CareQuality Commission

Diagnostic World Ltd

Chantry House

Inspection report

Chantry House
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good ●
Are services safe?	**Good** ●
Are services effective?	**Inspected but not rated** ●
Are services caring?	**Good** ●
Are services responsive to people's needs?	**Good** ●
Are services well-led?	**Good** ●

Summary of findings

Overall summary

We have not previously inspected or rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service had systems to manage safety incidents.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their referral.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's values and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating		Summary of each main service
Diagnostic and screening services	Good	🟢	We rated this service as good because it was safe, effective, caring, responsive, and well led. Please see our main summary for more information.

Summary of findings

Contents

Summary of this inspection

Background to Chantry House

Chantry House is operated by Diagnostic World Ltd. It provides ultrasound scanning services in general medicine, musculoskeletal care, gynaecology, and magnetic resonance imaging (MRI) services. All services are provided from rented space in GP surgeries and the provider does not operate its own clinical centre. All patients are referred from NHS services as part of the national 'any qualified provider' (AQP) scheme to increase capacity, reduce waiting times, and reduce unnecessary referrals to secondary care.

The MRI service began in March 2022 and offers non-contrast scans.

The provider is registered to provider care under the following regulated activities:

- Diagnostic and screening procedures

The provider registered with CQC in January 2012 and has a registered manager in post. The registered manager is the managing director of the company. The provider changed the registered address in May 2022, which reflected a move of its head office. This is an administrative base only and patients are not seen there.

We had not previously inspected the service.

How we carried out this inspection

We carried out an announced inspection of the service on 7 July 2022 and 22 July 2022 using our comprehensive methodology. On 7 July we interviewed senior staff remotely and on 22 July we carried out a clinical site inspection of ultrasound and MRI services delivered from a GP practice operated by a community interest company. GP services and staff are not part of this report or ratings, which reflect the registered provider only.

The inspection team consisted of a lead CQC inspector and a diagnostic imaging specialist advisor.

Where we refer to practices or standards we observed, this refers to the clinical site inspection. Some data provided to us covered this and other locations run by the provider.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Diagnostic and screening services

Good ●

Safe	**Good** ●
Effective	**Inspected but not rated** ●
Caring	**Good** ●
Responsive	**Good** ●
Well-led	**Good** ●

Are Diagnostic and screening services safe?

Good ●

We have not previously inspected this service. We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The service had a target of 95% completion, which they consistently met. Mandatory training was comprehensive and met the needs of patients and staff based on their role. It included generic modules such as health and safety and infection control, which staff adapted to the type of care provided and specific clinical environments.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff accessed training remotely, which helped locum staff keep up to date.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All staff were trained and up to date with adult and child safeguarding level two. The provider's safeguarding lead was trained to level four and was readily available by staff working from any site.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff demonstrated attention to detail and discretion when escalating concerns about a patient's potential safeguarding risk. This included an instance when staff worked skilfully to secure help for a patient without increasing their risk.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The provider had an established safeguarding policy and escalation procedures. These reflected the geographically fragmented nature of the service and meant staff followed escalation and referral processes consistently.

Diagnostic and screening services

Staff followed safe procedures for children accompanying patients to a scan, such as separate waiting areas.

The service arranged for a chaperone on request, including at short notice, or when staff identified a potential safeguarding issue.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff carried out infection prevention and control (IPC) audits in clinical areas. The most recent audit for the site we visited took place in March 2022 and demonstrated 100% compliance with provider standards.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff cleaned probes thoroughly between each scan for ultrasound. Staff described the cleaning protocols for the magnetic resonance imaging (MRI) unit, which reflected best practice. We observed staff follow good standards of hand hygiene practice during our site visit.

The ultrasound manager audited hand hygiene at each clinical site as part of wider IPC checks. This was an environmental audit relating to the availability of facilities to promote good hand hygiene and did not include checks of staff practice or technique. The most recent audits for a sample of three clinical sites indicated consistently good standards.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Clinical spaces in some sites were shared with other services. In these cases, the service had an agreement with the building operator to maintain standards of cleanliness.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment of the site we inspected followed national guidance. The senior team said other sites followed the same standards and were reviewed as such before clinical services began. The service used a mobile MRI scanner operated by a sister company. The operating organisation was responsible for servicing and maintenance, which was carried out in line with manufacturer guidance on a scheduled basis. Radiographers carried out daily safety checks in line with national guidance before delivering patient care.

Systems were in place to support staff working from various sites. This always included IT support when the service was open. The MRI manufacturer provided on-demand technical support and all scanning staff were able to contact the helpdesk for support. MRI equipment was labelled with safety stickers in accordance with Medicines and Healthcare products Regulatory Agency (MHRA) guidance.

Staff carried out daily safety checks of specialist equipment such as ultrasound scanners.

Diagnostic and screening services

Staff disposed of clinical waste safely. This was managed through local agreements with building operators to ensure adherence to national standards in the management of hazardous waste.

The site we inspected was fully compliant with the Department of Health and Social Care health technical memorandum and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 in relation to sharps waste.

Assessing and responding to patient risk
Staff completed and updated risk assessments for each patient and removed or minimised risks.

The referring NHS trust assessed patients for fitness for MRI scanning. Staff completed risk assessments for each MRI patient on arrival, using a recognised tool. A radiographer carried this out in the mobile unit when each patient arrived and added the information immediately to the online radiology information system. The service assessed patients for ultrasound on referral to ensure they were suitable.

Local rules for MRI were readily available to all staff in hard copy and electronic copy in the scanning unit. These were up to date and include categories of scanning as defined by the MHRA. Local rules are the safety guidelines needed to safely operate MRI equipment in a specific environment.

The name of the safety expert was displayed in the MRI unit along with a list of authorised personnel.

The provider had up to date policies on managing patients who experience an emergency, such as a cardiac arrest policy. All staff were trained in basic life support and would call 999 in the event of a cardiac arrest. The provider had a service level agreement with the operator of each clinical site for access to its emergency equipment, including automatic external defibrillator (AED) and oxygen. The MRI unit sometimes operated on days the main building was closed. In such cases staff had out of hours access to the emergency equipment in the GP surgery.

We observed staff use the national standard three-point ID check for each patient. This system provides the service with assurance they have the correct patient for the correct procedure.

Staff used an urgent escalation process for unexpected findings. This involved contacting the referrer or their organisation using a secure data system. The reporting member of staff received an acknowledgement that the referral had been received and actioned. The provider ensured each escalation was processed appropriately and that staff had provided the patient with immediate guidance on next steps. We observed this process in practice during our site visit and saw it worked well to promote effective patient outcomes.

Staffing
The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The provider used a clinical staffing model of 50% permanent staff and 50% temporary or flexible staff. This included radiographers, ultrasonographers, and healthcare assistants (HCAs). Temporary staff worked on a self-employed or bank contract basis and provided flexible, on-demand services.

One radiographer and one healthcare assistant (HCA) led MRI services when this was in session.

Diagnostic and screening services

Good ●

Three HCAs supported care at the site we inspected. This included one whole time equivalent HCA who worked across all specialties and one HCA who provided specialist support to musculoskeletal (MSK) scanning. One HCA provided care support across modalities.

The service did not provide radiologist MRI reporting, which was carried out by the referring NHS service. Sonographers reported on scan results to referrers within 24 hours of the scan.

The senior team noted significant pressure on the service from NHS referrals that far exceeded capacity. They were working with the clinical commissioning group (CCG) to plan to upscale services to meet the influx of patients, which included the introduction of a new international recruitment campaign. The senior team managed the acceptance of referrals to ensure staffing levels were safe.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Ultrasonographers prepared reports in real time during scans and transmitted these to referrers within 24 hours.

Staff sent scan images and reports to the provider's clinical quality team immediately using the picture archiving and communication system (PACS). This team reviewed the reports for quality then sent them using secure systems to the referrer in line with each agreement. Each referring organisation had access to PACS.

All documentation was electronic, and staff used a secure, encrypted service that was compliant with CCG and NHS standards for sharing with referring agencies.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff knew what incidents to report and how to report them. They knew how to raise concerns and reported incidents and near misses in line with the service's policy. Staff reported incidents using an electronic system, which they could access from any clinical site and from home. This reflected the geographically spread nature of the service. Staff described these processes to us although there had been no incidents reported at the site we visited and were not aware of incidents at other sites.

The senior team logged and tracked incidents centrally. This enabled them to identify cross-service themes and issues specific to individual sites. Between July 2021 and August 2022 staff reported 651 incidents. Recurring themes included incorrect patient contact information on referrals and booking errors. The senior team worked with staff and partners to address errors.

Staff understood the duty of candour. There had been no incidents that required the use of the duty and staff could give examples of when it would be needed.

The senior staff of host GP practices shared incidents with the provider team and staff who delivered care. This ensured staff who worked across multiple sites had access to learning.

Diagnostic and screening services

Staff met virtually to discuss feedback and look at improvements to patient care. Staff said they felt involved in the running of the service and were able to make suggestions.

Are Diagnostic and screening services effective?

Inspected but not rated ●

We have not previously inspected this service. We do not currently rate effective for diagnostic and screening services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance, including that issued by the Medicines and Healthcare products Regulatory Agency (MHRA) for magnetic resonance imaging (MRI).

Staff delivered ultrasound scans within national 'any qualified provider' (AQP) guidance. At the clinical site we visited, staff had access to the most up to date printed guidance and said this was provided at all sites. Clinical protocols were stored on site and all staff had access to these. The provider had a system in place to ensure policies and protocols were up to date.

An ultrasonographer screened patients referred for ultrasound by GPs and NHS trusts to ensure they were within the scanning criteria. This member of staff screened referrals remotely, which meant they could expedite referrals across all sites.

Staff worked to policies and standard operating procedures established by the provider. These were designed to standardise practices across different sites to ensure patients received consistent care. The approach meant staff were equipped to work effectively regardless of their location.

Ultrasonographers collected scan completion times for auditing purposes and sent these to the provider's patient service team after each list. This helped the provider to ensure scans were in line with best practice guidance.

Ultrasound auditors carried out monthly audits of a 5% sample of each ultrasonographer's scans. The provider monitored this centrally as a tool to measure the effectiveness of evidence-based care.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

MRI radiographers carried out quality assurance reviews of scans. Where they identified a need for a rescan, they sent both sets of imagery to the referrer as good practice. Managers and staff used the results to improve patients' outcomes, such as by improving definitions for referral criteria to ensure scans always met their purpose.

Diagnostic and screening services

The provider carried out audits of 5% of sonographer images and reports to check quality and ensure they met the referrer's request. Where patients needed a rescan, the senior team worked with sonographers to provide support and training. Ultrasound audits showed a consistently high standard of scan images, with a discrepancy rate of 0.6% in the previous 12 months.

Competent staff

The service made sure staff were competent for their roles.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff specialised in clinical areas of interest to them and represented a diverse professional workforce across independent and NHS care. For example, ultrasonographers specialised in disciplines such as hernia care and musculoskeletal (MSK) care.

Managers gave all new staff a full induction tailored to their role before they started work. All staff received the same induction regardless of their type of contract. A clinical lead audited all scans of new sonographers to the organisation for a minimum of three full lists. They reduced this to the standard 5% audit once they were assured of the competencies and standards of the sonographer.

Managers made sure staff attended team meetings or had access to notes when they could not attend. The provider operated non-clinical functions, such as team meetings, remotely. This helped temporary and remote staff to attend meetings more regularly.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. All scanning staff were registered with an appropriate professional body. For example, all ultrasonographers and radiographers were registered with the Health and Care Professions Council (HCPC).

The provider had introduced enhanced training for non-clinical staff who spoke with patients before and after scans to help ensure discussions were accurate. For example, if a patient needed a rescan, a member of the operations team called them to discuss the reason for this. Enhanced training ensured this team was able to provide information.

The provider had a demonstrable focus on building competencies in the team and seeking future talent for increasing demands on the service. For example, sonographers were undertaking MSK competencies and the provider had funded 12 postgraduate sonographers through a university to complete their studies.

Staff told us they received regular supervision and appraisal. The service provided additional support for sonographers new to the organisation. At the time of our inspection all staff were up to date with their appraisal.

Multidisciplinary working

The service worked with other agencies to benefit patients.

The service provided scans as part of broader NHS care pathways and staff did not diagnose or treat conditions. The service reviewed referrals to ensure they were appropriate for the type of care available and used escalation protocols to discuss findings of concern.

Seven-day services

Key services were available to support timely patient care.

The provider planned the service in line with capacity and arranged late and weekend clinics in line with demand.

Diagnostic and screening services

Good 🟢

Consent and Mental Capacity Act
Staff followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

All patients were referred for a scan by NHS services. The referring clinician obtained initial consent from the patient for the referral in advance. This provider's staff obtained consent from patients before a scan took place. We observed staff provided clear information on their plan and gave everyone the opportunity to ask questions before confirming consent.

The service audited documentation of consent across a sample of patient records and sites. The most recent audit took place in March 2022 and found consistently good standards of practice, with learning identified for staff to always document details of the chaperone present.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. For example, staff said if a patient did not understand their planned scan or was unable to retain or understand information, they would contact the referrer before proceeding.

Staff completed training in the Mental Capacity Act (2005) and those we spoke with understood how to support patients with impaired capacity.

Are Diagnostic and screening services caring?

Good 🟢

We have not previously inspected this service. We rated it as good.

Compassionate care
Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff followed policy to keep patient care and treatment confidential and delivered this with privacy and dignity. We observed staff use privacy curtains appropriately and ensured clinic room doors were marked as engaged when in use.

Staff described how they understood and respected the personal, cultural, and religious needs of patients and how they may relate to care needs. They explained how they arranged for staff of a specific gender on request and offered appointment times around religious commitments.

Emotional support
Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support, and advice when they needed it. We saw ultrasonographers proactively give patients reassurance to help alleviate worry. For example, we saw patients who had with concerns about the reasons they had been referred for scans, including for changes in their body.

Diagnostic and screening services

Staff discussed concerns and provided appropriate guidance and advice. For example, staff explained why a patient had experienced a change in their neck and how the ultrasound was exploring this.

Understanding and involvement of patients and those close to them
Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families and carers in a way they could understand. During our site visit we observed ultrasonographers involved patients in their care. They explained to patients what happened after their scan and how to get their results, such as by calling their GP.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The provider used feedback surveys by telephone and electronically and staff encouraged patients to use the format most appropriate for them.

In the previous 12 months, 98% of patients who provided feedback said they were satisfied with the service. The average response rate for surveys was 30%.

Are Diagnostic and screening services responsive?

Good ●

We have not previously inspected this service. We rated it as good.

Service delivery to meet the needs of local people
The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population. All services were planned to meet the needs of patients referred through commissioning contracts.

Facilities and premises were appropriate for the services being delivered. The service operated from premises that were fully accessible by people with mobility needs, including those who used a wheelchair. Magnetic resonance imaging (MRI) scans took place in mobile units that included wheelchair access.

Managers monitored and took action to minimise missed appointments. They ensured that patients who did not attend appointments were contacted.

Meeting people's individual needs
The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Diagnostic and screening services

Staff said referrers alerted them in advance to additional needs, such as with communication,to ensure they could adequately care for patients. This included those with a disability or sensory loss.

The provider had a range of local arrangements to secure language support for patients based on specific contracts. For example, GP surgery staff arranged this for patients at the site we inspected. The usual process was for the referring trust to notify the provider of language needs who would then arrange this with the host GP service or directly using their own contract. Staff said this worked well in practice and that they had arranged for British Sign Language interpreters to accompany patients.

The service communicated appointments to patients by letter or e-mail and clearly noted the organisation's name and arrangements for their appointment. Some patients received an appointed slot directly from their GP by text message. During our inspection we found a number of patients were confused about which organisation they were visiting and how to find them. The host GP practice had signage in place immediately outside of the scanning room, however there was no signage at the main entrance. While we saw staff from the practice and other providers helped patients, improved signage could reduce patient anxiety and confusion.

The MRI scanner was equipped with some features to reduce patient anxiety and help them relax during the scan. These included 'mood' lighting, multimedia displays, and audio equipment for music. The unit had a private changing room, which staff said they routinely used for patients who wished to change.

Access and flow
People accessed scans on referral from NHS services.

The service provided care for NHS patients under a variety of contracts to reduce waiting time pressures for patients under the care of local trusts. Trusts typically referred patients to this service once their waiting time had already breached national targets. This meant the service did not monitor referral to treatment times (RTTs) against national benchmarks. However, another provider monitored waiting times for echocardiogram referrals due to a sharp increase in demand from the local NHS trust. They monitored this within specific criteria outside of the national target using the provider's service level agreement of completing scans within six weeks of referral. In June 2022, 17% of patients waited six weeks or more for their echocardiogram scan, which was a 3% increase in the previous two months. The senior team responded to this by adding 30 additional weekly lists to the clinic and establishing an international recruitment drive to meet increasing demand.

The central booking team sent each patient a text message in advance of their appointment. This helped to reduce the incidence of patients who did not attend a booked appointment.

Learning from complaints and concerns
Information was available to make it was easy for people to give feedback and raise concerns about care received, however no complaints had been received

The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. Staff we spoke with said they worked to avoid complaints by helping patients navigate the service and receive good standards of care. They were unaware of any recent complaints.

Diagnostic and screening services

Good 🟢

The provider kept a central log of complaints across all clinical sites to identify themes and trends. In the previous 12 months the service received 12 formal complaints. Five of these related to clinic cancellations across four different sites. While there was evidence the senior team responded appropriately to complaints and worked with partner services to address joint concerns, there was limited evidence outcomes were fully shared with staff.

Are Diagnostic and screening services well-led?

Good 🟢

We have not previously inspected this service. We rated it as good.

Leadership

Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The managing director of the organisation was the registered manager and was responsible for the overall operation. The head of support services led quality assurance, governance, and other non-clinical functions. Two clinic managers were responsible for clinical governance and compliance and worked with new staff during their initial period of work.

Managers maintained regular contact with staff through electronic means and virtual meetings. Staff said they felt leaders were approachable and accessible and responded quickly to requests.

The senior team had transitioned the service to a virtual model during the pandemic, which meant most meetings were carried out virtually and non-clinical staff worked remotely. The team had implemented a range of support mechanisms for staff to maintain consistent levels of communication and support. All of the staff we spoke with said this worked well for them and they felt senior staff understood their challenges and needs.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

The provider had set up services to support NHS trusts and services and reduce waiting times for patients. Staff demonstrated a commitment to this ethos and understand how to provide care for patients who had waited significant periods of time and were often worried or anxious.

The senior team worked with partners across regional health structures to plan and structure services in accordance with local needs as part of a strategy to expand capacity.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

The provider facilitated an open culture in which staff were encouraged to speak up and contribute to the running of the service. The senior team worked to help staff feel part of a team despite the geographic spread of clinical care, which staff said worked well in practice. One member of staff said, "I feel that [the provider] really values us. We're loyal to them because we have a voice and choices in where and how much we work."

Diagnostic and screening services

Good 🟢

Staff spoke positively about a safety culture. For example, they noted the senior team had cancelled a list when equipment was not operating as expected to ensure patient safety was protected.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet.

The provider delivered scanning services from a range of clinical settings. We carried out our inspection from a multi-provider GP surgery that operated as a community interest company. A lead GP was responsible for the governance and contractual arrangements of the relationship between this provider and the GP practice.

A clinical advisory board provided a key governance function, such as incorporating feedback from clinical auditors into service review and planning.

The senior team established service level agreements with each local clinic operator to ensure staff had appropriate local guidance and induction. They monitored arrangements on an ongoing basis through contract monitoring and engagement.

Staff said they had regular opportunities to meet the senior team and discuss performance.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The senior team worked with partners to manage risk and monitor performance. For example, the GP lead of the host practice of our inspection monitored incidents, complaints, and other reporting mechanisms of this provider. This reflected a partnership approach to clinical and operational governance tailored to the array of different clinical environments. The provider maintained oversight of risks, quality, and performance, to maintain responsibility and accountability of the regulated activities.

The senior management team used a departmental risk register to record and track risks.

Processes were in place to enable staff to get help in the event of an emergency. In the clinic we visited, ultrasound rooms had emergency alarms connected to the GP practice main reception. Staff in the MRI scanner had a fixed line telephone to call the emergency services.

At the site we visited, the GP lead of the community interest company continually monitored quality and performance of this service as part of a governance structure designed to contribute to continuity of care.

Demand for scans at the site we visited had increased significantly beyond agreed capacity. For example, 17% of scans that had already breached the national wait of 52 weeks due to delays at the referring trust waited another six weeks or more due to referrals outnumbering the agreed list availability. The senior team was working with counterparts at the host organisation after receiving notice of a further 5000 referrals from the trust. The host organisation entered this on their risk register and was working with the provider to secure international recruitment to increase capacity.

Diagnostic and screening services

The provider mapped audit results, incidents, feedback, and complaints to individual clinic sites and sonographers as part of performance and standards monitoring. This enabled the senior team to provide effective, targeted support based on the nature of the service and staffing arrangements.

Information Management
Information systems were integrated and secure.

Staff were required to complete information governance and general data protection regulations (GDPR) training that included the risks of handling information and data remotely. Staff worked within the provider's data protection policies and avoided risks associated with data breaches.

Most information systems related to the picture archiving and communication system (PACS). Staff used PACS within data sharing agreements established with referring NHS services. Systems were encrypted and managed jointly by the IT teams of both organisations using clear data sharing agreements. The provider retained access to scans and records in the event of a future investigation or complaint.

Engagement
Leaders and staff actively and openly engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff encouraged patients to provide feedback after each instance of care. The operations team contacted each patient by telephone after their appointment to request feedback and said they had a 30% sample rate. The provider had recently introduced an electronic survey accessible by QR code to increase the rate of feedback.

Clinic managers carried out spot checks of clinical sites to provide ad-hoc supervisions and engage with staff about challenges and achievements for the local clinic. The senior team had implemented quarterly clinical engagement meetings that involved sonographers, radiographers, and clinical auditors.

The site we visited used the NHS Friends and Family Test to engage with patients. In the previous 12 months, over 99% of patients said they would be likely or highly likely to recommend the service. This data was collected by the host organisation, who analysed it based on specific provider.

The provider recognised the needs of staff who worked remotely and sporadically and was working to implement consistent engagement across modalities and regions. For example, clinical leads had established a new engagement programme for newly recruited sonographers. This was based on feedback from staff who came from a wide variety of different organisations who needed support to adapt to the provider's model of care. Sonographers spoke positively about this and said they felt valued and listened to.

The provider expanded engagement by implementing an intranet platform for staff to use to support communication. This was a virtual space staff used to exchange ideas and share cases with learning from scans. Staff spoke positively about this. For example, one member of staff said, "[The managers] are really keen to listen, engage, and take on board what we have to say."

The service worked with commissioners, NHS services, and community providers to coordinate the service and develop clinical capacity.

Diagnostic and screening services

Good 🟢

Learning, continuous improvement and innovation
All staff were committed to continually learning and improving services.

The senior team demonstrated a culture and process of continuous improvement. During the COVID-19 pandemic restrictions, they restructured all non-clinical functions to work remotely and applied learning from this period to enhance the service going forward. For example, staff preferred the flexibility of remote working and the senior team trialled then implemented a new structure that used systems, such as an interactive intranet platform, to ensure staff were consistently involved in the running of the service and in exploring new opportunities for working.

The provider recognised the need for rapid scaling-up of the service to meet significantly increased demand. The senior team was working with a university to fund postgraduate sonographer training as part of a strategy to secure the ability of the service to meet its commitments and accept new challenges. They had worked with a specialist to develop to a new international recruitment strategy that helped to map qualifications from other countries to UK requirements and ensure this was done safely.