



Benenden Hospital Trust Quality Account 2022-2023

Welcome to Benenden Hospital

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.

We are very proud of the services that we provide to all of our patients, in a caring and therapeutic environment, and we work hard to support staff health and wellbeing in order to ensure a productive and happy workplace.



Our facilities:

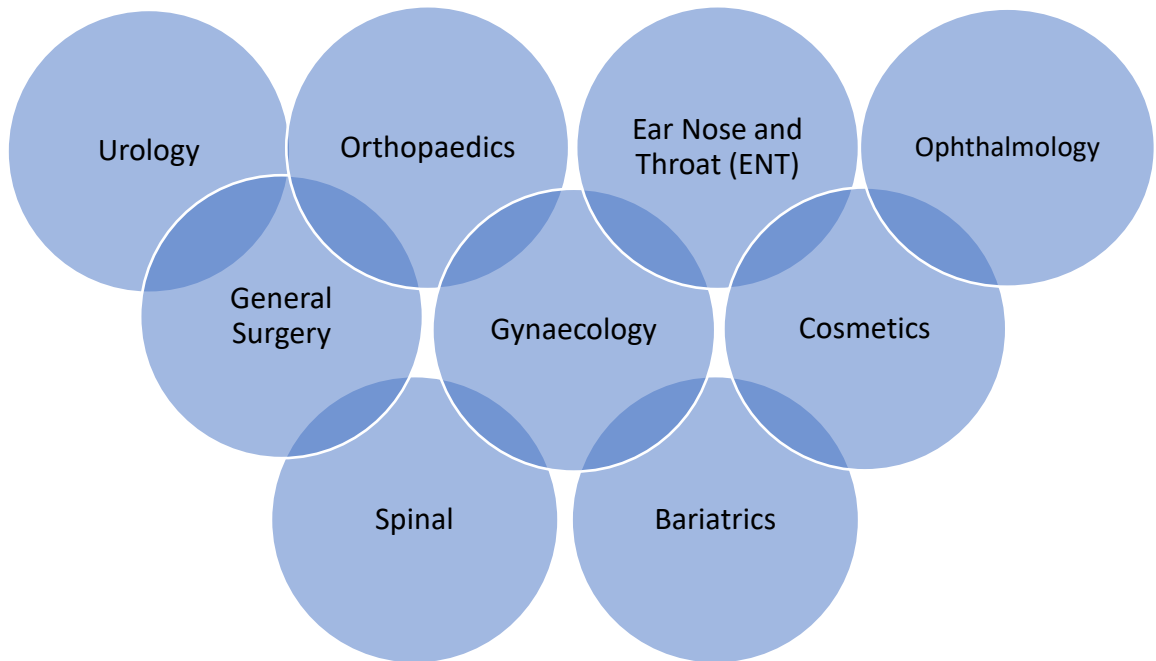
We're proud of our stunning location and contemporary facilities, which have been designed around our patients' needs.

- 37 bedrooms, 32 of which are ensuite.
- 3 operating theatres with onsite decontamination services
- A dedicated JAG accredited endoscopy suite
- An ambulatory care procedure room
- Imaging department with MRI, CT, X-Ray, fluoroscopy and ultrasound
- An outpatient department comprising:
 - 20 consultation/ examination rooms,
 - 6 speciality rooms for minor outpatient procedures, Audiology, Urodynamics, Echocardiograms, stress tests and ear nose and throat (ENT)
 - 4 dedicated room supporting patient observations and phlebotomy (for blood tests)
- Dedicated eye unit incorporating optometry, multiple consultation rooms and a procedure room.
- Onsite physiotherapy with consultation rooms and a dedicated gym
- On site pharmacy

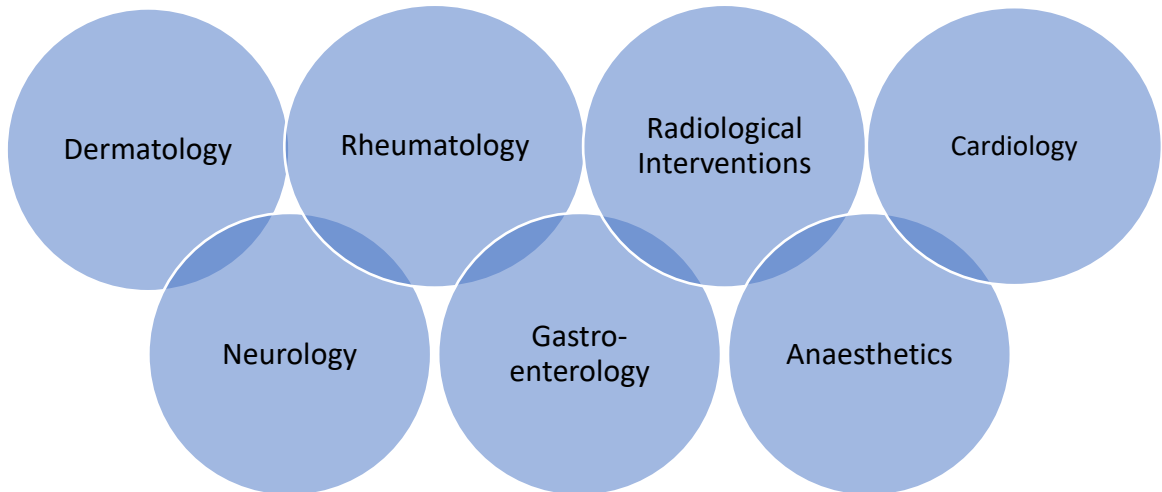
We are supported by a 24hr/7 day a week resident doctor on site, and offer free parking, free Wi-Fi, a spacious restaurant area. Our housekeeping, catering, portering, estates and grounds teams provide inhouse services and are a highly valued part of the wider patient experience and therapeutic environment that we provide for our patients.

Our service Specialties

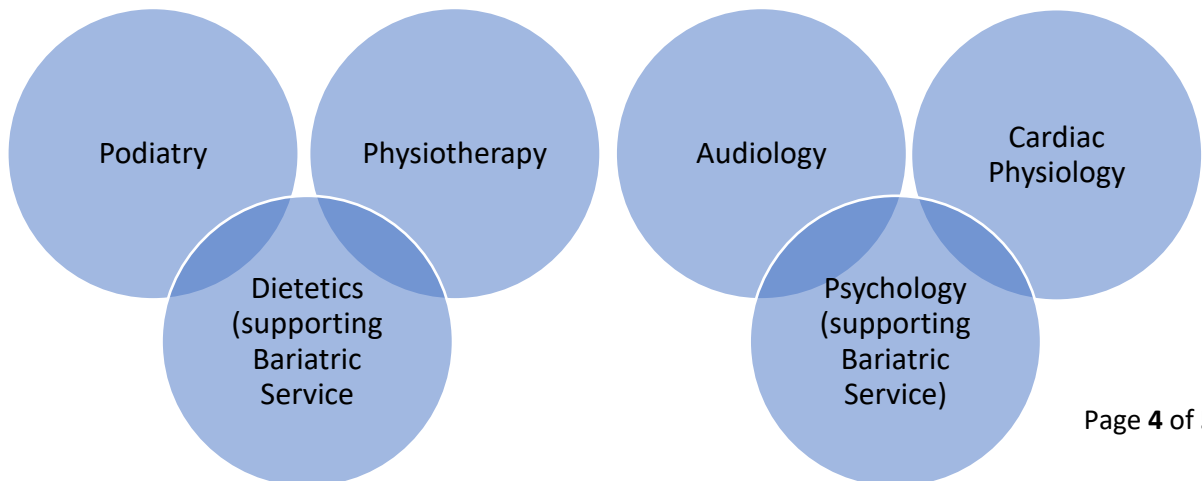
Surgical Specialties



Medical Specialties



Therapeutic Services



Introduction to our Quality Accounts

Our Quality Account document is a narrative to patients, carers, professionals, and the public about the quality and standard of services we provide at Benenden Hospital. As a healthcare organisation, we are committed to delivering excellent services and a high-quality patient experience which is underpinned by a commitment to being clinically effective, efficient and safe. We want to deliver care in the right way, by the right people, in the right place, at the right time to ultimately improve the health and wellbeing of our patients. This document is intended to provide quality assurance of the services provided at Benenden Hospital.

Statement of responsibilities in relation to the Quality Accounts 2022

The Directors are required under the Health Act 2009, and subsequent Health and Social Care Act 2012 to produce a Quality Account document for each financial year if the organization delivers services under an NHS contract.

In preparing this Quality Account for 2022 the following assurance has been received:

- The Quality Account has been prepared in accordance with Department of Health guidance.
- The Quality Account provides a balanced picture of the organisation's performance for the reporting period.
- The information included is reliable and accurate and has been subject to scrutiny through the organisation's governance structure.



Part one

Statement on Quality

Part One – Statement on Quality

Statement from our Hospital Director



Our Quality Account provides an opportunity for Benenden Hospital to recognize our challenges and successes for the last 12 months.

As I reflect back on the past year, I continue to be proud of all my colleagues and their commitment and dedication to all those using our services. This is evidenced by our continued high patient satisfaction ratings and our recognition by

Doctify through our 5-star ratings.

In turn staff health and wellbeing continues to be a priority through our Health and Wellbeing Committee activities which support our 'We Invest in Wellbeing' focus, the valued work of our Mental Health First Aiders and our Be Involved, colleague engagement committee. This year culminated in our annual Best of Benenden awards where we celebrated by recognizing long service from 10 to 35 years and the winners of our Values and other special awards.

The successful implementation and embedding of the Medical Practitioners Assurance Framework ensures the governance arrangements for our consultants is robust. Engagement is strong through our Medical Advisory Committee and to support our patients there is a well evaluated programme of webinars.

Good governance underpins everything we do and our Quality and Safety Committee is a forum for sharing and learning to enhance practice. As a founder member of the Quality Local Intelligence Network it is important to be part of a forum which shares learning opportunities for the good of all of our collective patients. We welcome opportunities to collaborate and share and extend our reach beyond Kent engaging with other valued colleagues.

I am proud of the hospital's performance on quality over the last quality year and to the best of my knowledge, the information contained in this report is a true and accurate reflection of the services and outcomes we have delivered. At Benenden Hospital our ethos is to have the patient at the heart of everything we do and I would like to thank everyone for their dedicated hard work throughout the year and I look forward to working with you all in 2023.

A handwritten signature in black ink that reads "Jane Abbott". The signature is written in a cursive style with a long horizontal stroke at the end.

Jane Abbott Hospital Director

External Regulation

Benenden Hospital is registered with the Care Quality Commission (CQC) for the following regulated activities:

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

Benenden Hospital was last inspected by the CQC in January 2017, receiving an overall rating of outstanding.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding
Surgery	Good	Good	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding
Outpatients and diagnostic imaging	Good	N/A	Good	☆ Outstanding	☆ Outstanding	☆ Outstanding
Overall	Good	Good	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding

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



Part two

Quality Priorities

Part Two – Quality Priorities

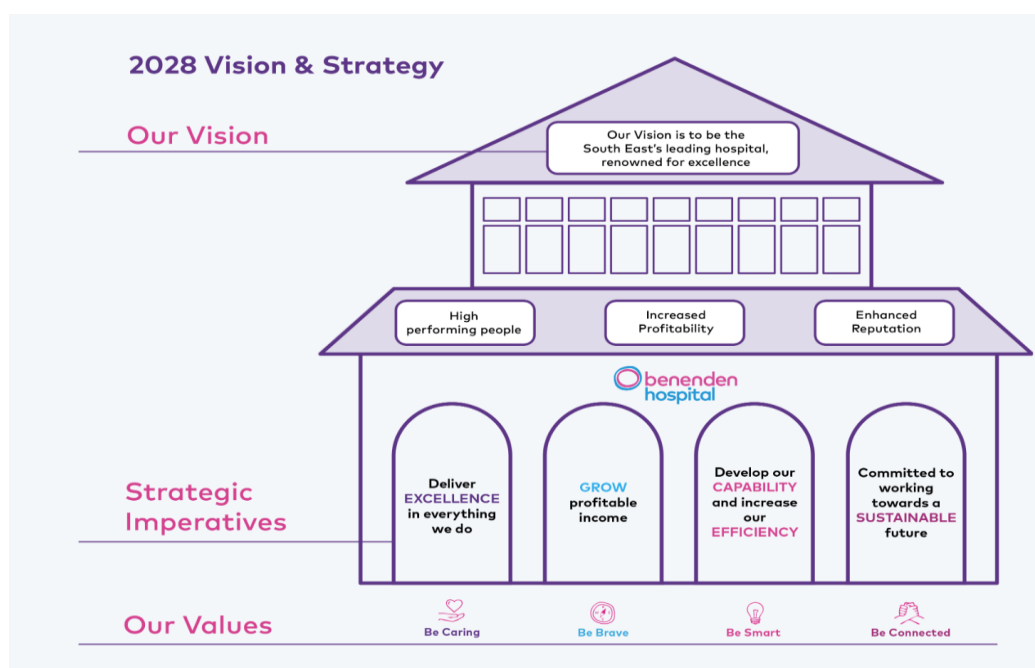
The Board of Governors (BoG) of Benenden Hospital determine the strategic direction of the Hospital and seek assurance around the financial and commercial sustainability and quality of service provision. Four meetings were held during 2022 in addition to a strategy day with standing agenda items dedicated to focusing on quality and governance. The Board achieves oversight through representation on the Quality and Safety Committee (QSC) and Risk Committee.

The responsibility for delivering the strategy is with the Hospital Executive who have oversight of the governance, risk and compliance agenda through dedicated risk meetings as well as regular updates to ensure quality is front of mind at all times.

Our Business Plan and Quality strategy set out a clear commitment to deliver high quality safe services to all patients accessing our services.

Our priorities set out in our Quality strategy are derived from multiple sources including patient survey results, patient feedback, benchmarking, national best practice and guidance.

Our Vision and Strategy



At Benenden Hospital our vision, strategy and values underpin everything we do. Our values were defined by our people based on the principles of how we like to work, and they give us a common language and framework to help us in our everyday working life. Our values are the very essence of Benenden Hospital, defining what makes us unique, and we ask every colleague to live by them every day so that Benenden can continue to grow and improve.

Our Values



Be Caring

- We know what we do matters
- We're proud and enjoy what we do
- We promote a culture of care, respect, compassion and wellbeing
- We protect the mutual ethos



Be Connected

- We collaborate and share across teams, departments and our business
- We listen to understand each other and our members' needs
- We support one another by having open and honest conversations
- We recognise that we're stronger together



Be Brave

- We embrace change
- We challenge and ask 'why' as well as 'why not'
- We always want to learn
- We're not afraid of trying new concepts and ideas



Be Smart

- We approach problems with a solution mindset
- We actively seek to improve, be better and learn from our mistakes
- We spend members' money wisely
- We're invested in the future of our business

Quality priorities 2022

The quality priorities for 2022 focused on areas from within the new quality strategy based around the National Quality Board's shared commitments to quality.

Our priorities cover each key theme of quality – safety, effectiveness, positive experience, well led and sustainability. The introduction of a new quality strategy determined a change in direction from the objectives previously published in the 2021 Quality Accounts.

Priority 1 – Patient safety

Benenden Hospital strives for a positive safety culture which aims to do no harm to patients by having robust governance systems in place, creating a positive safety culture through our safety pledges, fostering a learning and just culture and ensuring the environment is safe and clean. When mistakes occur lessons will be learned, actions implemented and monitored, and evaluated accordingly. All colleagues will feel safe to report incidents.

Quality Objective	Monitoring	Measurement of achievement
SAFE CARE		
To review and continually monitor our ongoing CQC compliance in all areas of the regulations and against the new CQC framework	Audit against CQC regulation and new framework Review of compliance at quarterly governance meeting	RAG rated compliance spreadsheet and quarterly overview report
To review our incident reporting system to ensure it is fit for purpose and that all staff are trained and confident in its use	Review system including incident categories, subcategories, and ease of use of system Survey staff regarding knowledge and skills in using the system	Amendments to the system as required Training implemented and rolled out across all staff groups Improved investigation and outcomes recorded

Continue to improve the safety culture by affectively managing risk and engage with the upcoming patient safety incident response framework (PSIRF) to maintain quality of care and to strengthen us as a learning organisation	Risk registers in place and reviewed monthly Implement newsletter for learning through incident	Review of risk registers at HE/QSC Publication of learning through incidents
Maintain a robust governance framework, along with a detailed quality dashboard to ensure consistent review of quality and safety	Review of dashboard to ensure all required indicators are included Monthly monitoring of quality dashboard	Amended dashboard containing all required indicators Consistent compliance across the dashboard
Ensure systems, processes and practices are in place for effective safeguarding, and that these are regularly reviewed against standards and staff are trained in their use	Review of mandatory training compliance Quarterly safeguarding report including incidents and changes to practice/ process	HR report to HE/QSC Safeguarding lead report quarterly to QSC
Implementation of actions arising from the IPC annual report, engaging with all staff to ensure that effective IPC is embedded across the organisation	Action plan against IPC requirements from annual report or incidents reported	RAG rated action plan and quarterly overview report of action plan and incidents and outcomes

Priority 2 – Effective Care

Benenden Hospital will deliver care and treatment focused on achieving good outcomes, promoting a good quality of life and is based on the best available evidence. Continuous quality improvement underpins everything we do.

Quality Objective	Monitoring	Measurement of achievement
EFFECTIVE CARE		
Review of systems for management of evidence-based practice, to ensure ongoing compliance	Ongoing review of new NICE guidance Compile robust process for managing of NICE	NICE guidance spreadsheet in place and up to date NICE update report quarterly to QSC and HE

Implementation of a robust audit programme across all departments to bring focus on emerging themes	Audit calendar compiled and published, for monthly review and reporting	Reporting of numbers completed or still outstanding quarterly to QSC/HE
Use feedback from our service users to continuously improve services and care	You said we did publications and displays Continual monitoring through patient questionnaires	Quality dashboard data review quarterly report of significant improvement actions taken QSC/HE
Actively improve and promote visibility of clinical outcomes by publication and monitoring	Investigate ways of collection, monitoring, and publication	To be measured against national standards
Performance benchmark against published external data and compliance	Monthly quality dashboard completion and standards reviewed annually	Measured against published national standards

Priority 3 – Patient Experience

To ensure that patients, their families, carers, and visitors have a positive experience in our care. We will ensure patient needs and expectations are always met and that they are treated with compassion, dignity and respect. We will listen to our patients and work in partnership to co-design and develop services with an essential aim of delivering a high quality and responsive service.

Quality Objective	Monitoring	Measurement of achievement
PATIENT EXPERIENCE		
Review and implement robust processes and practices in the management and handling of patient experience	Gap analysis against required standards Review of process documents and policy Monthly quality dashboard completion	Completed RAG rated gap analysis Robust process documents in place Monthly review of quality dashboard compliance

Introduce patient involvement in aspects of governance and pathway development	Investigate patient forum Consider lay member (from patient forum) as member of governance meetings	Patient forum implemented Lay member attendance at governance meetings.
Ensure the hospital environment is dementia friendly, supporting independence and well-being and that staff are compliance with relevant training	Review of environment and policies to ensure compliance with dementia requirements Review of staff training compliance for dementia awareness training	Report of completed review of compliance against dementia requirements Staff training compliance to be within report
Actively review patient pathways to gather data for improvement of the patient journey	To spend time in all clinical areas of the organisation to monitor patient pathways in real time	Report complied on findings and recommendations for improvement to HE/QSC
Review information available to patients, their carers and other service users	Investigate access to patient information in all locations including website, hospital and as part of patient packs	Overview report of information available and improvements if required, to HE/QSC

Priority 4 -Well Led

The leadership, management and governance of the organisation assure the delivery of high-quality care for patients, support learning and innovation and promote an open and fair culture, embrace innovation and provide performance data to ensure robust monitoring of services coupled with the opportunity to drive improvement.

Quality Objective	Monitoring	Measurement of achievement
WELL LED		
Foster a Just Culture to help identify what went wrong rather than who caused the problem	Build awareness of a Just Culture Implement policy/ processes which support a Just culture Build Just culture principles into daily practices	Understanding of a Just culture with clear documentation in place

Ensure staff have access to Freedom to Speak up (FTSU) and other support mechanisms (such as mental health first aiders)	Complete FTSU self-assessment tool and compile action plan of requirements implement FTSU across the organisation Review all support mechanisms in place	Completed self-assessment tool for FTSU FTSU guardian and champions in place Available support information readily available for staff to access
Empower staff to be involved in service improvements, giving them a voice in how services can improve patient care	Review of processes in place for staff involvement Consider regular staff forum	Clear methods for staff to be involved in service development Staff forum in place
Implement a system for all staff to be involved in incident review and shared learning across the organisation	Implement DATIX review meetings for shared learning across departments Use of newsletter for learning from incidents	Implementation of weekly DATIX review meetings Publication of learning through incidents (QO3)

Priority 5 - Sustainability & Equity

Implement systems that improve, maintain, or restore health, while minimising negative impacts on the environment and ensuring these systems are available to all. This includes embracing technology, investing in equipment and facilities and providing strong communication channels to capture and progress ideas from our colleagues and stakeholders.

Quality Objective	Monitoring	Measurement of achievement
SUSTAINABILITY & EQUITY		
Value and promote our environmental and social responsibilities within the local community	Review of new processes/ changes to the environment prior to implementation	Completed impact assessments prior to implementation of change
Deliver efficiencies through the use of technology	Investigate ways that implementing technology could improve efficiency	Business cases and ideas to HE/QSC

Implement our Environmental, social and governance (ESG) workplan/ strategy	Review and continually update the ESG workplan to ensure compliance with newest guidance and organisational plans	Reviewed and reported to HE/QSC quarterly
Improve awareness and promote diversity in the workplace	Compile documentation/ policy as required and promote Equity, Diversity and Inclusion (EDI) across the organisation Review of mandatory training compliance	Evidence of staff awareness of EDI and in date training
Work creatively with partners to develop better ways of working to improve quality of care, as part of the health economy of the future.	Monthly finance review meetings with CCG Active communication with local stakeholders	Regular finance review at HE/QSC Feedback from CCG review meetings as appropriate Evidence of communication with local stakeholders as and when required.

Quality priorities 2023

Our priorities for the coming year continue to focus on our quality strategy and our new five-year Hospital Strategy, both of which emphasise our commitment to continuous quality improvement, enhancing patient care, improving the health and wellbeing of our workforce, embedding efficient and effective ways of working and learning from all we do, along with a focus on our long-term sustainability and the environment.

As a hospital we welcome the new changes to the CQC framework and in particular the new 'quality statements and the inclusivity encouraged by this approach. In preparing our priorities for 2023 this is the framework we have used.

It is important to note that current embedded practice is not noted in this section as this is already established and in place.



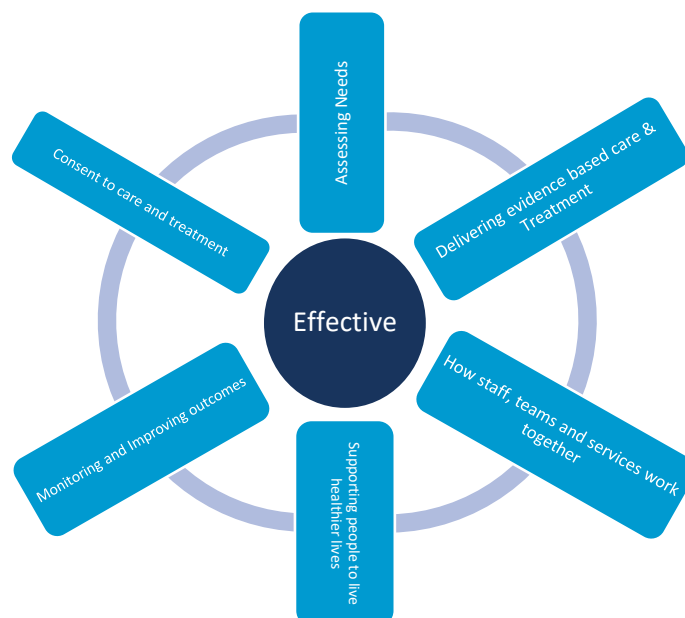
Safe



Learning Culture	<ul style="list-style-type: none"> • We will continue to provide all our colleagues with coaching conversations, career conversations and development opportunities including leadership training for senior, middle and aspiring managers. • We will continue to share learning experiences from 'floor' to 'Board' • We will continue to report all incidents and episodes of patient experience on Datix (our incident reporting system) but focus on promoting learning and sharing to enhance practice.
Safe Systems, Pathways and Transitions	<ul style="list-style-type: none"> • We will invest in our pre-operative assessment process to minimize cancellations on the day of surgery. • We will provide follow up questionnaires to patients after joint replacement to enable participation in a national database, the results of which will be used to enhance practice.
Safe Environments	<ul style="list-style-type: none"> • We will continue to have local risk registers, a High-Level Risk Register and a Board Assurance Framework which will be reviewed regularly from 'Board to floor.' • We will undertake risk assessments across all departments encouraging the 'fresh eyes' approach of managers reviewing each other's departments. • We will explore the role of a dedicated Risk Manager
Involving People to manage risks	<ul style="list-style-type: none"> • We will promote person-centered care to ensure each patient is treated as an individual and assess the effectiveness of this through our patient feedback.

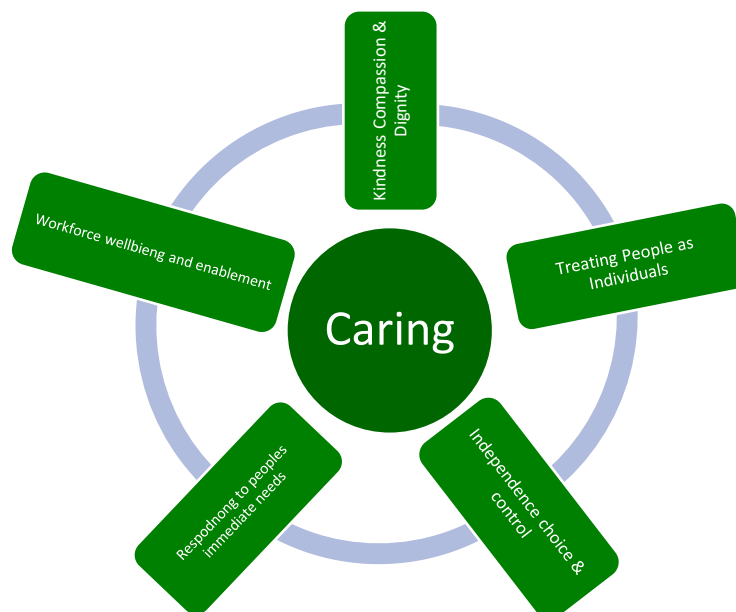
	<ul style="list-style-type: none"> • We will continue to adopt the Medical Practitioners Assurance Framework to ensure good governance around management of consultants.
Medicines Optimisation	<ul style="list-style-type: none"> • We will confirm patient's medications through the pre-operative assessment process confirming allergies to minimize the impact on day of surgery cancellations. • We will ensure pain management following surgery is effective promoting early mobilization and safe discharge and a good recovery.
Infection Prevention & Control	<ul style="list-style-type: none"> • We will review our quarterly IPC meetings and the role of the IPC Lead, supported by a network of Link Practitioners • We will embed a programme of clinical audits presenting results to the Hospital Executive, Quality and Safety Committee and the Board of Governors • We will continue to encourage our patients to participate in Surgical Site Infection surveys
Safe and Effective Staffing	<ul style="list-style-type: none"> • We will always recruit appropriately skilled colleagues and be willing to adopt an over recruitment approach to difficult to recruit departments. • We will conduct coaching conversations throughout the year with all employees to support their development and meet their health and wellbeing needs evaluating the impact of this move away from appraisals.
Safeguarding	<ul style="list-style-type: none"> • We will continue to embrace the informed consent process by providing a relevant literature to support the decision making by the patient. • We will review our process for gathering patient feedback to increase participation and evaluate results to inform changes to service delivery.

Effective



Assessing Needs	<ul style="list-style-type: none"> • We will thoroughly assess the suitability of each patient for surgery and anaesthesia from referral through pre-operative assessment to surgery to minimize on the day cancellations and extended lengths of stay. • We will provide relevant information from initial contact through to discharge using all communication means (digital, written, verbal) • We will provide support services and facilities such as hearing loops, interpreters, a quiet room for reflection, meditation and spiritual
Delivering evidence-based care & Treatment	<ul style="list-style-type: none"> • We will review all NICE guidance to assess relevance to our clinical services supported by engagement from our consultants. • We will develop/review our policies and SOPs in line with current best practice. • We will engage with our Medical Advisory Committee around opportunities for service development.
How staff, teams and services work together	<ul style="list-style-type: none"> • We will engage with all users of our Patient Administration System to ensure it meets their needs and explore opportunities to improve the user and patient experience
Supporting people to live healthier lives	<ul style="list-style-type: none"> • We will provide webinars to support women's and men's health initiatives. • We will provide dietary and smoking advice through pre-operative assessment.
Monitoring & Improving Outcomes	<ul style="list-style-type: none"> • We will review all patient feedback to identify trends and learning, changing practice as appropriate. • We will continue to participate in the National Joint Registry to enable national benchmarking
Consent to care & treatment	<ul style="list-style-type: none"> • We will continue to embrace an informed, 2 stage consent process, auditing practice during 2023. • We will review leaflets and literature across our clinical specialties to ensure currency and relevance

Caring



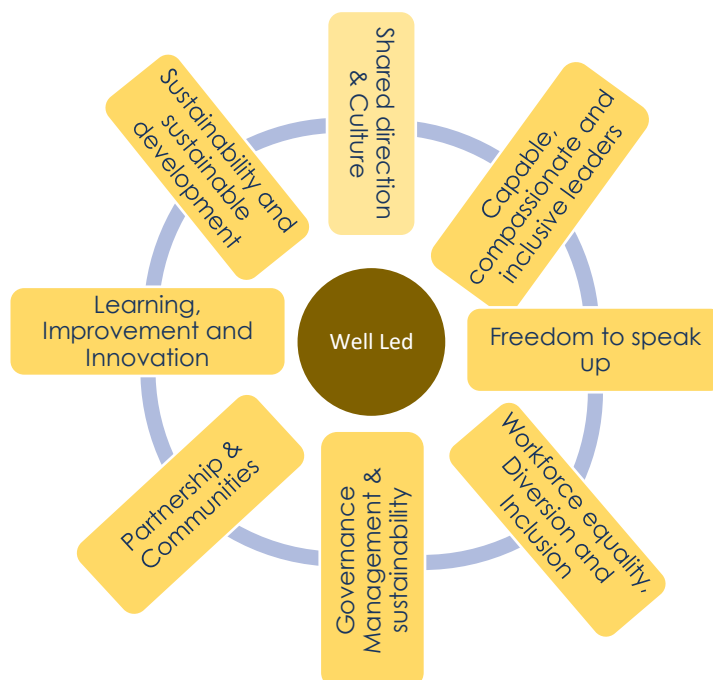
Kindness, Compassion & Dignity	<ul style="list-style-type: none"> We will at all times promote kindness, compassion and dignity to our patients, loved ones and each other embracing our 'Be Caring' value.
Treating People as Individuals	<ul style="list-style-type: none"> We will launch 'My Patient Hub' promoting independence and self-service for patients
Independence, choice & control	<ul style="list-style-type: none"> We will undertake regular infection control audits reporting the outcomes through the appropriate committee structure and developing practice to enhance standards.
Responding to people's immediate needs	<ul style="list-style-type: none"> We will respond to patient's needs whether they are physical, mental, emotional or spiritual in the most appropriate way.
Workforce wellbeing & enablement	<ul style="list-style-type: none"> We will work towards achieving 'We invest in Wellbeing,' the gold standard. We will complete an annual survey of our staff presenting the outcomes for action to the Executive Team and Board and to all our colleagues with plans developed to support actions identified.

Responsive



Person centered care	<ul style="list-style-type: none"> We will collaborate with Benenden Health to achieve their vision 'to improve the nation's health' by supporting local and regional events to improve people's knowledge about their health.
Care provision, integration & continuity	<ul style="list-style-type: none"> We will enhance the role of our infection control link nurse practitioners investing in their education and development to deliver greater value through their role.
Providing Information	<ul style="list-style-type: none"> We will review all patient information ensuring it is readily accessible in the form a patient would like to receive it.
Listening to & Involving peoples	<ul style="list-style-type: none"> We will ensure we seek feedback from all touch points on the patient journey whilst reviewing the end-to-end journey and identifying robust KPIs.
Equity in Access	<ul style="list-style-type: none"> We will hold multi-professional case discussions so that everyone's voice can be heard if there are concerns around clinical safety and suitability to complete their patient pathway with us.
Planning for the future	<ul style="list-style-type: none"> We will ensure patients can make informed decisions about their pathway with access to relevant people to support decision making as required.

Well Led



Shared direction & culture	<ul style="list-style-type: none"> We will complete our 2024-2028 strategy with engagement from colleagues and direction from our Board of Governors making sure everyone understands the role they play in successful implementation
Capable, compassionate and inclusive leaders	<ul style="list-style-type: none"> We will provide relevant updates and training to our Board and senior managers to ensure full understanding of their regulatory role.
Freedom to speak up	<ul style="list-style-type: none"> We are seeking to embed 'Be Heard,' our Benenden approach to ensuring strong engagement at all levels which has FTSU as a pillar.
Workforce equality, diversion and inclusion	<ul style="list-style-type: none"> We will produce our Diversity, Equity and Inclusion strategy.
Governance, management & sustainability	<ul style="list-style-type: none"> We will ensure the revised Medical Practitioner Assurance framework (MPAF) is embedded, reporting progress on a quarterly basis to our Board of Governors.
Partnership and Communities	<ul style="list-style-type: none"> We will continue and develop our programme of educational webinars for patients and healthcare professionals. We will increase the circulation of our GP newsletter ensuring practices are well informed about our services. We will grow our engagement with the local community through a programme of visits, talks and sponsorship. We will grow our community of volunteers.
Learning, Improvement & innovation	<ul style="list-style-type: none"> We will strengthen the executive oversight of complaints to ensure themes, trends and learning opportunities are identified and embraced linking this to the initiatives in our PSIRP.
Sustainability and sustainable development	<ul style="list-style-type: none"> We will introduce a sustainability goal within our strategy. We will undertake an externally commissioned 'green' review developing an action plan for delivery.

Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by NHSE.

- **Staffing**

Benenden Hospital currently has a headcount of 395 contracted staff with a flexibank headcount of 82. Staff vacancy rate is 5.65%.

We have 135 consultants with practising privileges, 22% of these are Consultant Anaesthetists.

- **Staff Training**

Benenden Hospital continues to support the continued maintenance and development of knowledge and skills. Investment in training and development continues to be a key focus. Statutory and mandatory training is provided through either online or in-person training. A clinical skills facilitator provides face to face training and updates on key clinical skills as well as provision of clinical scenarios in real time in clinical areas to assist with consolidation of clinical skills and knowledge, team working and use of protocols. Our on-site clinical skills room is used to assist this work with the provision of basic life support and immediate life support training for clinical staff and staff from other organisations are able to access this learning.

- **Staff Health & Wellbeing**



We have been building on our Investors in People Silver award for health and wellbeing and engaging with our staff to provide events that felt meaningful, especially coming out the other side of the pandemic. Events included financial health activities such as pension advice and 'couch to financial fitness'; mental health activities such as 'boosting mood with

nature' and physical health sessions such as yoga, chair yoga, managing the menopause at work and physiotherapy advice.

- **National Audit Data**

Benenden Hospital was eligible to participate in the following national audits during 2021/22 as shown here, alongside the number of cases submitted.

National Joint Registry

The National Joint Registry (NJR) records details of patients undergoing major joint replacement surgery and the types of prosthesis (new joint) inserted. Benenden Hospital were awarded the NJR Quality data provider award in recognition of achieving excellence in supporting the promotion of patient safety standards through NJR reporting.

	2021/2022	2022/2023
Primary Hip	471	504
Primary Knee	451	566
% compliance	100	100

Joint Advisory Group (JAG) Accreditation

The hospital's endoscopy services JAG (Joint Advisory Group) accreditation was successfully reviewed in early 2021 with accreditation being retained. This accreditation provides independent and impartial recognition that a service demonstrates high levels of quality. JAG accreditation is awarded to endoscopy services who have been assessed and demonstrated that they meet the JAG quality standards. They cover all aspects of the endoscopy service ensuring that they continually improve the quality and safety of the care provided, maintaining strong focus on ensuring a positive experience for the patient, providing excellent training and development opportunities and up- holding a safe and comfortable environment for patients and staff.

Achieving JAG accreditation means patients can feel confident when attending the endoscopy services at Benenden Hospital and be assured they will receive high quality consistent care.

- **Participation in Research**

Benenden Hospital does not routinely participate in clinical research programmes and no patients were recruited during 2022/2023 to participate in research activities.

- **Commissioning for Quality and Innovation Framework (CQUIN)**

Benenden Hospital's income from April 2022 to March 2023 was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework and there were no goals set for the reporting period.

- **Data Quality**

The levels for NHS data externally reported to the NHS will be 100% compliance in all cases, due to manual corrections prior to reporting, to ensure accuracy.

NHS Number

Activity Type	NHS	Non-NHS	Total
Inpatient (Day case and inpatients stays including Endoscopy)	100.0%	99.2%	99.3%
Outpatients	100.0%	96.1%	96.6%

Practice Code

Activity Type	NHS	Non-NHS	Total
Inpatient (Day case and inpatients stays including Endoscopy)	99.8%	93.9%	94.8%
Outpatients	99.9%	91.4%	92.5%



Part three

Review of Quality Performance

Part Three – Review of Quality Performance

Benenden Hospital is proud of its culture for reporting, sharing and learning which is underpinned by the principle that our patients are at the heart of everything we do.

Governance Reporting

Incident reporting

DATIX is our reporting tool for recording all clinical and non-clinical incidents, complaints, feedback and compliments.

Reviewing incidents provides an opportunity to recognise trends and emerging risks, take action to resolve, and to enhance learning. The level of harm is rated and reported as severe, moderate, low or no harm (see below). As an organisation our daily 10@10 meeting based on the CQC domains provides prompt dissemination of information.

The Hospital Executive review the governance dashboard on a monthly basis with a full overview of clinical, health and safety, information governance and infection control on a quarterly basis prior to presentation at the Quality and Safety Committee and the Board of Governors.

Directorate and team meetings encourage discussion and learning at local level with the sharing of best practice to colleagues/departments.

As an elective, planned care facility with a focus on patients being fit for surgery and anaesthesia we want to get it right every time.

However, we recognise that there will be occasions when pathways are disrupted. We recognise the importance of debriefs, review,

learning, evaluation, and when appropriate, change to practice whilst sharing this improvement to service with the patient.

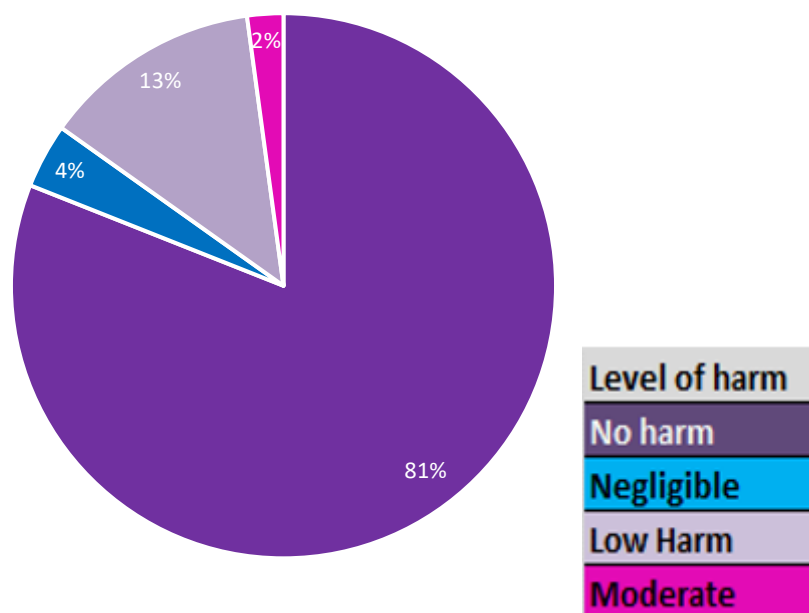
Sharing learning with our patients and their loved ones is of equal importance and we do this in an open and transparent way by embracing the Duty of Candour process.

As we moved into 2022 clinical activity began returning to pre-Covid levels and a slight increase in reported incidents correlated with the return to normal levels of activity. It is positive to note that our open reporting culture remains strong.

Patient Safety Incidents

Benenden Hospital monitors all incidents which could have or did lead to harm of a patient. Incidents are categorised as either clinical (patient related) or non-clinical and sub-categorised further under those headings.

Clinical Incidents reported in 2022



The way in which we review and investigate our incidents depends on the severity of the incident and trend analysis. More significant incidents are investigated using the root cause analysis approach. Incidents and lessons learned are shared across the Hospital at relevant meetings, including team meetings. Outcome reports are

considered at appropriate committees including Quality & Safety Committee, Occupational Health & Safety Committee and Hospital Executive to provide assurance that incidents are being properly managed.

Category	2021	2022
Moderate harm incidents	14	14
Reportable incidents to CQC	0	3
Serious incidents	0	1
Return to theatre	8	8
Transfer of Care	9	8
Readmission to BH/other hospital	6	11

Overall Quality Indicators

Criteria	Number	%against activity
Patient Deaths	0	0.00%
Serious Incidents	0	0.00%
Returns to Theatre	8	0.08%
Unplanned transfers of Care	8	0.08%
Unplanned Readmissions	11	0.12%
Patient Falls	19	0.02%
VTE (including Deep Vein thromboses (DVT) and pulmonary embolism (PET))	2	0.02%

Safety in the Workplace

Benenden Hospital's Occupational Health & Safety Committee meets quarterly and membership includes managers and safety representatives covering all areas of the Hospital. As well as routine agenda items, including quarterly reports and review of incidents and policies, the meeting reviews outputs of quality assurance visits, fire and safety training compliance and risk.

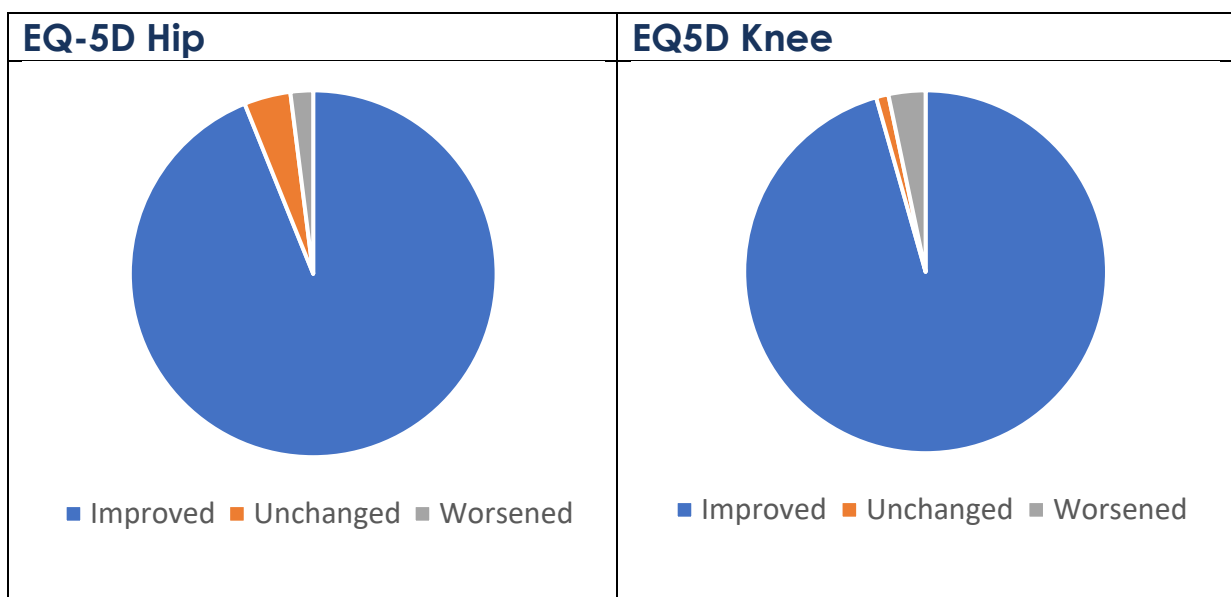
Annual safety related incidents reported	2021	2022
Abuse/harassment	7	8
Fire incident	9	5
Ill health	12	8
Personal accident	41	43
Total	69	64

Breakdown of Personal accidents	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total
Burns/scalds	1	0	1	2	4
Manual handling	2	1	2	4	9
Needlestick/sharps	2	2	0	1	5
Slips, trips, falls	1	4	1	4	10
Struck by/against	2	1	1	5	9
Other personal accident	0	1	0	1	2
Total	8	9	5	17	39

Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) is a national programme organised by NHS England and is a mandatory national data collection system. Its purpose is to gather key information on the health of patients before and following their operation (both private and NHS). This information is needed to ensure that the operations patients have are effective and lead to improvements in their health. Data collection includes procedures such as hip and knee replacement, hernia and cataract surgery. Our data collection for hips and knees has improved over the reporting year, although it is recognised that some work is still required to ensure consistency of reporting for hernia and cataract patients.

There are two patient questionnaires: the pre-operative survey, administered by staff in hospital, and the post-operative survey, sent to patients three months or six months after their operation, direct to their home address. The EQ5D evaluates the generic quality of life through five dimensions, and calculates improved, unchanged or worsened status. Review of most recent data (March 20-April 21) indicates that Benenden Hospital is not an outlier for data recorded and sits slightly above national figures. Over the coming reporting period PROMs will remain a focus to ensure consistency of reporting across all required procedures.



Infection Prevention and Control (IPC)

As per previous years the response to the COVID pandemic has remained an ongoing focus of the work of Infection Prevention and Control Team. Managing COVID-19 has continued to raise the profile of IPC, promoting a culture of it being “everyone’s business” and showing the hospital to be versatile and responsive. Benenden Hospital assesses its performance against the criteria as set out in the Health & Social care Act 2008 code of practice on the prevention and control of infections.

Criterion 1

Systems to manage and monitor the prevention and control of infection.

- The IPC team consists of the Director of Infection Prevention and Control (DIPC) and IPC Lead who commenced post in mid-2022 and is supported by a team of Infection Control Link Practitioners.
- The IPC Committee meets quarterly, and membership includes DIPC, Hospital Director, IPC Lead, Matron, Theatre Manager, Ward Manager, Medical Director, Decontamination Team Lead, Antimicrobial Pharmacist and Estates Manager.
- The Hospital Executive receive quarterly update reports from the IPC Team, with the DIPC attending meetings to respond to any queries raised from the reports. DIPC & Infection Control Lead oversees and implements local infection control policies and is responsible for the IPC team, and accountable to the Hospital Executive.
- Monthly Hand Hygiene Audits are completed in all clinical areas with annual compliance rate for 2022 at 94.8%
- Reports of post-operative infections are captured, investigated, and reported by the IPC Lead, with any trends or areas of concern analysed and flagged up. Surveillance of all hip and knee replacement complications has continued during 2022 with outcomes reported to IPC Committee, Quality and Safety Committee, Executive Risk and Governance Committee and Group Audit and Risk Committee.
- Prior to admission all appropriate patients are screened for MRSA and are risk assessed and screened for Carbapenemase Producing Enterobacteriaceae (CPE) if indicated.
- There has been no incidence of MRSA or reportable bloodstream infections reported post-surgery in 2022 and no cases of CPE identified pre- surgery in 2022. Benenden Hospital is proud to report that they have had no reported incidences of MRSA bacteraemia.
- An Antimicrobial Stewardship programme in place with a compliance rate of 99.5% reported in 2022. Any issues of concern

are flagged to the Consultant in question at the time of audit with a view to rectifying. No trends identified.

- The hospital had 1 incident of Urosepsis, 5 days post operatively the patient was admitted to their local NHS Trust for treatment and recovered quickly.
- There is a Microbiology contract with East Kent Hospitals for all laboratory testing and expert advice in place.
- The yearly average infection rate for the hospital in 2022 was 0.4%.

Criterion 2

Provide and maintain a clean and appropriate environment.

- Monthly audits of cleanliness standards are completed in clinical areas based on the NHS National Standards of Healthcare Cleanliness 2021. Any non-compliances are reported to the person responsible for immediate action to be taken. Spot checks take place daily.
- The IPC Team, with Estates, Housekeeping and Decontamination, monitor standards of cleanliness and promote best practice by ensuring adherence to standard operating procedures around cleaning regimes for all hospital areas. The housekeeping team continue to work at a high standard, issues highlighted are not directly patient related and tend to be floor areas with high traffic flow. As a result of the issues identified particularly attention was paid to these areas to rectify going forward. The slight reduction in theatre score was due to the changing rooms, this was addressed by more frequent cleaning being scheduled and regular audit.
- Each department head is provided with the percentage achieved for their area. Any failure that would constitute a risk is rectified immediately and all other failures, such as black marks on floors or bins would be completed within a 24-hour period. Any areas that fall below the agreed benchmark of 95% are closely monitored and spot check audits are carried out to ensure that these areas are rectified, and standards are being maintained.

2022 results

Area	Clinical	Theatre	Wards	Average
January	96.45%	95.04%	95.79%	95.76%
February	94.84%	95.43%	96.83%	95.7%
March	95.63%	94.66%	97.44%	95.91%
April	95.41%	93.96%	97.34%	95.57%
May	96.27%	95.35%	96.38%	96.0%
June	95.40%	93.53%	97.64%	95.52%
July	95.61%	94.26%	95.88%	95.25%
August	94.96%	94.45%	94.87%	94.76%
September	96.26%	95.53%	95.46%	95.75%
October	96.01%	95.73%	96.55%	96.09%
November	95.52%	95.46%	95.57%	95.51%
December	96.74%	95.41%	97.57%	96.63%
Averages	95.76%	94.90%	96.44%	95.70%

- 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 is reinforced to all staff in clinical areas.
- Benenden Hospital has its own onsite Decontamination Department, all instruments and other reusable medical equipment is appropriately decontaminated in line with HTM 01-01.
- An independent monitoring system is in place for the decontamination equipment which undergoes a health check on a six-monthly basis by an independently appointed external company. Routine daily checks are carried out by the Decontamination technicians, weekly checks are carried out by trained competent staff from the Estates Department, quarterly and annual checks and maintenance are carried out by an independent engineer to ensure decontamination processes are

fit for purpose and meet required standards. The results of these tests are kept centrally so they can be monitored by the IPC committee.

- Water testing is carried out in line with the HSE Approved Code of Practice L8 Document, HSG 274 and HTM04-01 as guidance. A copper and silver treatment product is used within the water tank. Water samples are taken by a contractor from 10 outlets on a monthly basis and these outlets are rotated on a 6 monthly basis. There were some low levels incidents of legionella readings in the buildings mainly Quinlan. Correct remedial action was taken according to guidance.
- Air exchange within theatres and eye unit is independently audited on an annual basis, 1 theatre required rebalancing which was undertaken.
- There is a robust waste management policy and appropriate segregation of waste in line with the policy. This is audited annually.
- Quality Visits were carried out by the Governance Team in 2022, these are routinely attended by the Hospital Director and Health & Safety Advisor, other key managers invited on an adhoc basis. These visits are an opportunity to review and identify any areas or concern. Any actions logged are kept centrally for all managers to access and update. The small findings for IPC included the management of the "I am clean stickers", advice around IPC signage and a few unlabelled sharps bins. All findings were corrected immediately and did not remain a trend through the yearly visits.
- The Housekeeping Manager is a key member of the IPC team and is responsible for the collating of all Housekeeping Audits. Audits carried out include Housekeeping Audit – cleanliness of clinical areas including floors, ceilings, furniture, and associated equipment and mattress and pillow audits. The Laundry received from our external supplier is monitored on arrival. During 2022 there were no issues of concern highlighted.

Criterion 3

Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

- There is an Antimicrobial Stewardship programme in place in the Hospital, with each antibiotic prescribed on the ward recorded, and monitored for indication, appropriateness, frequency, intravenous (IV) to oral switch etc.
- Outpatients' prescriptions are also monitored, and each quarter all antibiotic prescribing is collated and reported to the Infection Control Committee. Any areas of concern highlighted, and the prescriber contacted for immediate action.
- The Pharmacy team produce a quarterly report on antibiotic usage for prophylaxis.
- An audit of at least 8 inpatient records/per prescriber to ascertain compliance with the Antibiotic Prophylaxis Guideline is carried out as required by NHS commissioners.
- The results are reported to the Infection Control Committee who advise on any necessary actions and who will be responsible for managing the actions. Local NHS commissioners and Public Health England may also request access to the results.
- Over the course of the year, training has been given to the hospital's Resident Doctors (RDs) which has resulted in an improved quality of antibiotic prescribing.

Results of 2022 Antimicrobial Audit.

Quarter 1 2022	Quarter 2 2022	Quarter 3 2022	Quarter 4 2022
100%	100%	98%	100%

- Average annual compliance for 2022 - 99.5% / Hospital target is >95%
- During the year there have been no significant issues or trends identified. In Q3 there was one incident of deviation from policy, patient reported an allergy to Penicillin, alternatives were available, but these were not prescribed. Incident was logged, lessons learnt shared – no patient harm occurred.

- The IPC Lead and DIPC monitor all positive Microbiology results and consult with the Microbiologist at EKHUFT and in the case of more resistant infections to seek advice regarding treatment. Any patients who are identified at Pre-assessment as having urinary isolates with Extended Spectrum Beta-Lactamase (ESBL) coliforms are treated appropriately pre-operatively, and intra-operatively. No issues of concern escalated in 2022.

Criterion 4

Provide suitable accurate information on infections to service users.

- During 2022 the Infection Prevention Control information on Benenden Hospital website was continuously reviewed and updated. The information includes COVID 19 guidance, hand hygiene information, cleanliness and MRSA, Decontamination services, Clostridium Difficile, Norovirus and Antibiotic Resistance.
- Information regarding National Cleaning Week which commenced in March 2022 was in the hospital's Connect magazine. The article explained the role and importance of our cleaning team. The hospital's yearly Quality account is published and details out rates of Infection.

• Mandatory Surveillance – 2022

Indicator	Standard	Performance
MRSA	0	0
MSSA	0	0
C.Diff	0	0
E.Coli	0	0
Klebsiella	0	0
Pseudomonas Aeruginosa	0	0
Needlestick injuries	n/a	4
Reported number of sepsis	n/a	1
Hand hygiene compliance (audit)	n/a	94.8%
Hospital cleaning compliance % (audit)	≥ 95%	95.7%
Infection rate (reported quarterly)	≤ 6.4%	0.4%
Antimicrobial stewardship (quarterly audit)	≥ 95%	99.5%

- **Surveillance of Multidrug resistant organisms**

- Mupirocin resistant MRSA: There were no report of Mupirocin resistant MRSA in 2022.
- Carbapenemase Resistant Enterobacteriaceae (CPE): There were no clinical cases of CPE.
- Vancomycin Resistant Enterococci(VRE): There were no clinical cases of VRE
- ESBL Coliforms: There were no reports of patients with urinary isolates of ESBL Coliforms.

- **Surveillance of Surgical Site Infections – Hip and Knee Replacement:**

- Data is collected as part of the UK Health Security Agency, surgical site infection audit. Benenden Hospital is required to audit the patients who have undergone hip or knee replacement surgery.
- This data is from Q1 2022 – Q4 2022.
- During 2022 a total of 962 Major Joints Procedures (Knee – 513 / Hips – 449) were performed at Benenden with 27 Surgical Site infections reported during this period. All of which were identified post discharge from Benenden Hospital. A detailed review of both quarters was undertaken of all the patients, all patient's documentation was fully investigated, and a deep dive audit carried out. IPC Nurse has undertaken a review of all clinical areas and practices using the NICE guideline for Preventing Surgical Site Infection as an assessment tool. No trends have been identified; close monitoring continues.

Criterion 5

Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.

- The Benenden Hospital Management of Risks associated with Infection Prevention and Control Policy outlines the roles and responsibilities of all staff in the prevention and control of all healthcare associated infections (HCAI). Benenden Hospital participates in the National Surgical Site Surveillance programme of mandatory reporting in line with other Health Care Providers.
- Benenden Hospital's MRSA screening policy includes all patients undergoing surgical procedures. Endoscopy, Ophthalmology, Dermatology minor procedures, Day case and Radiology patients are excluded, unless they have been identified as being at high risk of carrying MRSA. Positive patients are identified promptly to ensure treatment and prevention measures prior to admission.
- Patients are risk assessed for CPEs as part of their pre-assessment questionnaire, and any identified as being at his risk are screened for CPEs.
- Systems are in place for laboratory results showing resistant infections to be identified to staff to ensure prompt treatment of the patient, and appropriate infection prevention and control precautions to be initiated.
- In the case of discharge or transfer of an inpatient who has developed infection, this would be communicated to Primary Care or the receiving Trust. There were no transfers out due to infection in 2022. Patients who have had hip and knee joint replacement surgery are part of the mandatory surgical site surveillance programme. Patients undergoing this surgery are contacted electronically post discharge to complete a Surveillance form and for this reporting period the response rate was an average of 66.3% for knee replacement & 71% for hip replacement patients, this is a large increase from the 2021 reporting period.

Criterion 6

Systems to ensure that all care workers are aware of and discharge their responsibilities in the process of preventing and controlling infection.

- At Benenden Hospital much time and effort is dedicated to Infection Prevention and Control in the interests of providing an environment for patients to come into, be treated in and where the chances of them picking up healthcare associated infections is reduced to the bare minimum. To ensure that the patient journey is as safe as it can possibly be, we are constantly reviewing our practices.
- Staff communications have been distributed via hospital wide email to ensure that all staff are made aware of changes to Covid Guidance, and updates are given via the daily 10 at 10 meeting. The 10 at 10 meeting is attended by representatives from across the hospital representing all clinical and non-clinical departments and the attending representative is required to cascade any changes to their departmental colleagues. This is also communicated to all colleagues through our intranet. There is a team of IPC Links who work alongside the IPC lead who are responsible for ensuring key messages are shared with their departments.
- Compliance with mandatory training is reported through key performance indicators and discussed with line managers. At the end of 2022, 97% of staff were compliant with mandatory IPC training.
- The Hand Hygiene tool used is comprehensive and identifies available resources and staff knowledge as well as assurance of hand decontamination technique. The technique is assessed as well as appropriateness, according to the WHO Five Moments of Hand Hygiene and bare below the elbow. Compliance for 2022 – 94.8%.
- RCN Glove Awareness Campaign
An initiative was introduced by the RCN following COVID which focuses on the review of single glove usage. After an appropriate

review within the relevant departments the hospital is satisfied that the correct usage of glove is in place.

Criterion 7

Provide or secure adequate isolation facilities.

- In order to assist colleagues, Benenden has a policy detailing the need for isolation and those specific organisms requiring secure isolation facilities. Single room accommodation is available on Garland Suite and Bensen Ward. Each room has a natural ventilation system whereby air is drawn in and taken away by a fan within the system.
- Spot checks are carried out in the clinical areas by DIPC and IPC lead and as part of these checks staff are asked what they would do in the event of a patient with a potentially infectious condition in line with policy.

Criterion 8

Secure access to laboratory support as appropriate

- Benenden Hospital has a Microbiology Contract with East Kent Hospitals Trust for all our laboratory testing, and for 24-hour access to a Consultant Microbiologist for advice. There is a system in place for the identification of laboratory results requiring prompt action, and these are reported to Benenden colleagues in a timely manner to enable them to contact the patient and their GP for immediate treatment.
- Laboratory tests are accessible via an electronic link if access is needed prior to receipt of the paper copy.

Criterion 9

Have and adhere to policies, designed to help prevent and control infections.

- Benenden Hospital has a comprehensive Infection Control Policies accessible to all staff via the hospital's policy management system accessible via PolicyStat. The IPC suite of policies have been reviewed and local SOPs are in place for key departments where required. As each policy is reviewed and published an associated audit schedule will be set up to audit the effectiveness of the policy.
- All colleagues are required to complete an annual declaration form confirming "I confirm that I have read and understood all organisational policies that are relevant to me and my role".

COVID 19 changes during 2022

- During 2022 various amendments were made to the Government Guidance regarding the management of COVID 19.
- In May 2022 patients attending for Inpatient, Day Surgery and Aerosol generating procedures in ACU were no longer required to undertake PCR testing. Patients attending for these procedures were required to undertake a Lateral Flow Test 24 hours before their procedure after self-isolating for 72 hours.
- As we continued to follow national guidance on the 1st September 2022 stopped routine testing for patient attending for procedures and routine testing for asymptomatic staff. The COVID risk assessment tool for our patients on admission continued.
- During the year we stopped wearing masks in clinical areas but as cases of COVID 19 started to increase again masks were reinstated and remained for the rest of 2022.

Criterion 10

Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

- There is a comprehensive portfolio of policies outlining how staff can protect themselves from the risk of infection addressing.
 - Induction of new staff
 - Annual Training of existing staff
 - Occupational Health Measures.
- In the event of exposure to a blood borne virus or an alert organism, all staff have access to Occupational Health advice and out of hours access to Microbiologist services. There is a programme of screening and immunisation in line with national guidance, including pre-employment screening of clinical staff. Where indicated staff would be screened for communicable diseases.
- There is a 'Needle Stick Injury Pack' in all clinical departments with step-by-step instructions detailing the first aid procedures and reporting pathways.
- Throughout 2022 there were 5 reported contaminated needle stick/sharps injuries (NSI) reported. Four of the NSI occurred in theatres and 1 in Outpatients although no trends were identified. In each case, correct procedure was followed and there was no harm.

Patient Experience

As a hospital we welcome all types of patient feedback and engagement whether it is complaints, feedback or compliments. Every interaction is an opportunity to learn, improve quality or to celebrate what we have done well.

The complaints policy at Benenden Hospital is written in line with the requirements of both the NHS Complaints Standards and the Independent Sector Complaints Adjudication Service (ISCAS) requirements, also aligning with the CQC Regulation 16 requirements for receiving and acting on complaints.

All complaints and feedback are responded to promptly and are investigated by the most appropriate person. Learning from complaints helps to improve processes, identify gaps in service provision and ensure every patient who attends the hospital will have the best possible experience.

During the reporting period our patients contacted us on 9544 occasions with the majority of contacts relating to a positive experience. This was a record figure for written engagement. Complaints were 0.2% of our total activity. There were no obvious themes identified to explore with all complaints reviewed at a fortnightly meeting with the Hospital Director and Medical Director. This then feeds into our governance structure and ultimately our Board.

Our 'You Said, We Did' Boards displayed in all clinical departments demonstrate our commitment to openly sharing feedback but most importantly our commitment to learning from feedback and taking action as needed.

Our Patient Comments



Eye unit

“Feeling a bit anxious, I was made to feel very welcome by every member that I was seen by. Everyone at Benenden was very caring.”

“The consultant surgeon who carried out the cataract surgery and all the staff were exemplary.”

“I was looked after consistently with gentle care throughout, faultless.”

“I was given comprehensive and understandable instructions before coming and was well looked after on site.”



Outpatient Department

“I felt cared for and safe. Everyone was friendly and helpful, putting me at ease. The consultant and his nurse were exceptional.”

“A clean, bright, friendly place to be. Ample parking, great Covid pre-cautions, minimal waiting times. Glad I found this place.”

“Quick, safe and excellent clinical care from very experienced and talented professionals.”

“Staff kind helpful and treated me with respect also felt covid secure as much as is poss.”



Bensan Ward

“Outstanding service you have thought of absolutely everything!”

“Nothing could have been better. For me everything was excellent. Everyone I had contact with was so helpful, kind and caring. Nothing was too much trouble. Everything in my room was spotless”

“Could not ask for better treatment care and kindness. Lovely, lovely staff”

“I was made to feel at ease by everyone I came into contact with from the receptionist to the actual Surgeon. I was quite anxious about the operation and the outcome but everyone was just so understanding and helpful.”

Greatix

‘Learning from Excellence’ is a growing movement nationally which encourages colleagues to learn lessons from all aspects of the patient experience.

Records of excellence do not have to be directly related to patient care, our non-clinical staff also have the opportunity to demonstrate their commitment to our patients through our values.

At Benenden Hospital we encourage reporting of excellence through our GREATix reporting system, part of the DATIX reporting system. Staff can nominate any staff member, team or volunteer for a GREATix when they observe excellence in the workplace. During the reporting period 97 GREATix nominations were submitted, this is a 30% increase in the number raised in 2022, showing that this process is now embedded across the organisation.

“The department has been very helpful with sourcing alternative products and obtaining quotes, which I appreciate is their job, but in these difficult times with shortages and delays with deliveries they have done this at very short notice and have gone above and beyond and have helped enormously in all aspects. They have carried out all tasks asked with a friendly, professional and caring attitude and this is very much appreciated.” (Procurement)

“Received a call from a patient who was cancelling her surgery as she was feeling unwell, during the call she became very breathless and became unconscious. Staff member immediately called 999 to get an ambulance and stayed on the line with the patient, talking and keeping them very calm and relaying advice from the 999 operator to the patient. The ambulance crew arrived, and the patient was taken into hospital.” (Eye Unit Staff Member)

“For perpetually re-organising your lives and altering shifts in order to make the department function and keep the facilities safe for patients, visitors and staff.” (Housekeeping)

Staff Engagement

As an organisation, we know how important it is for our people to be heard and listened to. BelInvolved is our forum to champion employee feedback and support positive changes throughout the organisation. It aims to be an effective representative force for colleagues, listening to views, feeding back, and encouraging participation. It utilises key representatives from each department of the hospital to ensure a fair representation of employee voice, putting our people at the centre of the decisions we make as a business.

The feedback championed through BelInvolved has supported the need for a clear approach to how we engage with our people. It inspired the creation of our engagement strategy, aiming to support employee experience, and establish a key framework for building effective two-way communication across the organisation.

Our Engagement Strategy aims to demonstrate the hospital's commitment to engagement by adopting a strategic approach

and action plan to ensure that effective two-way communication is integrated across all areas of the business. Objectives: 1) Audit internal communications and employee experience 2) Utilise our employee groups as effective mechanisms to empower employee engagement 3) Develop an effective framework of feedback 4) Support our leaders to engage and motivate our people 5) Implement an engagement platform to support our framework of communication 6) Align engagement through our HR & OD processes

Key Achievements:

- We're supporting particular teams without the same desktop access, and we've taken positive steps to adapt our engagement strategies to be more inclusive
- We are developing an inclusion champion network of volunteers to guide and support those that need it through our statutory and mandatory training
- 'IT for the terrified' - IT support sessions are being put into place to upskill our people with technical skills
- We've supported alterations to shift patterns to improve work life balance
- We've aided the development of our calendar of commitments, to improve accessibility to our wellbeing programme across the organisation

We hope to continue to utilise the group for key elements of our engagement strategy, and the people projects we develop to ensure we are reflective of our workforce's needs and we continue to Belnvolved – launching our engagement strategy to put our people at the centre of everything we do. We will continue to feedback on how staff input has supported business decisions quarterly, through our 'Your Feedback Matters' series, to demonstrate exactly how staff voices have influenced the organisation.

Staff Survey

We complete a staff survey each year to collect feedback so we can understand where our strengths lie, and to help highlight and address opportunities that support continuous improvements. Our response rate for 2022 was 46%.

The survey looked specifically at four key areas: reward and recognition, communication and information sharing, leadership and empowerment and employee wellbeing.

82% of respondents believed they can make a valuable contribution to the success of the hospital. 1.7% stated they felt they couldn't make a contribution.

74% of respondents were proud to work for Benenden Hospital. 3% stated they didn't feel proud.

We scored 7.2 out of 10, in likelihood of recommending Benenden Hospital as a great place to work to friends and family, with 40 employees selecting 10 out of 10.

There was an incredible sense of individual team community, with 84.6% of respondents stating their direct team worked well together and 75% feeling confident in the leadership of their direct managers.

Nearly 80% of respondents felt empowered to manage their wellbeing effectively, with 76% believing their manager was invested in the wellbeing of their staff.

It is important to understand our strengths and celebrate what we do well but also very important to appreciate the areas where we can improve and these contribute to shaping action plans, considering initiatives for review and how we can improve and develop processes. It also informs us what to focus on during the coming year.

As part of our commitment to employee experience, we have introduced an internal metric to benchmark and track experience across the hospital.

The Net Promoter Score (NPS) is data collected against the important question of how likely you would be in recommending the hospital as a place to work to a friend or family, from a scale of 1-10. It looks at the number of times each score is received and categorises numbers as 'detractors' (0-6), 'passives' (7-8), and 'promoters' (9-10). It calculates the overall score by taking the total number of detractors away from the promoters, to plot on a scale of -100 to 100.



We will be using this, alongside employee feedback, to internally track the impact our projects and initiatives have across the hospital year on year when it comes to experience.

As a hospital we recognised the challenges being faced by our workforce during times of significant economic uncertainty and were pleased to provide all colleagues earning less than a salary of £40k with an additional allowance (amount reduced as salary increased) for six months. Alongside this our Health and Wellbeing Committee, with the support of the Executive, developed programmes not just on physical wellbeing but also financial and emotional.

One highlight of the year was the opportunity to come together to celebrate everything we do through our annual Best of Benenden Awards whereby colleagues are nominated for defined categories. This year there were more winners than in previous year, a reflection on the many outstanding contributions from individuals and teams across the organisation.