have gathered ideas and initiatives from across the business to define underpinning actions against the five pledges:

- Putting Safety first
- Continually learning
- Being honest
- Collaborating
- Being supportive

As part of the ‘Sign up to Safety’ Campaign, healthcare organisations who sign up have to set out what they will do to deliver safer care. They have to sign up to the five pledges and publish these on their websites for staff, patients and the public to see.

Claire Harley, Director of Patient Services, said: “Benenden Hospital is passionate about providing safe, high quality care. Every part of this Hospital is instrumental in providing safe care and the Sign up to Safety initiative continues to be a great vehicle for strengthening collaborative working.”

Delivering our Pledges:

1. Putting Safety First

Under this pledge we are reviewing how we use consumable products across the site and we will be ensuring that services move seamlessly and safely into new premises. We are signing up to the ‘Scan for Safety’ Initiative and will be auditing our work in relation to the National Safety Standards for Invasive procedures (NatSSIPs).

National Safety Standards for Invasive Procedures

The National Safety Standards for Invasive Procedures (NatSSIPs) aim to reduce the number of patient safety incidents related to invasive procedures in which surgical ‘Never Events’ could occur. These standards set out broad principles of safe practice and advise healthcare professionals on how they can implement best practice, such as through a series of standardised safety checks and education and training. The standards also support NHS providers to work with staff to develop and maintain their own, more detailed, local standards and encourage the sharing of best practice between organisations.
2. Continually Learning

Under this pledge we are continuing to look at how the lessons we learn are shared across the whole Hospital and ensuring that information regarding changes in practice are easily accessible, shared and momentum is maintained. We are refreshing our Patient Experience Strategy and Plan and will continue our spotlight events, which gather more detailed feedback on issues that matter most to our patients. We are continuing to provide a full programme of training for our staff, which is a combination of internal and external training opportunities in addition to our Lord Plant Fellowship, which provides staff with an opportunity to visit other high performing organisations and bring learning back to the Hospital. We are also looking closely at audit to see how we can improve our audit skills and better share the learning across the Hospital.

3. Being Honest

We will continue to promote the Duty of Candour guidance and ensure that our staff understand and are compliant with its principles. We are evaluating our skills in communicating with our patients and carers if/when mistakes occur and ensuring that, again, we share learning. We will run awareness sessions on Speaking out Safely including participation in the ‘Kitchen Table Event’ which bring people together to air and share any concerns.

4. Collaborating

We will ensure that we attend local forums and networking events. We are working with the Health and Social Care Information Centre and Quality Health to ensure that the data we submit can be better matched to enable analysis.

5. Being Supportive

The thread of strengthening learning across the organisation continues under this pledge in addition to continued activities under our health and wellbeing programme. Our Kitchen Table Events will provide an extra space to share any operational concerns, initiatives, innovations and good practice.

“Can I just compliment the WHO handover in theatre here at Benenden from all the theatre nurses to the ODP’s, surgeons and anaesthetists - all details of the patients have always been written on the board for many years and this is a very thorough, precise and excellent way of ensuring as near as possible that no accidents happen in theatre”

Consultant Surgeon, November 2016
Infection Prevention and Control

Priorities for 2017/8

Benenden Hospital is committed to ensuring that exemplary Infection Prevention and Control Principles are firmly embedded within EVERY staff member’s daily practice in order to ensure continued compliance with the Code of Practice (July 2015), NICE guidance and quality standards relevant to the prevention and control of healthcare associated infections (HCAIs), and the Care Quality Commission’s key lines of enquiry for the Safe care domain.

Benenden Hospital is committed to continually striving for Infection Prevention Control Excellence. This will be achieved by ensuring that staff continue to have access to infection prevention and control policies and guidance that reflects current national policy, statutory requirements and best evidence based guidance. Ensuring that a robust infection prevention and control audit programme is in place, developing a quality improvement programme aimed at minimising the risk of HCAIs, and continuing to deliver a high-class Surgical Site Surveillance Programme.

Benenden Hospital is committed to supporting 2017 National priorities and initiatives for Infection Prevention and Control by raising awareness of the drive to reduce gram negative blood stream infections – in particular E. coli, and supporting the National agenda around Antimicrobial Stewardship. In 2017 we will strengthen the Stewardship programme which is already embedded at Benenden by ensuring all elements of the national ‘Start Smart – then Focus’ toolkit are covered, developing a multi-disciplinary approach to antimicrobial stewardship and aiming for 100% data collection.

Benenden Hospital would like to increase the level of patient and public involvement in infection prevention and control matters in order to share ideas and be more accessible to patients, contributing to the overall patient experience. The aim will be to improve the quality and availability of patient information and promote patient involvement in all national infection related patient safety initiatives such as World Hand Hygiene Day.

“excellent professional treatment throughout attendance from first referral, operation & aftercare & check-up all good and a very satisfied patient thanks” September 2016
Clinical Effectiveness

Enhanced Recovery
We are continuing to work on enhanced recovery looking at every touch point, making sure that our patients are active participants in their recovery. We will continue with our work in relation to new and amended NICE guidelines regarding peri-operative temperature regulation “Hypothermia: prevention and management in adults having surgery” December 2016. The guidance highlights the importance of managing the risk of hypothermia adequately within the perioperative environment. Hypothermia may occur during any stage of the patient’s perioperative care pathway. NICE guidelines and other literature have identified measures to be taken in the pre-operative, intra-operative and post-operative phases on interventions and procedures and we are implementing our own theatre led initiative ‘A Warm Welcome,’ to further strengthen our work in this area.

Accreditation
We have an exciting programme of accreditation which we are working towards over the course of 2017/18 in conjunction with the completion of our new clinical facilities. We will be applying for JAG accreditation this year and are progressing our work in Anaesthetics, Decontamination Services and Imaging.

Continuous Improvement
Our work with the Productive Series continues. We have rolled this methodology out to all areas of the Hospital and we are working together to identify work streams that contribute to excellence, growth and efficiency. Our focus is on providing the best experience possible for our patients through working together to continuously improve.

Patient Experience
We will be refreshing our Patient Experience Strategy and Plan in 2017/18 and we are working with all areas of the Hospital and our patients to ensure our strategy reflects a collaborative view of our initiatives and plans.

Site Development
2017/8 will see the conclusion of our Hospital Site redevelopment. This will see the opening of a newly provided outpatient department, eye unit and imaging suite. Phase 2 also includes a beautiful open plan atrium which will include a heritage wall in celebration of our 110th year of providing high quality, safe, responsive and caring services to our patients. Throughout the continued redevelopment we will continue to engage with our patients, keeping them informed of the progress, ensuring continuity of service and listening and learning to their feedback.

Patient Feedback
We will be continuing to look at how we gather the best information about the experience of our patients using a variety of different methods to ensure we are actively listening and learning. It is extremely important to us that we can demonstrate to our patients that their time in providing feedback is valued and
that their voice is heard. Linked with our refresh of the Patient Experience Strategy and Plan, we will be looking at ways to reduce duplication to ensure that we are not creating survey fatigue and that key feedback is not lost.

Staff Experience
As part of our Patient Experience Strategy and consistent with the evidence base we recognise that the health and wellbeing, knowledge and skills of our staff are fundamental in providing high quality, effective and safe services to our patients and go hand in hand with patient experience.

Jane Abbott, Hospital Director stated:

“While the investment in the site has been important we recognise that continued investment in our staff is vital too. A quality workforce is of paramount importance and we know that it is the professionalism, kindness and care from our staff that ensures the success of our Hospital.”

In 2017 the Hospital will be continuing to build on the substantial events and clubs that contribute to health and wellbeing, whilst also focussing on how we can enhance the health and wellbeing of our patients and visitors. Managers will continue to be canvassed to demonstrate how they are supporting their staff to achieve a work-life balance, take breaks and take part in Health and Wellbeing (H&WB) events. We recognise that some departments find it hard to attend some of the health and wellbeing events and consequently we are introducing the opportunity for local massages over two days and a session of chair yoga to be piloted in Theatres.

These events are promoted Hospital wide with Health and Wellbeing a statutory agenda item at all team meetings and at the regular meetings of the Staff Representative Committee. It is also covered in the induction process for all new staff. There are regular features in the staff weekly magazine, two suggestion boxes for new ideas and notice boards to heighten staff awareness.

Individual and team healthy challenges are encouraged. One director this year is doing the 26 mile Edinburgh Moon walk and a team of colleagues continue to enter cycling challenges. We are also looking forward to a pedometer challenge this year where, for the month of May, we will be tracking our steps to see how far we can walk in virtual terms. National events such as National No Smoking Day are also publicised and supported. In the case of smoking the Hospital has always agreed to support those wishing to give up, with the necessary aids and also time to attend ‘Quit Sessions’.

During 2017 a new HR system is being introduced which will help to provide feedback on the impact of the health and wellbeing programme, particularly through levels of absenteeism. Work will be on going to assess staff levels of engagement and motivation and the impact the health and wellbeing programme has.

“A wonderful hospital where nothing is too much trouble. Received great care” June 2016
Dementia

Our Strategy for Dementia Care makes it clear that everyone can make a difference to the care of people with dementia and collective action and collaboration is required to achieve our shared purpose. Our Lead for Dementia Care has been working hard to embed our strategy for dementia care, ensure all staff have received adequate training and as an organisation we are signed up to the National Dementia Alliance.

For 2017/18 we will be:

- Developing our network of Dementia Friends Champions in all areas across the Hospital
- Evidencing our person centered care approach
- Assessing our environment using the King’s Fund EHE (Enhancing the Healing Environment) Assessment Tool

The Green Agenda Sustainability Programme

A Green Agenda is a participatory method for developing and implementing local sustainable development strategies and plans. Our Green Agenda was launched in 2016 and continues to gather momentum. The Agenda is based on 10 categories – Governance, Organisational and Workforce, Energy Management, Low Carbon Transport and Travel, Biodiversity and Grounds Management, Waste and Resource Management, Water Management, Partnerships and Networks, Recycling, Procurement and Food.

Our key priorities for 2017 are :

- Review our waste contractor list – we will ensure that sustainability plays a key part in all relevant contracts
- Develop an energy action plan – we want to look at how we can plan to reduce our overall energy usage and reduce our CO2 emissions
- Revisit car sharing - we want to promote car sharing to work to reduce single occupancy cars and reduce associated CO2 emissions
- Develop a sustainable procurement policy – we will review our suppliers to ensure they are doing all they can for sustainability in terms of production, delivery, workforce
2.2 External Regulation

Benenden Hospital is required to be registered with the CQC and its current registration is full registration under the Health and Social Care Act 2012. Benenden Hospital Trust is registered in respect of the following regulated activities:

- Diagnostic and screening procedures
- Nursing care
- Surgical procedures
- Treatment of disease, disorder or injury

Benenden Hospital was last inspected by the CQC by an announced inspection on January 16th and 17th 2017 and a follow up unannounced inspection on January 24th 2017. The organisation received an overall rating of Outstanding.

Below is an overview of the ratings received by the Hospital by service and the 5 questions:

<table>
<thead>
<tr>
<th>Service</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Surgery</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Outpatients and diagnostic imaging</td>
<td>Good</td>
<td>N/A</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Overall</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>

The CQC report provides valuable insight about the services and care delivered across the Hospital. It highlights some of the areas of outstanding practice where our staff are demonstrating their ability to deliver high quality services.

The CQC did not identify any ‘must’ take actions, however there were 6 ‘should’ take actions, 4 under the ‘safe’ domain and 2 under ‘responsive’. An action plan has been developed in partnership with senior service leads to address these issues. Whilst we have, and, are currently addressing the ‘should’ take actions, the Hospital has identified some additional improvements based on comments within the CQC report and which have been incorporated in the action plan.

Benenden Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC has not taken enforcement action against Benenden Hospital Trust during 2016/17.
2.3 Chief Executive Visits

Peter Robinson, Director of Member Services, made one announced visit on behalf of the Chief Executive, to Benenden Hospital Trust on December 1st 2016.

The purpose of the visit was to establish that the Hospital Trust was complying with the required level of care and rigour that is expected of a leading independent hospital. The following records were requested two weeks in advance and were discussed at length during the visit:

- Complaints, comments, compliments – patient feedback including lessons learned
- Patient experience cards
- Risk register
- Key performance indicators
- Staff training and development
- Governance and patient experience

A wide range of data and insight was reviewed that covered the quality of care provided and experienced, the quality of operational management and delivery of care, the leadership and performance of clinical and administrative staff and the voice of the patient.

In each area, at the time of the visit and in reviewing records, the Director of Member Services was duly satisfied that the performance in all areas was adequate. There were no significant causes for concern with post-operative infection rates at 0.8% being within advised levels, there was also a significant reduction in year on year formal complaints. The patient experience is achieving good levels of satisfaction, there was evidence of lessons being learned and the patient interviews confirmed that the quality of care is evident.

“fantastic care from everyone all staff that talked to me were caring and understanding, friendly and nothing was too much trouble they had excellent expertise in whatever their role. Strong ethos of infection control and caring attitude came through.” September 2016
### 2.4 Commissioning for Quality and Innovation (CQUINs)

A proportion of Benenden Hospital’s income in 2016/2017 was conditional on achieving quality improvement and innovation goals agreed between Benenden Hospital and NHS Commissioners we contract with for the provision of NHS Services through the Commissioning for Quality and Innovation payment framework. Our CQUINs for 2016/7 were:

<table>
<thead>
<tr>
<th>Goal no.</th>
<th>Description of goal</th>
<th>Quality Domain(s)</th>
<th>Indicator number</th>
<th>Indicator name</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a.</td>
<td>Introduction of health and wellbeing initiatives</td>
<td>Staff Health and Wellbeing</td>
<td>1a.a</td>
<td>Introduce a range of physical activity schemes for staff.</td>
<td>Benenden Hospital has a robust strategy and plan in relation to staff health and wellbeing and were able to provide sufficient evidence that this CQUIN was met</td>
</tr>
<tr>
<td>1b</td>
<td>Healthy food for staff, visitors and patients</td>
<td>Health and Wellbeing</td>
<td>1b.a</td>
<td>Banning of price promotions on sugary drinks and foods high in fat, sugar and salt</td>
<td>Food and Drink Strategy and Plan in place with a variety of initiatives around improving performance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1b.b</td>
<td>Banning of advertisement on premises of sugary drinks and foods high in fat sugar and salts</td>
<td>For 1b.c We recognise that crisps and choice of cakes are available out of core hours near to the till area.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1b.c</td>
<td>Banning of sugary drinks and foods high in fat, sugar and salts from checkouts</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1b.d</td>
<td>Ensuring healthy options are available at any point for staff and patients including for those staff working night shifts</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Improve the uptake of Flu vaccinations for front line clinical staff</td>
<td>Staff Health and Wellbeing</td>
<td>Number of front line healthcare workers/total number of front line healthcare workers (permanent and fixed term contracts)</td>
<td>40%(59)</td>
<td></td>
</tr>
</tbody>
</table>

CQUINs are in place to encourage providers to continually improve and they reward quality performance. At Benenden we are continually reviewing our related programmes of work to look for areas to improve and have introduced many new initiatives relevant to the CQUINs presented. In relation to flu vaccinations we recognise that we need to work harder on this and will be looking to make some changes to our programme for 2017.
“Moment I arrived to the time I left, I felt comfortable and in good hands, staff were great and I will always now use Benenden” May 2016
Review of Services

2.5 Services Provided

- Referrals

During 2016/17 Benenden Hospital Trust provided NHS Services for Orthopaedics, General Surgery, Gynaecology, Paediatrics, Ear Nose and Throat, Urology, Ophthalmology and Endoscopy. The following charts compare 2016 referrals with 2015.

In conjunction with Commissioners, Benenden Hospital has reviewed all the data available to them on the quality of care in each of these NHS Services.
The income generated by the NHS Services in the reporting period of 2016/7 represents 23.3% of the total income (22.8% eReferrals and 0.5% other NHS contracts).

“The staff generally here were very smiley, helpful and dealt with me as if I was the only patient here. Thank you, very pleased and liked having complimentary coffee too” September 2016
2.6 Safety

- Infection Prevention and Control (IPC)

Benenden Hospital remains committed to ensuring that patient safety is at the forefront of everything we do and promotes infection prevention and control as the heart of good management and clinical practice. The Trust is committed to ensuring that appropriate resources are allocated for effective protection of patients, their relatives, staff and members of the public.

Key Achievements

- In 2016 despite an extremely robust programme of surveillance, capturing and reporting of surgical site infections, our infection rate remains extremely low at 0.77% - this record is a vitally important factor for patients choosing where to have their surgery.

- The programme of training and development for the Link Practitioners was very successful with several national conferences well attended during the year and quarterly meetings and training within the Hospital. The Link Practitioner Team were nominated for, and were honoured to win the Award for Clinical Excellence at the Best of Benenden Awards Event 2016.

- Infection Prevention and Control training is available to all Hospital staff electronically with the Infection Control module being completed by 96% of staff.

- The Infection Control Team is demonstrating compliance with Care Quality Commission regulations and The Code of Practice for IPC by ensuring that effective infection control practice is embedded into everyday practice and applied consistently by ALL staff.

- Infection Control Committee meetings continued quarterly in 2016. The IPC quarterly reports are summarised and incorporated into the Clinical Governance Report which is then reported into the Hospital Executive.

- The new Sepsis Policy was launched with the approval of the Infection Control Committee and was amended in December 2016 to include an audit template. There were 2 reports of inpatients with sepsis in 2016, both of which were identified and treated promptly according to policy, each case being fully investigated.
Infection Rates

There have been NO reported outbreaks of Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive Staphylococcus aureus (MSSA), Clostridium difficile (C. diff) or Escherichia coli (E. coli) or any other healthcare-associated infection (HCAI) in the Hospital for the reporting period.

A total of 9242 surgical procedures were carried out at Benenden in 2016, with a representative infection rate of 0.77% (2015 0.86%) Public Health England suggests that at least 6% of patients undergoing a surgical procedure will develop a surgical site infection. We have had no incidents of deep infection.

Surveillance of Surgical Site Infections – Hip and Knee Replacement:

During 2016 a total of 667 Major Joints Procedures were performed at Benenden:

283 – Total Hip Replacements
384 – Total Knee Replacements

A total of 11 patient reported post-operative MINOR surgical site infections. All of these were superficial infections from which the patients all recovered following antibiotic treatment. We have had no incidents of deep infection.

All surgical patients are screened for MRSA and risk assessed for C. diff and carbapenemase-producing enterobacteriaceae (CPE).

Department of Health Implementation of Modified Admission MRSA Screening Guidance for NHS

The DoH document recommending Trusts move to focussed screening programmes rather than mandatory MRSA screening of all acute and elective admissions was discussed at the Infection Prevention and Control Committee and Clinical Governance. Benenden continues to maintain mandatory screening of all elective surgical admissions as before. This helps to give our patients assurance of our commitment to their safety.

Antimicrobial Stewardship

An antimicrobial stewardship programme is firmly embedded at Benenden with a multi-disciplinary approach involving Medical staff, Pharmacists, Nursing staff and the Infection Control Team. All elements of the National ‘Start Smart - Then Focus’ Toolkit are being covered and there are plans for even more robust engagement in 2017.
Independent Inspection

Audits on Environmental Cleanliness and Clinical Practice Standards were carried out in 2016 by an independent inspector in the following areas:

• Theatres
• Outpatients
• Ambulatory Care Unit
• Radiology & Scanners
• Bensan Ward
• Eye Unit

Audits are completed for all clinical environments on an annual basis. This year they were performed by the Director of Infection Prevention and Control (DIPC), the Support Services Manager for Housekeeping and the Infection Prevention and Control Nurse Consultant, Infection Prevention and Control Ltd, with participation from senior ward/department staff.

Compliance with environmental standards including the general environment, décor and condition of furniture was audited as well as the cleanliness of shared patient equipment, bathrooms, sluice, and linen and waste management. The auditing of Clinical Practice Standards included use of sharps, wearing of PPE, hand hygiene standards, management of spillages, isolation provision etc.

The inspector noted the following in her report: ‘The standard of domestic cleaning throughout the ward and departments was shown to be excellent and the cleaning of equipment undertaken by nursing staff was of a high standard, reflecting good compliance with the Code of Practice.’

‘The audit results demonstrate that in general there is a high level of compliance with infection prevention and control standards and a real commitment by staff to provide a high standard of care in relation to this.’

Benenden Hospital has its own onsite Decontamination Service. This means all instruments and other reusable medical equipment are appropriately decontaminated in line with the Health Technical Memorandum 01- 01: Management and Decontamination of Surgical Instruments (Medical Devices) Used in Acute Care.

A monitoring system is in place to ensure decontamination processes are fit for purpose and meet required standards:

• Risk Assessment
• Weekly water testing and feedback of results
• Machine checks
• Maintenance with available records

There is a robust Waste Management Policy and appropriate segregation of waste in line with the policy. This is audited annually by the Infection Control Team and externally by our contractors.
Infection Control and our Site Development

There has been significant input by the Infection Control Team during Phases 1 and 2 of the new build, through consultation with the Director of Infection Prevention and Control and the Team. Infection Prevention and Control views were taken into account and participation of the Infection Prevention and Control Team in the planning process through to completion and commissioning will continue into Phase 3. This will contribute to ensuring that patient contact areas are set up efficiently and effectively to minimise cross infection and that all environments are fit for purpose to reduce the risk of Healthcare Associated Infection.

Mandatory Infection Control Training

Infection Prevention and Control training is available to all Hospital staff electronically. The Infection Control module was completed by 96% of staff during 2016.

Hand Washing

In 2016 there was a focus by the Infection Prevention and Control Team on the importance of correct hand hygiene which was supported by articles in the Hospital newsletter and assessments and training in all departments using the U.V. light box.

Compliance with Hand Hygiene Policy for 2016 - 96.5%

The hand hygiene audit scores for the year are represented in the table below. The tool used is comprehensive and identifies available resources and staff knowledge as well as assurance of hand decontamination technique. Technique is assessed as well as appropriateness, according to the WHO Five Moments of Hand Hygiene. Any areas of non-compliance are raised with departmental managers to ensure appropriate action is taken.
Infection Prevention and Control Team Activities

Infection Prevention and Food Hygiene training has been delivered by the Director for Infection Prevention and Control to the Catering team and all staff involved in food preparation in 2016, with positive feedback.

The programme of training and development for the Link Practitioners was very successful with several national conferences well attended during the year, quarterly meetings at the local NHS Trust and quarterly meetings and training within the Hospital. The Link Practitioners have been sharing the learning from these events by presenting to their colleagues at team meetings and producing articles for the Hospital Bulletin.

Infection Control Committee meetings continued quarterly in 2016 and 2017. The IPC quarterly reports are summarised and incorporated into the Clinical Governance report and this is then reported into the Hospital Executive.

Infection Control Link Practitioners will join the Hospital Director, Health and Safety Lead and Director of Infection Prevention and Control on regular walkabouts to evaluate Health and Safety and Infection Control in the workplace.

Link Practitioners have been shadowing in other departments for their audits.

One of the Link Practitioners has devised and produced a booklet, intended for new staff, on Infection Control Standards at Benenden and this has been very well received.

Environmental Audits

Every quarter, inspections by an external Consultant Infection Control Specialist are carried out in clinical areas of the Hospital. Environmental cleanliness as well as clinical practice standards are evaluated with a report being produced with areas for improvement highlighted. Departments are given target dates to ensure these issues have been addressed and key actions completed.

These audits are a key measure for Benenden Hospital Trust, as a registered provider of healthcare, in providing assurance with the infection prevention requirements set out in the regulations (Code of Practice on the prevention and control of infections and related guidance, Health and Social Care Act 2008). The audit tools are based on those used in a nearby acute Trust and conform with the requirements of the Code of Practice. Following the most recent inspections the external inspector wrote: ‘The audit results demonstrate that in general there is a high level of compliance with infection prevention and control standards and a real commitment by staff to provide a high standard of care in relation to this’.
Using Best Practice

The DIPC, in liaison with the Theatre Matron and Theatre Team Leads, is introducing triclosan coated antimicrobial sutures, initially as a trial, for all foot and hand surgery. This is in line with recommendations in the WHO Global Guidelines to Prevent Surgical Site Infections. Also being trialled in the Ambulatory Care Unit are dedicated cannula packs which are recommended in EPIC 3 National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections. Following user feedback the plan is to roll these out to Theatres and Wards.

Patient Feedback

We ask our patients for their opinion on the cleanliness of our facilities. The results for our inpatient ward for the reporting period is graphically presented below and representative of feedback on all areas.

![Pie chart showing cleanliness feedback](image)

- **Venous Thrombo-embolism (VTE)**

In line with the Department of Health and National Institute for Health and Care Excellence (NICE) recommendations on VTE prevention, all incidents of hospital acquired thrombosis undergo a root-cause analysis to ensure that a VTE risk assessment for the patient had been completed and adequate thromboprophylaxis (preventative measures), if appropriate, had been provided. For 2016 there were 2 reported cases. Root-cause analyses showed that appropriate action had been taken and patients treated appropriately.
2.7 Effectiveness

- Participation in Clinical Audits

**Patient Reported Outcomes (PROMs)**

Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves. PROMs are a Department of Health led initiative.

The data for 2015/16 has not been finalised by NHS Digital and therefore the Benenden Hospital Trust patient reported outcome measures scores (PROMS) for the full year 2014/15 are:

(i) Groin Hernia Surgery

<table>
<thead>
<tr>
<th>Eligible Procedures</th>
<th>Preoperative Questionnaires</th>
<th>Postoperative Questionnaires returned</th>
<th>Response rate</th>
<th>Adjusted Health gain</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>n/a</td>
<td>0.084</td>
</tr>
</tbody>
</table>

We completed 44 primary hernia repairs for the reporting period. PROMS questionnaires were not completed. We are actively working with the PROMS team and will be introducing questionnaires for this group from June 2016.

(ii) Varicose Vein Surgery

<table>
<thead>
<tr>
<th>Eligible Procedures</th>
<th>Preoperative Questionnaires</th>
<th>Postoperative Questionnaires returned</th>
<th>Response rate</th>
<th>Adjusted Health gain</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>n/a</td>
<td>0.095</td>
</tr>
</tbody>
</table>

NHS Referrals are not received for Varicose Veins Surgery.

(iii) Hip Replacement surgery

<table>
<thead>
<tr>
<th>Eligible Procedures</th>
<th>Preoperative Questionnaires</th>
<th>Postoperative Questionnaires returned</th>
<th>Response rate</th>
<th>Adjusted Health gain</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>165</td>
<td>165</td>
<td>83%</td>
<td>n/a</td>
<td>0.436</td>
</tr>
</tbody>
</table>

Adjusted health gain for hip replacement (primary) could not be calculated as there were fewer than 30 modelled records. Of the 28 records modelled, 100% of patients reported that their health had improved following surgery in relation to the Oxford Hip score.
(iv) Knee Replacement Surgery

<table>
<thead>
<tr>
<th>Eligible Procedures</th>
<th>Preoperative Questionnaires</th>
<th>Postoperative Questionnaires Returned</th>
<th>Response Rate</th>
<th>Adjusted Health Gain</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td>205</td>
<td>205</td>
<td>81.5%</td>
<td>0.378</td>
<td>0.315</td>
</tr>
</tbody>
</table>

Of the 38 records modelled, 100% of patients reported that their health had improved following surgery in relation to the Oxford Knee score. The Adjusted Health gain in relation to the Oxford Knee score was 19.040 against the national average for England which was 16.143.

For 2017/18 we will be participating in extended PROMS as part of the Private Healthcare Information Network (PHIN) requirements and we will also be participating in PROMS for all of our patients for joint replacements, groin hernia surgery, carpal tunnel release, Transurethral Resection of the Prostate (TURP) and cataract surgery.

National Joint Registry

The National Joint Register (NJR) records details of patients undergoing major joint replacement surgery and the types of prosthesis (new joint) they are given. We continue to submit data to the NJR and the number of records entered for primary hip and knee replacements is shown in the table below.

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2013/14</th>
<th>2015/16</th>
<th>2016/17</th>
<th>Total NJR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Hip</td>
<td>117</td>
<td>162</td>
<td>217</td>
<td>302</td>
<td>798</td>
</tr>
<tr>
<td>Primary Knee</td>
<td>154</td>
<td>218</td>
<td>255</td>
<td>392</td>
<td>1,019</td>
</tr>
</tbody>
</table>

The following table shows the consent rate for Benenden Hospital against the national expected.

<table>
<thead>
<tr>
<th>Consent</th>
<th>Benenden Hospital</th>
<th>National Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>92%</td>
<td>92%</td>
</tr>
</tbody>
</table>

“Brilliant Care at every level offering answers to questions, physical and emotional care. Good team work, calm, cheerful, professional caring staff” October 2016
Enhanced Recovery Programme (ERP)

The ERP is about improving patient outcomes and speeding up a patient’s recovery after surgery. The ERP focusses on making sure patients are active participants in their own recovery and always receive evidence based care at the right time. It is often referred to as rapid recovery, is a new evidence based model of care that creates fitter patients who recover faster from major surgery. It is the modern way for treating patients where day surgery is not appropriate.

The ERP team at Benenden over the period of April 2016 - March 2017 have continued to work mainly on early mobilisation of patients on the day of surgery. The other areas were on pain management and reducing the length of stay. The ward staff have been trained for mobilisation of patients on Day 0 in the absence of the physiotherapist. All patients on the morning list are mobilised on day 0 and some patients on the afternoon list are being mobilised on the day by the night staff. The area of pain management has improved with most Anaesthetists using a more standardised pain management regime. The length of stay has improved in terms of day two discharges have increased and day three discharges have reduced.

We will continue with our work in relation to new and amended NICE guidelines regarding peri-operative temperature regulation “Hypothermia: prevention and management in adults having surgery” December 2016. The guidance highlights the importance of managing the risk of hypothermia adequately within the perioperative environment. Hypothermia may occur during any stage of the patient’s perioperative care pathway. NICE guidelines and other literature have identified measures to be taken in the pre-operative, intra-operative and post-operative phases on interventions and procedures and we are implementing our own theatre led initiative ‘A Warm Welcome,’ to further strengthen our work in this area.

- **Local Audits**

**Mattress Audits**

Mattress audits, based on the Mount Vernon criteria, are carried out quarterly on all beds and trollies in the Hospital.

We carry spare covers so that any stained mattress covers can be replaced immediately. If the core is stained the mattress is condemned and replacements ordered.

Pillows and duvets are all MRSA resistant. They are marked in indelible ink with the date of first use. If pillows or duvets are stained or torn they are condemned immediately. Pillows and duvets are replaced yearly.

The mattress, pillows and duvets are washed between each patient and if any of the above are found the housekeeping staff who are all trained in recognising these issues, would condemn immediately and follow the reporting procedure.
Endoscopy Audit
Endoscopy should be performed to a high standard and needs to be both safe and comfortable for the patient. This report reflects the outcome of levels of comfort experienced by patients undergoing an Endoscopic procedure which include Gastroscopy, Colonoscopy and Flexible Sigmoidoscopy, within the Benenden Hospital Endoscopy Department.

GRS (Global Rating Scale) & JAG (Joint Advisory Group for GI Endoscopy). The GRS was created in 2004 and is a support tool that enables Endoscopy Units to assess how well they provide a patient centred service. JAG ensures the quality and safety of patient care by defining and maintaining the standards by which endoscopy is practised. GRS is managed by JAG. It examines 12 key aspects of the experience of patients having an endoscopic procedure and it is through this that a regular audit programme is undertaken. This includes the need for auditing comfort levels for endoscopic procedures.

During 2016, the unit performed 1146 procedures. We are currently working towards JAG accreditation with our new facilities which will give us national recognition for our standards of care.

![How would you rate your comfort level during the test?](chart)

Antibiotic Usage
A quarterly audit is completed to assess antibiotic prescribing of both Inpatients and Outpatients as a percentage of patient activity. Between April 2016 and March 2017 Antibiotic usage was 0.16% of all Outpatient attendances and the percentage of Inpatients prescribed antibiotics to take home was 1.99%.
Work continued in 2016 against actions identified in the action plan which was created following the completion of a comprehensive health and safety audit in 2014 using the “Workplace Health & Safety Standards” developed by the NHS Staff Council’s Health, Safety and Wellbeing Partnership Group. A sample of completed actions are as follows:-

- Specific local risk assessments in relation to manual handling
- A review of the work related stress policy
- Introduction of an Employee Assistance Programme
- Noise risk assessments completed
- Introduction of random contractor safety checks with documented findings

2.8 Patient Experience

We continue to work on the experience of our patients as a priority, listening carefully to direct feedback and anonymous feedback, ensuring that we are continually learning and striving to improve.

We have a patient experience link network with representation from across the Hospital and our patient representative forum continues to go from strength to strength providing invaluable insight on matters that affect patient experience.

We have continued to deliver against the five pillars of our three year patient experience strategy and plan. For the reporting period we have been closely monitoring late or cancelled clinics to reduce the incidence of these, we have implemented a new Datix Safety Alerts Module and we have been improving the way that we update patients awaiting surgery. Patient feedback is being reviewed in a collaborative way to ensure that a broad perspective is applied to lessons that can be learned.

Our patient feedback

In addition to the Family and Friends Test question we continue to ask ten best practice questions in relation to those aspects of care that we know matter most to our patients. We also leave space for free text for any additional comments that patients may wish to make. We have a network of patient experience links who ensure that each department is doing everything it can to give our patients the best experience and who are instrumental in delivering our patient experience strategy plan.
The following charts depict feedback on our performance for two of our ten key questions that we asked patients staying on our inpatient ward for 2016.

```
Overall, did you feel you were treated with respect and dignity while you were in the ward?

- Yes definitely: 647
- Yes, to some extent: 6
- The answer of ‘No’ had 0 responses

Were you involved as much as you wanted to be in decisions about your care and treatment?

- Yes definitely: 634
- Yes, to some extent: 24
- No: 1
```

“Thank you to the team in day surgery. Every stage provided for my dignity and wellbeing. Empathy and care shown at all stages, polite, friendly, efficient team working together across disciplines. Thank you all.” October 2016
In Outpatients, we ask eleven key questions. Looking at an aspect of care that we know is important to our patients, our performance for 2016 is shown in the graph below:

- **Family and Friends**

  The Friends and Family Test (FFT) is a way to find out from patients, quickly and anonymously, how they rate their latest experience of NHS care or treatment. They can provide comments to explain their score and this feedback helps services to focus on areas that need improvement.

  Feedback regarding how likely our patients are to recommend us to family and friends who needed similar care or treatment is collected and collated across the clinical areas. Performance for the reporting period is shown in the chart below:
2.9  Clinical Coding

We have established an internal audit programme and were successfully externally audited by Guy’s Hospital audit team in October 2016. Summary coding levels attained were 92.5% for primary diagnosis and 94.5% for primary procedure. The recommendations resulting from the 2016 external audit were to ensure operation notes are read in full to capture all relevant procedures as this type of error caused 4 of the 6 HRG (Healthcare Resource Group) changes identified. Other recommendations include following national standards when coding multiple procedures on varicose veins, sequencing of Y & Z codes, ensuring laterality codes are included and coding mandatory and relevant co-morbidities.

All of the necessary statutory training requirements have been carried out, with further training courses booked.

Our coding application has been updated alongside our updated APAS (Patient Administration System). We are now coding on SimpleCode version 3.5, using the national standard ICD-10 5th edition 2016 for diagnosis coding and OPCS version 4.8 for procedure coding.

2.10  Engaging with Others

- **Private Healthcare Information Network (PHIN)**

Benenden Hospital is supplying activity information to PHIN as per their specifications.

The 2016 Admitted Patient Care data submissions have been successfully loaded into the PHIN database, with activity for the first half of 2017 currently being prepared. Work is currently on-going with regards to the Patient Feedback and Adverse Events submissions which are planned to be completed during July 2017, with PROMS data available during Q4 2017.

“I was very impressed with all of the staff at Benenden Hospital. The nursing staff before and after my operation were extremely caring and efficient. They had the time to explain everything fully, make me comfortable and put my mind at ease. Thank you”. October 2016
Part Three : Our Quality Performance
3.1 Safety

Mandatory Safety Indicators

The number and rate of clinical incidents including patient safety incidents reported within Benenden Hospital during the reporting period

<table>
<thead>
<tr>
<th>Unit</th>
<th>Reporting Periods</th>
<th>National Average</th>
<th>Highest National Score</th>
<th>Lowest National Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>813</td>
<td>January 2016 - December 2016</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Benenden Hospital collates incidents categorised as clinical incidents and these include documentation and communication issues, medication issues, slips trips and falls, cancellations delays and transfers, clinical complications, equipment issues, infection control issues, surgical problems and other clinical issues. For 2016 our clinical incident rate in relation to activity was 1.48%.

During 2016 there were no clinical incidents, including patient safety incidents, that resulted in severe harm or death. There were 10 clinical incidents rated as moderate which were reported via our clinical governance processes.

Benenden Hospital has a healthy incident reporting and incident feedback culture with incidents being monitored on a daily basis.

Information Security

Benenden Hospital Trust's Information Security Management System (ISMS) performance has been as expected and continues to maintain and hold its ISO27001:2013 Certification confirmed by continual external auditing undertaken by the British Standards Institute. Internally, we continue to review key documentation and policies and making changes to ensure we comply with legislation.
The internal audit programme for 2016 identified 3 non-conformities and 39 opportunities for improvement. All non-conformities were addressed within the timeframe stated in the auditor guidance. The May BSI external audit found a minor non-conformity relating to Business Continuity Management, closed at the November 2016 BSI audit as evidenced that 3 out of 4 of the table top exercises had been completed. V1.5 of the 2016 audit programme was authorised by the Information Security Forum and 7 members of the internal audit team attended a one day training course on 11 May 2016.

To ensure our IT Infrastructure is secure and to provide assurance to our customers, external Security Penetration testing during this period identified 1 High and 4 Medium issues, these were resolved with immediate action. Internal testing which complments the external, showed there to be 16 High and 16 Medium vulnerabilities, which are being addressed in a prioritised and planned approach.

This period a total of 32 information security events were reported. This is an increase on last year’s reported figures, which is not necessarily bad news but would indicate that the reporting of security events by staff has matured within the Hospital.

This period has seen the completion of 3 security objectives, with 5 objectives being transferred into 2017. For 2017-18, 3 further objectives have been defined and agreed.

World Health Organisation (WHO) Surgical Safety Checklist

We are working to continually improve our WHO Surgical Safety Checklist in conjunction with the National Standards for Invasive Procedures. We have worked hard to capture this information in electronic format and we manually audit all aspects of the checklist and feedback to staff where improvements can be made. Our results are submitted to the Hospital’s Commissioners and we have made significant progress this year in ensuring that we are able to evidence completion of the checklist.

Duty of Candour

The Duty of Candour is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers.

The intention of this regulation is to ensure that all providers of care are open and transparent with people who use the services and other "relevant persons" in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
At Benenden we have an Open Incident Reporting Policy which clearly reflects Duty of Candour. The policy emphasises an open and transparent incident reporting culture ensuring that patients are kept informed about the care received and advised of anything that was considered to stray from the patient journey. The policy offers guidance to staff that, in the event of an incident being classified as a notifiable safety incident, the Duty of Candour will be triggered and clear guidelines are outlined within the policy to identify the process to be taken. In the event of this type of incident being triggered, staff are asked to refer to their managers and the Patient Experience and Governance Lead for support. We continue to actively work on highlighting the principles of the Duty of Candour through articles in our internal newsletter, Kitchen Table Events and incident reporting reviews at staff meetings.

**Infection Prevention and Control**

We maintain our regular audit programme which includes Hand Hygiene, Use and Disposal of Sharps, Cannulation Technique, Cleanliness Standards and the Physical Environment.

We participate in the Health Protection Agency (HPA) data collection for surgical site infections following hip and knee replacements and we have not had cause to report any deep infections to the HPA during 2016.

The Infection Prevention and Control Team in conjunction with Estates, Housekeeping and our Decontamination Service monitor standards of cleanliness and promote best practice by ensuring adherence to standard operating procedures around cleaning regimes for all Hospital areas. All staff are trained in importance of hand hygiene.

There are designated leads for cleaning and decontamination of equipment, and the IPC team ensures provision of suitable hand washing facilities and antibacterial hand rub in line with WHO Five Moments of Hand Hygiene. There is a Uniform Policy and compliance with Bare Below the Elbows reinforced to all staff in clinical areas.

Our expert and in-house housekeeping team are integral to maintaining high standards and undertake a monthly audit assessing 49 elements of service – audit results are consistently above the benchmark of 85% with an average across the year of 93% performance for our clinical areas. Areas for improvement are reported to departmental leads so that appropriate action can be taken where indicated.
Food Standards

Benenden Hospital Trust is committed to providing the highest level of care for our patients and this also includes the quality and nutritional value of the food that is offered. We know that healthy and nutritious food is also important for our staff enhancing their wellbeing.

As part of the Hospital’s Green Agenda we have a social responsibility to ensure sustainability is considered in the procurement of our food and catering services and this also links with our CQUINs. The catering department continues to maintain excellent food hygiene standards achieving The Food Standards Agency Food Hygiene rating of five.

Health and Safety Audits

Health and Safety Walkabouts were expanded in 2016 to include Infection Control. The core group is the Hospital Director, Projects Manager, Health & Safety Lead and Infection Control Lead. In 2016 staff members of the Occupational Health and Safety Committee and Infection Control Links were offered the opportunity to attend walkabouts. This development has been met with great interest and found to be a rewarding experience to those who have attended. A sample of resolved safety issues are as follows:

- Practical manual handling added to the training matrix as mandatory training for all staff to complete.
- System put in place to ensure access to Cliqkey cupboards should server fail.
- TTO (to take out) now kept on Ward with adequate protocol to reduce need to access Pharmacy out-of-hours.
- Outstanding COSHH (Control of Substances Hazardous to Health) risk assessments for hazardous substances used in Theatres completed.
- Substantial refurbishment of interior of Glamis House (staff living quarters).
- Redundant electrical equipment being donated and/or disposed in accordance with WEEE (Waste Electrical and Electronic Equipment) Regulations.

The number of safety issues raised during walkabouts has decreased as issues have resolved and staff have become more pro-active about managing issues themselves.

Planned Inspections were completed by managers in Summer 2016, a sample of resolved safety issues are as follows:-

- Practical manual handling training delivered to Business Development, Marketing and Human Resources staff.
- Obstructions cleared from corridor and external side of fire exit door cleared of weeds in Procurement.
- DSE (display screen equipment) assessments completed by those identified as not having completed one.
- Electrical equipment PAT tested where identified as being out of date.
3.2 Clinical Effectiveness

- **Mandatory Quality Indicators**

Benenden Hospital Trust submits regular reports and KPIs to the Care Quality Commission and local Commissioners. Our Clinical Governance Committee meets quarterly throughout the year and monitors quality and effectiveness of care.

- **The value banding of the Summary Hospital-Level Mortality Indicator (SHMI) for Benenden Hospital Trust for the reporting period**

This looks at the percentage of elective admissions where a death occurs either in hospital or within 30 days of discharge.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Reporting Periods</th>
<th>National Average</th>
<th>Highest National Score</th>
<th>Lowest National Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Jan 2016 - Dec 2016</td>
<td>1.01%*</td>
<td>1.19%*</td>
<td>0.75%*</td>
</tr>
</tbody>
</table>

*national data 2016, summary value/number of Trusts 2016 data

- **The percentage of patients aged 0-15 readmitted to hospital within 28 days of being discharged**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Reporting Periods</th>
<th>National Average</th>
<th>Highest National Score</th>
<th>Lowest National Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Apr 2016 – Mar 2017</td>
<td>11.45*</td>
<td>14.35*</td>
<td>7.96*</td>
</tr>
</tbody>
</table>

*national data 2011/12

- **The percentage of patients aged 16 or over readmitted to hospital within 28 days of being discharged**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Reporting Periods</th>
<th>National Average</th>
<th>Highest Regional Score</th>
<th>Lowest Regional Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 (0.024%)</td>
<td>Apr 2016 – Mar 2017</td>
<td>11.08*</td>
<td>12.25*</td>
<td>10.24*</td>
</tr>
</tbody>
</table>

*national data 2011/12

“Benenden is the best hospital I have ever been in, can not fault it in any way, staff brilliant, food good, cleaning thorough” June 2016
Benenden Hospital’s responsiveness to the personal needs of its patients during the reporting period

As part of gathering feedback from our patients we ask nine specific questions in relation to those aspects of care that matter most to people. These include questions regarding involvement in decisions, confidence, privacy and dignity, pain control, medication, who to contact on discharge and knowing who to talk to if worried about any aspect of care. We continue to consistently score above 95% across all of these domains for our ward based care. As part of listening and learning from feedback we collate all additional comments and feedback and take action where there are improvements that can be made and we feed these actions back to our patients through the use of feedback boards.

Venous-thromboembolism

This includes deep vein thrombosis (DVT) and pulmonary embolism (PE) and is universally recognised as a significant patient safety issue. The Hospital has established a robust policy and process to ensure it complies with NICE guidelines in order to reduce avoidable complications from VTE. The Hospital has an excellent VTE risk assessment compliance record.

Data submitted to UNIFY, a Department of Health national reporting system, shows consistent reporting above 98% with an average of 99% achievement in VTE assessment.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Reporting Periods</th>
<th>National Average</th>
<th>Highest National Score</th>
<th>Lowest National Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>99.3%</td>
<td>Apr 2016 – Mar 2017</td>
<td>95.53%*</td>
<td>100%*</td>
<td>63.02%*</td>
</tr>
</tbody>
</table>

*Quarter 4 national reports 2016/17 (Jan-March 2017)

The percentage of patients who were admitted to Benenden Hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period:

The rate per 100,000 bed cases of C. difficile infection reported within Benenden Hospital amongst patients aged 2 or over during the reporting period

<table>
<thead>
<tr>
<th>Unit</th>
<th>Reporting Periods</th>
<th>National Average</th>
<th>Highest National Score</th>
<th>Lowest National Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Apr 2016 – Mar 2017</td>
<td>36.7</td>
<td>147.5</td>
<td>0</td>
</tr>
</tbody>
</table>

* data extracted from the HCAI Data Capture System on 3rd May 2017
Unplanned readmissions within 29 days of discharge
All unplanned readmissions are closely monitored as unnecessary readmissions to hospital could indicate a patient has been discharged too soon. These are unplanned admissions that follow a patient’s stay and were not scheduled at the time of discharge. There were 2 unplanned re-admissions in 2016 and this equates to 0.02% of all discharges.

Unplanned returns to theatre
There were 2 unplanned returns to theatre during 2016 which is 0.02% of all anaesthetic episodes.

Unplanned transfers of inpatients to another hospital
There were 5 unplanned transfers to another hospital for 2016.

Complaints
During 2016 the number of written complaints received represented 0.02% of our total activity and for verbal feedback 0.48% of total activity.

Compliments
The majority of compliments received come from the patient experience cards given to patients following an episode of care which have a number of key questions and then space for free text. The compliments we received from our patients represented 8% of our total activity.

Accreditation
With the completion of our new Hospital facilities we are working towards accreditation for a number of key clinical areas. We continue to be committed to achieving JAG accreditation (Joint Advisory Group for GI endoscopy) and will look to seek this accreditation for our endoscopy service once we have completed site development of this area. The plan is to have the accreditation visit arranged for Q4 2017. A lead nurse is in post and we continue to submit data relating to the Global Rating Scale (GRS) initiative for endoscopy online to the Joint Advisory Group The GRS is a measurement tool to measure standards across various aspects of the service including privacy and dignity, staffing, training, communication and safety. Decontamination Services is another area that we will be seeking national recognition for standards of practice through achievement of accreditation.
3.3 Staff Experience

Investing in People

The Hospital regards the Investors in People (IIP) standards as a valuable benchmark for good practice in the way it treats its staff, continually seeking to improve its compliance with them. In November 2014 the organisation was assessed as ‘Silver’, a level only achieved by 6% of IIP accredited companies. In the report, the Hospital was praised, amongst other things, for its commitment to staff work/life balance, the involvement of all in business planning, senior management engagement with staff and its management development programmes.

Suggested areas for improvement included the Hospital’s tracking of statutory and mandatory training, the need to encourage a greater coaching culture to aid empowerment and more use of 360 degree feedback. These comments have and continue to be addressed.

Other projects that have been undertaken since the 2014 assessment include the introduction of a new HR system, bespoke residential leadership training programmes and the introduction of a model for the identification and management of talent within the organisation. Also being introduced is a programme to assess the collective effectiveness of the Executive Board and the formation of an external ‘good practice forum’ of external companies to provide a variety of opportunities for staff outside the Hospital.

The Hospital will be re-assessed in October 2017 and is hoping for reaccreditation with an ultimate aspiration to achieve Gold status in time.

Staff Health and Wellbeing

Aligned to the IIP standards is the dedicated Health & Wellbeing (H&WB) Award which the Hospital achieved in 2015. The programme, designed and implemented by a small committee, focusses on the broad elements of spiritual, physical, mental and emotional wellbeing of the staff. Each year the Hospital holds a day long market stall promotional event.

H&WB programmes have included and do include Pilates, yoga, a slimming club, cycling, availability to staff of free counselling, healthy eating campaigns, tai chi, meditation classes and the provision of land for staff growing plots. At all times the Hospital tries to be mindful of particular staff H&WB requests and to benefit from good practice from outside organisations.

The staff survey was conducted in-house in December 2016 using an electronic survey but with the facility for staff experience cards to be completed by those where time to access computers is limited. These could be completed anonymously and then returned using the experience card post boxes or via team leaders. The response rate was 72% which was a dramatic improvement on the response rates from previous staff surveys.
We asked our staff how likely they would be to recommend our Hospital to family and friends should they require care or treatment and 90% of staff indicated that they would be extremely likely or likely to recommend.

We asked our staff to respond to a series of statements and some of these are shown in the graphs below

- I believe the organisation encourages health and wellbeing of staff, patients and visitors in a variety of different ways.

![Graph showing responses to statement 1]

- I believe there is a focus of continuous improvement and a culture that encourages innovation

![Graph showing responses to statement 2]
Overall, the results of the staff survey 2016 are extremely positive, with the majority of staff happy with their employment experience and clear about both their own and the organisation’s purpose and direction.

As a result of the survey a number of actions are being taken either in direct response to the feedback received or being undertaken as part of the current business plan. These include quarterly town hall meetings with the Hospital Director, increased attendance at team meetings by the Hospital Executive and the formulation of a new team meeting policy.

“I think Benenden strives to get the best from their staff and pushes them to do better for themselves. It is a great place to work, and very exciting with the new build in progress. I really enjoy my job, the team I work with are great and very supportive, I love coming to work”  

Staff member Dec 2016
3.4 Productive Series

We have continued with work around our Productive Series and this has now been rolled out to every department in the Hospital. The work essentially comprises of work streams targeting continuous improvement in the way we do things, ultimately aimed at improving the experience we offer our patients. The Productive Series is a framework that helps us to implement staff led improvements, initiatives and innovations.

The following actions have been taken as a result of the productive house work:

- A new Imaging IT system was installed which is a more efficient system and one that is used in over 75% of NHS Hospitals. Our new system helps us to better track appointments and all the imaging reports are on the same page for each patient
- We introduced a combination of iPads and electronic surveys within the clinical areas to capture real time patient feedback which will hopefully improve our response rates compared with the paper card system
- As part of our Sign up to Safety we held a Kitchen Table Event which had good staff attendance. Feedback from discussions with staff identified good practice as well as areas of concern for which we could take actions forward
- We piloted a new Talent Management Programme in Outpatients, this helps staff define and shape their career and sits alongside the appraisal process. This will now be rolled out across organisation
- We have introduced a new Catering system for relatives and carers so that they can more easily dine with their loved one
- We successfully launched our new Website

In patient appointments the following examples highlight the continued focus on improving patient experience:

- The cardiology booking process was reviewed to create a more user friendly process which reduced the amount of time taken to book an appointment. Often these patients require a variety of tests that are linked with their outpatient appointment, to create a one-stop appointment. The booking process was time consuming and complex. We needed to create a better clinic view to prevent incorrect bookings which had previously occurred due to the way the clinic sessions were set up.

- Changing the way the clinic sessions were set up and booked has reduced patients being incorrectly booked into clinic appointments and therefore avoiding cancelling the patient at short notice. It has also enabled the bookings team to easily identify available slots for tests which has reduced the time it takes for the booking team to make cardiology appointments. The general feedback from clinic staff and clinicians was how easy it was to use. The appointment bookings team were given updated training and staff have found it much easier to use.
• Booking to beds was introduced into Patient Appointments during November/December to reduce the number of patients being cancelled due to bed availability. This had previously been managed on the ward but because patients had already been given a date for surgery this sometimes resulted in cancelling patients. When booking to beds was introduced it immediately made a difference - the number of patients being cancelled, due to bed availability, reduced to virtually zero. Training on the bed booking system was given to all patient appointments staff who make theatre bookings. The bed booking process is due to be converted to, and managed electronically during 2017.

• Endoscopy bookings moved from a clinic session on Oasis to an ACU theatre session in June 2016. These patients were initially sent the generic theatre letter which gave them misleading information. An ACU letter was created advising the patients that they would be attending the ACU department and that they would be contacted during the week prior to their admission with a time of arrival; the telephone number for the ACU department was also put in this letter. This change resulted in fewer calls from patients to the Patient Appointments Team regarding their time of arrival, alleviating patient frustration in speaking with the incorrect department, it also reduced the number of calls to the Appointments Team.

3.5 Site Development

There was good progress throughout 2016 with the redevelopment. In May 2016 we saw the opening of our new wards, theatre suite and ambulatory care unit. There has been continued clinical and public engagement in relation to the work, in particular, communication with our patients in relation to any changes to ensure that difficulties, such as way finding were kept to a minimum. A series of story boards regarding the redevelopment have been well received by all of our patients and visitors.

3.6 Capital Investment Programme

The redevelopment of the Hospital site has continued throughout the year with the opening of Phase 1 in May 2016. Work on Phase 2 commenced and this is due for completion in 2017. This second phase will provide a new outpatient facility, imaging suite, new reception and catering in addition to a beautiful new atrium. Our work with a local artist has helped us to capture our unique therapeutic environment and heritage.

Our capital investment programme continues to reflect the changing clinical needs in line with best practice whilst also supporting innovation.
Information Technology

The IT Services department defines an annual strategy for key capital expenditure and replacements, the purpose of defining this strategy is to provide assurance to the business and stakeholders that there is a culture of continuous improvement which is aligned to the business plan.

Some projects and improvements introduced during the reporting period include:

- Our new Imaging reporting system
- An upgrade to our Endoscopy reporting system
- The introduction of digital dictation to aid efficiency in our medical secretariat service
- Changes to our Nurse call system so that calls are directed straight to nurses handsets

3.7 Statement from the Chairman of the Board

Our Quality Accounts reflect the continuing focus for Benenden Hospital to be the best it can be in terms of providing high quality, safe services for our patients. I know that the focus upon further improvements is as strong as ever. This year has been a challenging one at the Hospital with the need to maintain services while the Hospital undergoes the extensive redevelopment and we look forward to its completion and opportunities to enhance our hospital services within an environment of excellence.

The Board continues to place the highest priority on maintaining standards of care and in the monitoring of all related performance indicators.

3.8 Statement of Third Parties

- An Independent Auditor’s Report was provided by KPMG LLP of 1, Sovereign Square, Sovereign Street, Leeds LS1 4DA. This Annual Audit Report is a statutory requirement.

“Surgeon and all surgical staff made me feel safe and calm. Each and every member of staff has been amazing, night and day, nothing has been too much and cleanliness amazing”  
February 2017