Portsmouth PET/CT Centre

Quality Report

Portsmouth PET/CT Centre
Portsmouth Hospitals NHS Trust
Cosham
Portsmouth
Hampshire
PO6 3LY
Tel:01926482000
Website:www.alliancemedical.co.uk

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Not sufficient evidence to rate
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Portsmouth PET/ CT Centre is operated by Alliance Medical Limited. Portsmouth PET/CT Centre provides scan imaging at Portsmouth Hospitals NHS Trust, Cosham, Portsmouth, Hampshire.

NHS England commissions the service to carry out 2500 scans per year and is supported by the local NHS trust.

The service provides a diagnostic imaging service for patients who require a PET/CT scan. A PET/CT scan is a combination of a PET (positron emission tomography) scan and a CT (computerised tomography) scan. The PET scan shows how active cells are in different parts of the body using a radioactive injection. The CT scan takes a series of images to build this information into 3D pictures of the inside of body. Local governance was monitored through regular meetings with the Administration of Radioactive Substances Advisory Committee (ARSAC) holder (a specialist licensed radiologist) in the NHS trust. The service was also supported by the NHS trust medical physics team who provided a Radiation Protection Advisor, a Medical Physics Expert and Radioactive Waste Advisor.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 19 September 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We rated it as **Good** overall.

- 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. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, offered patient's a drink and biscuits following their scan, and gave pain relief advice when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and answered any questions patients had. They provided emotional support to patients, families and carers.
- 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 vision and 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.

However,

Summary of findings

- Delays and rescheduling of patient scans sometimes occurred because the radioactive medicine was not able to be used for the scan. This was due to a failure to meet the strict quality controls during manufacture or delays in the quality assurance process of the radioactive medicine, which led to a delay in the release of the medicine to the service.
- The service did not document all identified risks and plans to manage the risks.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Nigel Acheson
Deputy Chief Inspector of Hospitals (London and south)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	Portsmouth PET/CT Centre provided PET CT imaging for NHS patients of all ages. We rated this service as good because it was safe, caring, responsive and well-led. We do not rate effective for this type of service.

Summary of findings

Contents

Good

Location name here

Services we looked at
Diagnostic imaging

Summary of this inspection

Background to Portsmouth PET/CT Centre

Portsmouth PET/ CT Centre is operated by Alliance Medical Limited. The service opened in December 2015. Patients are referred primarily from NHS trusts across Hampshire and West Sussex.

The service has had a registered manager in post since December 2015.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Portsmouth PET/CT Centre

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures

During the inspection, we visited the scanning centre. We spoke with seven staff including the registered manager, technologists, radiographers, clinical assistants and administrators. We also spoke with the Administration of Radioactive Substances Advisory Committee (ARSAC) license holder for the service, who was the local acute NHS consultant radiologist working under a service level agreement for Portsmouth PET/CT Centre. We spoke with three patients and observed the care given by staff to patients. During our inspection, we reviewed three sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with CQC.

The service employed a unit manager (who was also the registered manager), radiographers, technologists, clinical assistants and an administrator.

Track record on safety: no never events, no serious injuries and one radiation protection incident that caused no harm to patients.

There were no incidences of hospital acquired methicillin-resistant staphylococcus aureus (MRSA), hospital acquired methicillin-sensitive staphylococcus aureus (MSSA), hospital acquired Clostridium difficile (C.Diff) or hospital acquired E-Coli.

The service received three complaints from 1 July 2018 to 30 June 2019.

Services accredited by a national body:

QSI Jul-18 Jul-21 Whole Organisation

ISO27001 Jun-18 Jun-21 Whole Organisation

IIP Mar-19 Mar-20 Whole Organisation

Services provided at the hospital under service level agreement:

- Cleaning services (internal facility)
- Linen services
- Clinical and non-clinical waste management
- IT first response help desk
- Resuscitation services
- Clinical and or non-clinical waste removal

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- The design, maintenance and use of facilities, premises and equipment managed by the service kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- 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.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- 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.
- The service used systems and processes to safely administer, record and store medicines.
- 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.

Are services effective?

Not sufficient evidence to rate

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff offered patients offered a drink and biscuits following their scan.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Summary of this inspection

- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions.

Are services caring?

Good

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their anxiety.
- Staff supported and involved patients, families and carers to understand their care and treatment.

Are services responsive?

Good

- 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.
- 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.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint

However,

- Delays and rescheduling of patient scans sometimes occurred because the radioactive medicine was not available for the scans. This was due to failures during the manufacturing process which was not managed by the service.

Are services well-led?

Good

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Summary of this inspection

- 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. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services.

However,

- The provider should make sure all identified risks and associated actions to reduce risks are documented and that the local risk register is easily accessible to the service

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Good

Diagnostic imaging

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

Mandatory training

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

Staff received training in areas relevant to their role, including radiation risks, health and safety, equality and diversity, information governance, moving and handling and resuscitation.

Compliance targets for training was 90% apart from information governance which was 95%. Staff were reminded by email 60 days before they were due to date to book an update course. Records showed the centre met the 90% mandatory training target across all subject areas.

Mandatory training was delivered using a mixture of face to face training and online learning. Staff told us there were no obstacles to accessing the training.

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 had completed safeguarding adult level 2 training and safeguarding children level 2 training. This met intercollegiate guidance 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff '(January 2019) and the intercollegiate guidance 'Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: August 2018'

The provider had an overall safeguarding lead and sperate children's and adult safeguarding leads who staff could contact for advice and support. The provider's child safeguarding lead was trained to safeguarding level 4.

Conversations with staff showed they had a good understanding about how to recognise possible abuse and knew what actions they must take if they suspected someone had been subject to abuse. This included reporting their concerns to the organisation's safeguarding team and the local acute NHS trust safeguarding team. Staff reported safeguarding to the local acute NHS trust safeguarding team because the Portsmouth PET/CT Centre was located within the local acute trust hospital and many the patients attending the service were from the local area and were patients of the trust.

Posters were displayed in the scanning room to prompt staff to follow the Society and College of Radiographers 'Have you paused and checked'. We observed staff followed this six-point safety check list that ensured the right patient had the right radiological scan at the right time.

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. However, they did not keep all equipment free from dust.

Good

Diagnostic imaging

The service reported there had been no hospital acquired infections in the 12 month period prior to the inspection.

Infection control was included in mandatory training for staff. The annual infection and prevention control audit dated July 2019 showed the centre scored 100% for compliance with the organisation's hand hygiene policy and 100% compliance with staff following the organisation's process for insertion of peripheral vascular devices.

During the inspection we observed staff washed their hands after and prior to patient contact and all met the organisation's bare below elbow policy in clinical areas.

Patient cubicles and the imaging area were visibly clean and well organised. However, there were some pieces of equipment that were not fully clean. The scales and the base of an unused contrast injector in the scanning room were dusty. When we alerted staff to our finding, they immediately attended to these pieces of equipment, removing the dust and therefore lessening risks to patients.

The patient reception/waiting area was shared with the acute NHS hospital nuclear medicine service. Cleaning of this area and of the Portsmouth PET/CT centre was carried out by the local NHS trust cleaning contract under a service level agreement. The registered manager of Portsmouth PET/CT centre monitored the effectiveness of this service within the centre area.

Staff used sharps bins to dispose safely of sharp equipment. This included dedicated bins to collect and dispose of radioactive waste. Bins were correctly assembled, dated, secure and not over filled. Radioactive waste including sharps and linen were stored at the centre for three days before being disposed of via the local acute trust's systems.

Personal protective equipment such as disposable aprons and gloves were readily available. Wall mounted hand gel sanitisers were readily available in all areas.

Environment and equipment

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

The service was in a purpose-built unit located within the nuclear medicine department in the acute NHS hospital. Staff and patients accessed the unit through the main reception of the trust nuclear medicine department. The reception area, which was managed by the NHS acute trust, included an accessible toilet for patient and public use. All other areas were restricted to staff access only. The area was security controlled with coded electronic doors.

There was a service level agreement with the NHS hospital for a range of ancillary services including waste disposal and resuscitation.

Security controlled areas included a control room, three uptake bays where patients waited for the radioactive medicine to be absorbed by the body before the scan. There was also a hot lab where radioactive medicines were stored and dispensed. A hot lab is where PET CT Radiographers / Technologists prepare the radioactive medicines needed to perform the scan.

There was also a 'hot' toilet for patients who had received the radioactive medicine, as patients' urine remained radioactive immediately after the scan. In the main reception area, which was shared with and managed by the local NHS trust, there was no separation in the waiting area or the toilet facility for area for hot and cold patients. Hot patients are patients who have been administered radioactive medicines. They should not be in close contact with 'cold' patients, (patients who have not been administered a radioactive medicine) as they can remain radioactive for up to eight hours following the scanning procedure.

Portsmouth PE/CT patients were given clear instructions about what to do after their PET/CT scan, which included avoiding contact with vulnerable people such as children, elderly and pregnant people and making their way home promptly to reduce risk of contact with vulnerable people. Staff requested 'hot' patients to vacate the premises as quickly as possible. Staff asked patients if they required the toilet prior to leaving the unit and directed patients towards the 'hot' toilet in the unit rather than the toilet in the acute NHS nuclear medicine department waiting room. Patients waiting for hospital transport remained within the PET/CT unit until their transport arrived.

Good

Diagnostic imaging

Emergency resuscitation equipment was shared with the acute NHS trust and was in the nuclear medicine department. Daily safety checks carried out by staff included a check that the trust's emergency resuscitation equipment was present and had been checked by the trust staff.

The service had a spillage kit to use in the event of spillage of the radioactive medicines. Staff knew where this was located and knew how to use it.

Staff carried out quality assurance tests at the beginning of each scanning session. This ensured the scanning equipment was calibrated correctly and was in safe working order. Records showed arrangements were in place to ensure that specialist equipment was serviced and in accordance with manufacturers requirements. This was supported by the organisation's planned preventive maintenance programme, that ensured equipment was in safe working order.

Staff wore film badges to monitor radiation doses. The film badge is used to measure and record radiation exposure of the staff to ensure it is within safe limits. These were processed by an external third party and the results reviewed by the centre manager monthly. Records showed if there was an increase in radiation dose recorded, it was reported as an incident and the centre led review in practice and skills training with the member of staff involved.

There was enough space around the scanner for staff to move and for scans to be carried out safely. Patients had access to an emergency call buzzer, ear plugs and defenders during scanning. A microphone allowed constant contact between the radiographer and the patient. Eye masks were available for patients that experience claustrophobia.

The service had some patient moving and handling equipment. There was a walking frame that could be used for patients who had difficulty walking and a patient transfer slide to support patients transfer from bed or trolley to the imaging table. For patients who required additional support with transferring to the imaging table, the service had an arrangement with the acute trust nuclear medicine department. Staff from the trust nuclear medicine department supported the Portsmouth PET/CT centre's staff to use a trust hoist to transfer the patient. There was enough space in the imaging room to transfer patients from hospital beds and stretchers to the imaging table using appropriate moving and handling equipment.

The imaging room was clearly signposted with warning lights to warn staff when ionising radiation was being used.

The service was subject to planned environmental agency inspections. We reviewed the most recent report dated August 2018, which showed there had been no concerns identified with the management and safety of the environment and equipment at that time.

The PET/CT scanner was over ten years old. National guidance indicates that imaging equipment over the age of ten years more likely to break down and is more likely to produce poor images. The manager said the age of the scanning machine was on the local and providers risk register and that she had been assured there was a plan to replace the scanning machine. She described, that although some PET/CT scanners offered plain CT scanning, that due to the age of the equipment and risk of poor image quality this was not a service offered at Portsmouth PET/CT centre. She explained that the age of the equipment had little effect on the quality of the overall PET/CT images and did not impact on patients care and treatment.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

The staff followed processes to ensure the right person received the right radiological scan the right time. Staff checked each patient's identity, medical history and pregnancy risk, applying a six-point check. The risk assessment process included checking the imaging was required and appropriate.

In the event of patient deterioration, the service had access to the acute trust medical services. This included the acute trust's resuscitation team. All clinical staff were trained to intermediate life support standard for both adults and children.

Staff followed the organisation's significant pathology pathway if urgent or unexpected findings were identified during the imaging procedure. This meant patients images were reported urgently so appropriate treatment could be commenced.

Staff followed process to ensure patients' blood sugar levels were inside the preferred range for the scanning process. High levels of glucose can affect the accuracy of the results of the imaging. Staff tested patients' blood for glucose levels in line with best practice. If patient's blood glucose levels were outside the preferred range, staff contacted the Administration of Radioactive Substances Advisory Committee (ARSAC) licence holder to check if the scan should go ahead. This reduced the risk of patients' exposure to unnecessary levels of radiation that had no diagnostic benefit. In these instances, the patient was given advice about how to manage their blood sugar levels, so the scan could be carried out on an alternative date. The ARSAC licence holder is the doctor who handles or administers radioactive medicines. It is a legal requirement that all PET CT scanning services must have an ARSAC license holder to administer or give other staff authorisation to administer the radioactive medicines.

Following the administration of the radioactive medicine, the patient was required to wait for one hour for the medicine to be absorbed by the body. Staff advised patients to stay as still as possible to prevent absorption of the radioactive medicine to the muscles and ensure it went to the parts of the body required for scanning. This reduced the risk of patients having to have repeated scans and additional exposure to radiation because of poor quality imaging that was not fit for diagnostic purposes.

The referral process meant staff were made aware of any specific risk issues for patients, such as risk of falls and pressure ulcers.

We saw risk assessments such as for the handling of hazardous substances safely, local rules for radiation safety and accidental dropping of a radiopharmaceutical. Staff explained the actions they would take on the event of any of these occurrences happening.

There were closed circuit cameras in all areas, with signs informing patients that this was for safety reasons. This meant staff observed patients, checking for their wellbeing, without having to disturb and possibly reduce the effect of the radioactive medicine as well as decreasing the staff occupational radiation dose. Patients were visually monitored by staff during their scan, through CCTV and direct observation through the window between the scanning room and the control room..

In line with legislation, the service was supported by a radiation protection advisor and a reporting consultant nuclear medicine physician. The purpose of these roles was to minimise unintended, excessive or incorrect medical exposures, to ensure the benefits outweigh the risks of each exposure and to keep doses in diagnostics "as low as reasonably practicable" for their intended use

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 service used an organisational developed staff calculator tool, to ensure safe staffing levels. The service was staffed in accordance with the provider's 'staffing requirements to support of a safe scanning pathway' policy. This matched the number and roles of staff required to be on duty to deliver set numbers of PET CT imaging. This meant there were enough numbers of staff on duty to safely deliver the service and minimised staff handling of radiomedicines on a daily basis to manage their occupational radiation to be as low as possible.

The service also had clinical assistants who supported the scanning pathway for patients from the opening time to the closing time. Their main role was to support the patients and computer data inputting.

The service employed an administrator, who coordinated patient appointments at Portsmouth PET/CT Centre, as well as coordinating patient appointments across several of the providers other PET-CT imaging sites.

Staffing at the service comprised of a 0.5 whole time equivalent (WTE) unit manager, one clinical lead technologist, two technologist/radiographers, three clinical assistants and one administrator.

Good

Diagnostic imaging

At the time of the inspection, the service did not use agency staff. The manager and staff said that if agency staff were required, they employed agency staff on 'long lines'. This meant agency staff worked at the centre for an extended period and worked as part of the permanent staff team.

Portsmouth PET/CT centre did not employ any medical staff. All reporting consultants worked for local NHS trust. The Administration of Radioactive Substances Advisory Committee (ARSAC) licence holder was a consultant working at the local NHS trust, working under a service level agreement with Portsmouth PET/CT centre.

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.

Patients' individual care records were written and managed according to best practice. We reviewed four patient records. Records were accurate, complete, legible, up to date and stored securely. Records were electronic and available for access by staff. Paper records such as paper referrals were shredded according to the provider's policy once the information was uploaded.

The radiology information system (RIS) and picture archiving and communication system (PACS) used by the service was secure and password protected. Each member of staff had their own personally identifiable password.

Patient and clinical information was recorded on the provider's electronic records system. This system was not integrated with the referrer's data management system, however there was a secure system in place to ensure necessary information was shared such as reports and images from the PET CT scan.

The quality of images was peer reviewed locally by the acute trust and quality assured at a corporate level. Any deficiencies in images were highlighted to the member of staff for their learning. However, this was rare, and the services re-scanning rate was negligible.

Medicines

The service used systems and processes to safely administer, record and store medicines.

Staff administered radioactive medicines to patients under the authorisation of the Administration of Radioactive Substances Advisory Committee (ARSAC) license holder, a consultant based at the local acute trust working under a service level agreement for the provider. Patient group directives were not required. Medicines management training was included in the mandatory training. Records we viewed during inspection were maintained for staff authorised to administer radiopharmaceuticals and showed that 100% of staff were compliant with this.

Radioactive medicines were stored in a dedicated secure room, known as the hot lab that had key-pad entry. The height and weight of the patient was taken and entered on a spreadsheet, so staff could calculate amount of radiopharmaceutical needed for each individual patient. Staff drew the dose up by hand in a shielded syringe, measured it for the correct dose, administered it to the patient and disposed of the syringe in a dedicated shielded sharps bin.

Staff described the quality control process followed to ensure the radioactive medicine was safe to use. The radioactive medicine was provided by the closest radiopharmacy production unit, that may or may not be part of Alliance Medical Limited. Once the quality assurance processes were completed by the radiopharmaceutical department, Portsmouth PET/CT centre was provided with a code that allowed staff to open the container the radioactive medicine was delivered in. This ensured that only radioactive medicines that were safe to use and would produce good quality images were used.

The service did not use any controlled medicines for any of their procedures and therefore did not require a controlled medicines policy to be in place.

An organisational pharmacy advisor was available if needed. The pharmacist issued guidance and support at a corporate level and worked collaboratively with the clinical quality team on all issues related to medicines' management.

Emergency medicines were available in the event of an anaphylactic reaction in the trust's adjacent nuclear medicine department.

The registered manager was the service lead for the safe and secure handling of medicines.

Good

Diagnostic imaging

Patients were given information within their appointment letter detailing what medicines they had been given.This directed patients to seek advice from their GP or their local NHS emergency department if they felt unwell after leaving the unit.

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. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff knew how to report incidents using the providers electronic incident reporting system. Staff told us they reported and received feedback about incidents.

Learning from incidents (both at a service level and at an organisational level) was shared with staff though a monthly risk bulletin titled Risky Business and through staff meetings and conversations.

The service reported they had been no never events or serious incidents in the period I July 2018 to 30 June 2019. There had been one IRMER reportable incident in the same period when the ARSAC site license expired during the renewal process. The services investigation into this incident identified no patients had been harmed and learning resulted in new processes to monitor the renewal applications.

Staff we spoke to could describe duty of candour. The duty of candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. No action under the duty of candour was required with the incidents that occurred during the period.

Are diagnostic imaging services effective?

Not sufficient evidence to rate

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 best practice guidance, including Administration of Radioactive Substances Advisory Committee and Ionising Radiation (Medical Exposure) Regulations.

Policies and procedures were followed at provider level and site-specific level for the service. Local procedures reflected organisational policy in relation to Ionising Radiation Regulations (2017). Ionising Radiation Regulations regulate the protection against exposure to ionising radiation because of work activity.

Records showed all staff members signed to confirm they had read and agreed to abide by the policies or procedures.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

Patients were sent information with instructions about fasting before the scan. Staff encouraged patients to drink water while waiting for the scan to support radiopharmaceutical uptake.

Following the scan patients were offered a hot drink and biscuit before leaving the centre.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way.

Staff did not use a formal pain assessment tool but spent time checking the patient was comfortable during the procedure. Blocks and pillows were used to position the patient as comfortably as possible before the scan started. Due to the nature of the service, it was expected patients self-managed their pain prior to their appointments. However, if a patient expressed concerns about pain, this was assessed on an individual basis and staff provided guidance and support to manage the situation accordingly.

Staff did not administer pain relieving medicines, but patients were encouraged to bring their own pain killers with them to the scan if needed.

Patient outcomes

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

Records showed that performance was monitored monthly. Areas monitored included incidents, training compliance, patient satisfaction and complaints.

The service had an audit schedule. Records showed this included an annual infection prevention and control audit, a bi-annual policy audit, monthly reporting image quality audits, referral to scan time and scan to report published time.

The service sent 10% of reported scans for a quality control second reporting within the organisation. There were organisational discrepancy meetings in operation. This meant any concern regarding report quality was formally logged and shared with clinicians to ensure learning took place. Policies were in place and followed by staff to address any issues with the quality of scan reports, such as missing a problem which should have been reported.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development.

The providers central human resources department managed the recruitment process. This included checks with the Disclosure and Barring Service (DBS), obtaining of references and interviews to provide assurance staff had the necessary skills and experience and were suitable to work in a health care environment.

All new staff members, including bank staff, completed an induction programme that included induction to the company and to Portsmouth PET/CT centre. Staff we spoke with, confirmed they completed an induction programme when they started working for the service. Agency and bank staff completed a local induction checklist with the registered manager or the clinical lead. This assessed their knowledge of their discipline, gave them awareness of the key practices and protocols specific to the centre and awareness of the environment and key equipment, such as emergency exits and emergency equipment.

Staff received annual appraisals and all staff had received an appraisal within the 12 months prior to the inspection.

Each staff member maintained a paper file of training attended. This included mandatory training and competencies relevant to their role. We viewed staff training files which confirmed records of the training and competencies.

Staff told us they were encouraged and supported to attend courses linked to their field, to maintain up to date practices and refresh current skills.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

There was effective internal multidisciplinary team working that included centre staff and the wider organisation. Staff we spoke to described close and happy working relationships between all grades of staff.

The service worked well with external partners. Portsmouth PET/CT centre was located within an acute NHS trust nuclear medicine department. There was efficient communication and liaison between staff of Portsmouth PET/CT centre and the staff of the acute NHS trust. This meant that the patient experienced a seamless service, from checking in at the trust's reception area to receiving their scan at the Portsmouth PET/CT centre. The centre was supported by staff from the acute NHS trust with tasks such as cleaning, general waste disposal, management of the deteriorating patient and resuscitation.

The service worked with the trust's inpatient areas to ensure effective handover of clinical care and continuity of care for inpatients attending the service. Inpatients who had a PET/CT scan received a radiation safety sheet to inform staff, family and friends about the care of a patient following a PET/CT scan.

The service worked closely with the trust's anaesthetic service to introduce total intravenous anaesthesia (TIVA).

Good

Diagnostic imaging

This allowed patients who were unable to keep still for the length of time the scan takes to have their scan carried out under total intravenous anaesthesia. The service worked with the local NHS trust anaesthetic department to deliver this service. The trust's anaesthetic team had full responsibility for the medical management of the patient, including the management and administration of medicines and the monitoring of the wellbeing of the patient.

Seven-day services

The service was not open seven days a week. It operated five days a week, Monday to Friday, 8am to 7pm. However, if demand for the service increased, the service was able to provide the service on Saturdays to ensure patients healthcare needs were met.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions.

Staff understood their responsibility to gain consent from patients. They recognised and respected a patient's choice if they chose not to have any imaging when they arrived for their appointment.

Staff said they explained the imaging procedure to patients and obtained written consent for the scan through use of the provider's PET CT safety consent form. Patients we spoke with confirmed this happened.

Staff were aware about their responsibility in relation to patients who lacked mental capacity to decide about undergoing a PET CT scan. They said they would normally receive information in the referral about a patient's capacity, for example from their GP or hospital doctor, and they understood the Mental Capacity Act 2005.

Staff were aware of what to do if they had concerns about a patient and their ability to consent to the scan. They were familiar with processes such as best interest decisions. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Staff demonstrated a good understanding about processes for gaining consent for scanning from young people. They understood that young people aged 16 or 17 are presumed in law, like adults, to have the capacity to consent to medical treatment. They understood that, following the guidelines of Gillick competence, children under 16 can consent to care and treatment if they have enough understanding and intelligence to fully understand what is involved in a proposed treatment, including its purpose, nature, likely effects and risks, chances of success and the availability of other options. We witnessed staff using this knowledge when caring and carrying out imaging for a young person who attended the centre.

Are diagnostic imaging services caring?

Good

Compassionate care

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

We observed staff interacting positively with patients and those attending the appointment with them. Staff spoke to patients sensitively and appropriately depending on individual need.

All staff introduced themselves to the patients and communicated well to ensure patients fully understood. Patients were encouraged to ask questions and were given time to ensure they fully understood what was being said to them.

Staff used curtains to maintain privacy for patients in the uptake rooms.

Patients were escorted to and from the examination rooms by clinical assistants, who we saw being supportive and friendly.

Staff lowered a privacy blind between the scanning room and control room while they were preparing patients for the scan.

Patients were encouraged to provide feedback about the service. Feedback was used to monitor the standard of the care provided. All patients received an email link to an online organisational patient satisfaction survey. Patients could request a paper copy if required. The completion rate of the patient satisfaction survey was 16%.

Good

Diagnostic imaging

Patients told us they were very satisfied with the level of care and compassion they received from the centre.

Emotional support

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

Staff provided support as required. We observed staff providing reassurance and comfort to patients. Staff showed empathy to patients, families and carers. Patients told us that worries had been eased by the staff caring for them. We saw multiple posters displayed for patients who may have preferred a chaperone to accompany them.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their care and treatment.

Patients and those close to them told us they had received information about the scan process in a way they understood.

Telephone conversations to book appointments were followed up with emailed information confirming the discussion. Patients were encouraged to contact the service with any concerns.

Patients understood how they received the scan results. Posters informed patients to contact the centre if results had not been received as planned.

Inpatients who had a PET CT scan received a radiation safety sheet to inform staff, family and friends what they needed to do ensure they were not exposed to radiation.

Are diagnostic imaging services responsive?

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.

The service provided care and treatment for patients referred from the local NHS trust as part of a commissioned NHS England contract. The centre also scanned privately insured and self-funded patients.

The service opened Monday to Friday from 8am to 7pm. Additional appointments at weekends could be arranged if demand required it. Appointments were made by telephone and confirmed by email and letter. The service gave patients a choice of the provider's PET/CT centres they could attend for their scan, offering alternative centres as well as the Portsmouth PET/CT centre. Information was provided about the scan and pre-scan preparations, directions and a map to the centre and contact details for queries.

The main waiting area was shared with the local acute NHS hospital, who managed that area. The service sometimes scanned children. There was no separate waiting area for children, but the shared waiting area did provide some toys for young children to occupy themselves. Portsmouth PET/CT centre did not manage this area, but it was not evident they had liaised with the trust to determine whether the shared waiting area met the needs of any children undergoing PET/CT scanning procedures. However, staff said that it was infrequent that children waited in the shared reception area. Most children were admitted to the children's wards as a day case, where the children's nurses cannulated the child, before they went to the PET/CT centre for their scan. Following the inspection, the service told us that children were booked as part of a whole pathway, therefore they were treated as an inpatient and brought straight into the centre without waiting.

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.

Patients' individual needs were accounted for. Staff delivered care in a way that took account of the needs of different patients on the grounds of age, disability, gender, ethnicity, religion or belief and sexual orientation.

Staff had received training in equality and diversity and had a good understanding of cultural, social and religious needs of the patient and demonstrated these values in their work.

There was a system in place for managing the needs of patients living with dementia or learning disabilities. Staff described how they made reasonable adjustments, including enabling patients to be accompanied by a career or family member if required. The service worked closely with the local acute trust anaesthetic department to provide total intravenous anaesthesia for patients who could not remain still for the length of time to complete the scan. This meant that this group of patients could receive these essential scans to plan and prescribe their treatment.

The provider and the service acted to meet the requirements of the Accessible Information Standard. The Accessible Information Standard applies to patients (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss. It requires providers of care and treatment to NHS patients to provide information patients can understand and communication support they need. Staff said they could access British sign language interpreters for patients who had a hearing impairment. A hearing loop was available for hearing-impaired patients. Staff told us that information leaflets could be provided in large print for patients with visual difficulties.

Reasonable adjustments were made so disabled patients could access and use services on an equal basis to others. Disabled toilet facilities were available. Although the centre did not have any hoisting equipment, an agreement with the acute NHS trust meant they had access to hoisting equipment. Staff from Portsmouth PET/CT Centre supported staff from the trust's nuclear medicine department to use a trust hoist to transfer the patient. There was a larger uptake room for a patient to be accommodated on a bed and moving and handling equipment was available and used to assist patients with transferring from their hospital bed or trolley to the scanner bed. All patients were encouraged in the appointment letter, to contact the unit if they had any needs, concerns or questions about their examination.

For patients who were claustrophobic, the service offered a pre-scan visit. This allowed the patient to have a trial run of the scanning process and for the patient and staff to identify how to support the patient through the scanning process.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

The service offered patients appointments within three to five days of referral, which met the national cancer pathway and their contractual obligations. This resulted in a waiting list of rarely more than two days. Staff followed processes to ensure patients who were due to be discussed in multidisciplinary meetings had their scans carried out, so results were available for the meeting. Staff followed processes to ensure that patients requiring PET CT imaging in the future had their-scans booked onto the system and received their appointments.

The service had a target from NHS England of patients having their scan and their results reported and with the referring consultant within seven working days of the referral being received. Audit records showed from 1 July 2018 to 30 June 2019 approximately 96% of patients had their scan and the results reported and with the referring consultant within seven working days of the referral being received.

Occasionally the radioactive medicine was not able to be used for the scan due to a failure to meet the strict quality controls during manufacture or there were delays in the quality assurance process of the radioactive medicine, which led to a delay in the release of the medicine to the service. This resulted in delays and rescheduling of patient scans. From 1 July 2018 to 30 June 2019 the service carried out 2,601 scans. During that period there were 45 scans delayed due to delays in the receipt of the radioactive medicines and 18 scans delayed due to equipment failure. When this occurred, staff apologised to patients and gave patients an alternative date for their scan. This could be at the Portsmouth PET/CT Centre or at another one of the providers PT/CT centres depending on the patient's wishes.

Good

Diagnostic imaging

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients we spoke with told us they knew how to make a complaint or raise concerns about the service.

A patients' guide to making compliments, concerns and complaints was available in the waiting area. Staff also provided these to patients upon request and/or when the local staff recognised the need.

The service received no complaints between 1 July and 30 September 2019. Between 1 July 2018 and 30 June 2019, the service received three formal complaints and eight compliments. The complaints were managed under the formal complaints process and all three complaints were upheld.

The provider had a policy for the management of concerns and complaints. All staff were obliged to acknowledge and comply with this process. The registered manager was responsible for overseeing the management of complaints at the service. We saw a complaints summary from September 2018 highlighting themes and actions taken with sharing lessons and training disseminated to staff across the service. Review of records of the centre's team meetings and the provider's manager meetings showed learning from complaints was shared with staff across the organisation.

Are diagnostic imaging services well-led?

Good

Leadership

Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Leaders had the skills, knowledge, experience and integrity to manage the service. The service employed a part time, 0.5 whole time equivalent unit manager, a radiographer who was registered with CQC as the manager of the service. The manager also managed one other PET/CT centre based in Hampshire. They were supported by a regional head of PET/CT imaging services. The service had a whole-time clinical lead PET technologist, who supported the manager with clinical leadership of the service.

Discussions with the manager showed they ran the service focused on the needs of the patients and quality of the service whilst supporting staff.

Staff understood the reporting structures of the service and told us they were well supported by their managers.

The manager told us they felt supported by the senior leadership of the organisation and that they were approachable and contactable.

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. Leaders and staff understood and knew how to apply them and monitor progress.

Staff could describe the organisational values of openness, collaboration, excellence, learning and efficiency and told us it was at the heart of all they did.

The centre had its own vision, developed from the organisational vision, which was described as "Our aim is to provide high standards of diagnostic imaging to meet the needs of the commissioning CCGs, referrers and their patients."

Staff appraisal was measured against the organisational values and action taken if their standard of work did not meet these standards.

The vision and strategy of the organisation was displayed on the website and within the centre for staff, patients and visitors to see.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in

daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

The registered manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

The registered manager encouraged collaboration. Staff told us they felt empowered to suggest new ideas and were encouraged to have ownership of the service.

The service's culture was centred on the needs and experience of patients. This attitude was reflected in staff we spoke with during the inspection.

Equality and diversity was promoted, it was part of mandatory training, and inclusive, non-discriminatory practices were part of usual working. All independent healthcare organisations with NHS contracts are contractually required to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data and act where needed to improve their workforce race equality. The provider produced a WRES report in July 2018. Ownership of the WRES report was with the provider's management and governance arrangements, which included an action plan to address the findings in the report.

Staff said they were supported by the manager and the provider to access courses to support their personal and professional development.

The service operated a no blame culture and had a whistleblowing policy. Staff said they could ask questions, raise concerns and were respected. The provider had appointed a freedom to speak up guardian. Staff were aware how they could raise concerns and contact the freedom to speak up guardian.

The service had a duty of candour policy and staff evidenced in discussion a basic understanding about their responsibilities towards the duty of candour legislation.

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, discuss and learn from the performance of the service.

The service used the provider's governance frameworks to support the delivery of good quality care. The service undertook several quality audits, including an annual quality and risk (QAR). Actions from the QAR report and other audits were monitored locally and at provider level. All audits and local risk assessments were reviewed annually. Information from audits and audit reviews assisted staff to drive improvements in the service.

Local governance processes were achieved through team meetings and local analysis of performance, with discussion of local incidents. The service aimed to have monthly team meetings. However, on occasions these had to be postponed due to staffing or patient care needs. The manager ensured necessary information was shared with staff if meetings were cancelled through email or one to one meetings. Our review of records of team meetings showed these meetings included business updates, review of mandatory training compliance, quality and risks, review of audits and actions to take because of the findings from audits, review of health and safety and radiation protection and learning from compliments, complaints and local incidents.

Staff were clear about their roles and understood what they were accountable for. All clinical staff were professionally accountable for the service and care that was delivered within the unit.

Working arrangements with partners and third-party providers were managed. For example, there was service level agreement between the service and the local acute trust. Monthly quality reports were issued, and regular meetings were held with the radiology services manager at the NHS trust to discuss the service provided.

Managing risks, issues and performance

The service used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact, however these were not always

documented. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

To manage risks in the delivery of the service, staff had completed risk assessments about specific areas of the delivery of the service. This included risks relating to maintaining security in the centre, risk of injury to staff from lifting the isotope delivery case and risk to staff of sharps injuries. Risk assessments detailed the action taken to lessen the risk and included a date for review of the risk, ensuring the risks were kept under review.

However, when we asked staff what the top risks to the service were, they described these as being the failure of supply of radioactive medicines and the age of the PET CT scanners.

The manager said she had escalated the risk associated with the age of the scanners and had understood it was detailed on the provider's risk. Review of the provider's risk register showed that risk of disruption of the service due to failure of the supply of the radioactive medicines was detailed on the register, however there was no detail about the risk associated with the age of the scanners.

The manager told us that the risk associated with the age of the scanners and the risk of disruption of imaging due to failure of supply of radioactive medicines was detailed on the local risk register. However, at the time of the inspection the manager was not able to locate the local risk register on the provider's electronic systems.

The provider had a risk assessment detailing actions and controls for the failure of supply of radioactive medicines that had been agreed by the commissioner, NHS England. However, there was no local assessment of the risk or how to manage the risk at Portsmouth PET/CT Centre.

Performance of the service was monitored through a quality score card and during governance meetings. Review of the provider's governance meetings confirmed performance was monitored, both nationally, regionally and locally.

The service held monthly staff meetings. Our review of records showed incidents, complaints, scan reports, health and safety issues, delivery against business plan were reviewed, including what went well, what did not go well and what actions staff needed to take to improve performance.

The provider had a business continuity plan, detailing actions that needed to be taken both at a provider level and at a service level, in the event of business being interrupted. The registered manager and staff had a good understanding about the actions they needed to take in the event of business being interrupted. This included resourcing additional staff in the event of unexpected staff shortages and use of alternative Alliance Medical Limited PET/CT centres in the event of equipment failure.

Managing information

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff understood the requirements of managing a patient's personal information in accordance with relevant legislation and regulations. General Data Protection Regulations (GDPR) had been reviewed to ensure the service was operating within regulations. All staff had completed training about information governance and data protection.

Patient data was held on electronic records. Access to the electronic records were password protected. Staff transferred any paper documents onto electronic files, paper copies were kept in locked storage until their destruction after 30 days.

Staff had access to provider policies and resource material through the internal computer system. Staff could locate and access relevant and key records, this enabled them to carry out their day to day roles. On the day of inspection, staff could locate most documents to show inspectors. The unit manager directed us to the regulations, radiation risks, and use of radiation documents stored on the intranet. However, the

pathways to access some of these documents on the computer system was not simple, staff had to use the search function several times, using different words before finding the document they were looking for.

Discussion with the manager showed she understood what data notifications needed to be sent to external bodies, including those that needed to be submitted to CQC.

Engagement

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

Public engagement was mainly through interactions at the centre and via feedback from the patient satisfaction survey. The manager and clinical lead reviewed the patient satisfaction survey results monthly and used the information for reflection about the service and to implement changes. An example of a change included responding to feedback about the choice of radio stations in the scanning room. The comment was that the choice of radio station was too modern and upbeat. The patient suggested a more generic channel to match that of radiotherapy waiting rooms. This was implemented and feedback from patients was positive about this change.

Staff were updated on changes and events within the organisation through team meetings. Lessons learned across the organisation were shared at this meeting.

Staff engagement was measured through an annual employee survey which was conducted by an independent organisation to ensure confidentiality. In response to the survey, action plans were developed and progress against the plans was measured on a regular basis.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff described improvements that had been made to the service to meet the needs of patients using the service. One of these was the introduction of total intravenous anaesthesia (TIVA). This allowed patients who were unable to keep still for the length of time the scan takes to have their scan carried out under total intravenous anaesthesia. The service worked with the local NHS trust anaesthetic department to deliver this service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should make sure all identified risks and associated actions to reduce risks are documented and that the local risk register is easily accessible to the service.