

InHealth Echotech Beechwood Hall

Quality Report

Beechwood Hall, Kingsmead Road High Wycombe HP11 1JL Tel: 0333 202 0300 Website: www.inhealthgroup.com

Date of inspection visit: 2 to 10 October 2019 Date of publication: 19/12/2019

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.

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

Letter from the Chief Inspector of Hospitals

InHealth Echotech – Beechwood Hall is part of InHealth Echotech Limited and is part of the InHealth Group. It has been operational since 2014, InHealth Echotech provides standard adult transthoracic echocardiography services (an ultrasound of the heart) to predominantly NHS patients.

InHealth Echotech has 68 operational sites based within GP practices, community hospitals and medical centres. Clinics are provided Monday to Sunday at some sites and services are offered to patients aged 16 years and over who do not have congenital heart disease (heart conditions that are present from birth) or complex heart conditions. Out of approximately 28,700 scans completed a total of 16 under 18-year olds were scanned between July 2018 to July 2019.

Additionally, InHealth Echotech provides a screening echocardiography service to the Ministry of Defence for candidates undergoing medical clearance. Screening is offered to candidates aged 15 years and over and is carried out at MOD centres and venues. These services are not in the scope of the CQC inspection programme and were not inspected.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 2nd October 2019 where we visited the head office which is the registered location. On the 4th, 7th, 9th and 10th October 2019 we visited various other sites across England. We gave staff two working days' notice that we were coming to inspect on the above dates to ensure the clinics were open.

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.

The regulated activity provided by this provider was diagnostic and screening procedures.

Services we rate

We rated it as **Good** overall.

We found good practice in relation to diagnostic imaging:

- 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 managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. The service was available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

• 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.

Nigel Acheson Deputy Chief Inspector of Hospitals South and London

Our judgements about each of the main services

Service	Ra	ating	Summary of each main service
Diagnostic imaging	Good		The service provided at this location was diagnostic and screening procedures. We rated this service as good overall because it was safe, caring, responsive and well-led.

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Good

InHealth Echotech

Services we looked at: Diagnostic imaging

Background to InHealth Echotech Beechwood Hall

InHealth Echotech – InHealth Echotech Limited is part of the InHealth Group operating from Beechwood Hall. The service has been operational since 2014. InHealth Echotech is commissioned to provide standard Adult Transthoracic Echocardiography (ultrasound of the heart) services to private and NHS customers.

The service is registered with the CQC to undertake the regulated activity of diagnostic and screening procedures.

Due to the nature of the geographically spread service there are two currently registered managers in post one since September 2018 and one since April 2019.

We have not previously inspected this service.

The service did not use or store medicines.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, a CQC inspection manager and five other CQC inspectors. The inspection was overseen by Catherine Campbell Head of Hospital Inspection.

Information about InHealth Echotech Beechwood Hall

The service provides a diagnostic imaging service (echocardiograms) to NHS and privately funded patients across England. The service is operated across England from 68 sites within GP practices, community hospital and medical centres.

The service is registered to provide the following regulated activities:

• Diagnostic and screening procedures

Clinics across England were open Monday to Sundays at a variety of times.

During the inspection, we visited the head office (which is the InHealth Echotech's main location) and six sites that provided the echocardiology service. We spoke with 21 staff including senior managers, clinical leads, echocardiography trainees and echocardiographers. We spoke with 23 patients and their relatives. During our inspection, we reviewed five sets of patient reports.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with the CQC in 2017.

Activity (August 2018 to August 2019)

In the reporting period August 2018 to August 2019 There were approximately 28,161 echocardiogram scans and all were NHS-funded.

Track record on safety:

No Never events

Clinical incidents: one serious incident and no deaths

No serious injuries

No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

No incidences of hospital acquired Clostridium difficile (c.diff)

No incidences of hospital acquired E-Coli

Forty-four complaints, 19 which were upheld (the service admitted fault)

Services accredited by a national body:

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British Society of Echocardiography - InHealth Echotech departmental accreditation in transthoracic echocardiography and accreditation in training in echocardiography (InHealth Echotech is the only independent provider to hold this accreditation). ISO 27001: 2013 (whole organisation)

ISO 9001: 2015 (whole organisation)

"Investors in People(Gold award)" (whole organisation) (Valid until 31/12/19).

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated it as **Good** because:

- 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 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.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- 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 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.
- 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 managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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.

However:

• We found trip hazards from power leads in some clinics.

Are services effective?

Are services effective?

We do not have sufficient evidence to rate effective

Good

Not sufficient evidence to rate

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Echotech staff and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Some staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Are services caring?

We rated it as **Good** because:

- 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 distress. They understood patients' personal, cultural and religious needs
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive? Are services responsive?

We rated it as **Good** because:

• 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.

Good

Good

- 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 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.

Are services well-led?

We rated it as **Good** because:

- 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. They supported staff to develop their skills and take on more senior roles.
- 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.
- 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.
- Leaders and teams 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.
- 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.

Good

- Leaders and staff actively and openly engaged with patients, staff, and the public 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. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

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

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

Good

Are diagnostic imaging services safe?

We rated it 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. We saw evidence staff had completed mandatory training in subjects such as but not limited to basic life support, customer service, information governance, equality and diversity and infection control.

The mandatory training was comprehensive and met the needs of patients and staff. The completion rate of mandatory training was 92% against the services standard of 90%.

InHealth Echotech had recently completed a risk assessment to assess whether intermediate life support (ILS) training was required for the type of patients receiving echocardiograms. Managers decided that basic life support (BLS) would be sufficient including the use of defibrillation training and whilst there was a change over of course the completion rate at the time of inspection was 90% of staff had completed either the ILS or the online part of the BLS course. Staff monitored their mandatory training requirements using an electronic staff database; this helped them maintain compliance with training. Delivery of mandatory training was both face-to face and online. Staff reported they had enough time to complete their training.

Managers monitored mandatory training and alerted staff when they needed an update and were responsible for ensuring all staff including those with substantial posts in the NHS provided evidence of their mandatory training. This provided assurance all staff working for InHealth Echotech were up to date with mandatory 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.

There were clear safeguarding processes and procedures in place for safeguarding adults and children. All policies were available and easily accessible electronically to staff.

Staff were familiar with InHealth Echotech's safeguarding policy and how to access it. They could tell us the procedure to follow if they had safeguarding concerns and could identify the safeguarding leads.

Safeguarding policies and procedures were clear and staff we spoke with showed a comprehensive understanding of safeguarding issues for example domestic violence and neglect.

Safeguarding adults and children training completions rates were 95% which was better than InHealth Echotech's target of 90%. All staff had been trained to level 1 and 2 in children's safeguarding and two members of the executive team in InHealth to level 4, which was in

line with the intercollegiate document 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (January 2019). The training included PREVENT (counter terrorism training) and female genital mutilation information.

All staff we spoke with reported they would receive feedback from their managers regarding the outcome of a safeguarding referral. InHealth Echotech would follow up the referrals with either the commissioner or directly with the local authority.

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.

There had been no incidences of healthcare acquired infections within the service in the last 12 months.

Infection prevention and control standard operating procedures and policies were current and accessible electronically for staff.

We observed all staff across InHealth Echotech adhered to infection control procedures such as being bare below the elbow, having long hair tied up and using the appropriate personal protective equipment such as gloves to perform the echocardiogram. When the staff member undertook the ultrasound, they wore a glove on the hand holding the probe in patients' chest area to reduce the risk of cross infection.

Each site we visited had washable floorings and wipe-clean furnishings. Staff cleaned probes and Electrocardiogram (ECG) leads between each patient and used fresh paper towelling on the couch to help prevent the spread of infections.

We saw hand sanitiser gel and soap placed by sinks and in prominent positions in each site. We observed all staff washed their hands in accordance with the World Health Organisations five moments for hand hygiene technique both before and after patient care.

InHealth Echotech audited hand hygiene regularly using a hand hygiene audit tool. We saw evidence that hand hygiene audits were completed in a sample of four sites per region annually with good results. The owners of each site were responsible for the cleaning of each site but InHealth Echotech staff checked each time they used the room against a checklist to ensure it was clean and reported any issues back to landlords or owners.

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.

InHealth Echotech carried out services from community hospitals, GP practices and medical centres under room rental agreements. The rental agreements included provision of reception/meet and greet, health and safety compliance and availability of emergency equipment.

Prior to the agreement to rent space, InHealth Echotech carried out a site evaluation to ensure room suitability, checking the room was equipped with the required items to provide safe and comfortable services for patients and staff.

Patients would arrive and report to the reception area and the echocardiologists would collect the patient from the waiting area for their scan.

The clinic rooms were large enough to allow a relative to attend with the patients. They included a desk with a computer, a couch and a hand washing sink.

We observed staff segregated and disposed of clinical waste correctly. The commissioning services had overall responsibility for the removal of clinical waste.

InHealth Echotech had a comprehensive equipment replacement plan to ensure that any echocardiogram machines over 5 years old were reviewed for upgrade or replaced. This ensured the service used the most up to date technology.

The echocardiogram machine's manufacturer maintained and serviced all machines annually. We reviewed service records for the equipment, which detailed the maintenance history and service due dates. We saw evidence the manufacturer had serviced all machines within the last year.

Staff reported if equipment broke down an engineer was available on the phone to talk through any actions required to resolve the issue. If this was not possible a replacement would be couriered to the clinic within two hours.

A member of staff for each region was responsible for completing health and safety checks on the clinics within their region every three months. The system automatically scored the risk and managers assessed if the risk required escalating to the local risk register and what actions staff needed to take to reduce the risk. For example, at one site the defibrillation machine was kept across the road from the outpatient's department. InHealth Echotech managers were in discussion with the landlord regarding the safety for patients at this clinic.

Some echocardiographers carried their own defibrillation machines and others used the site landlords. As part of the daily check list we saw staff were expected to check the defibrillation machine was functioning and contained in date consumables. All checklists we reviewed showed staff had checked the machines daily.

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.

Staff told us what action they would take if a patient became unwell or distressed while waiting for, or during, investigation. The action taken depended on the specific situation and staff provided examples which showed they would take appropriate action.

Staff across the sites reported they would review the next days clinic list and referrals the day before to ensure the patients booked for the echocardiogram were suitable and safe. If there were any concerns the staff member contacted the Patient Referral Centre (PRC) to arrange for the patient to be referred to their original referrer.

Staff received training to provide basic life support in the event of a patient collapsing or becoming acutely unwell. Staff we spoke with were aware of their responsibilities and would call for emergency assistance from other clinicians such as GPs or doctors in the building, using the emergency call/alert system or if appropriate would call 999. Clinics operated during working hours when other clinicians were present in the building.

There were 11 urgent transfers in the last 12 months. An audit showed all transfers were appropriate onward referrals. This indicated InHealth Echotech's reporting guidelines were appropriate and safe.

Referral forms had a section for the referrers to highlight any ongoing concerns or risks regarding the patient. The PRC were able to highlight with a symbol to alert staff on the system for the echocardiographers if they required an interpreter or were a wheelchair user. We observed this symbol which was highly visible.

Echocardiographers had access to a on call clinical lead to discuss urgent or complex cases via a remote link, which allowed clinicians to access images and clinical information on the software system in real time. This enabled quick and responsive clinical support and decision making.

Echocardiographers followed a 'significant findings pathway' if they identified any unusual findings on the echocardiogram. The report was sent urgently to the referrer and followed up by the PRC by email if the referrer did not send an email acknowledgement. If the patient was acutely unwell staff referred immediately to the local emergency department or cardiology department. This ensured all patients with anomalies received prompt appropriate care in the correct place.

To safeguard people against experiencing incorrect echocardiogram scans staff asked patients to confirm their identify, date of birth and GP practice. This showed us that staff followed best practice.

Staff we observed tried to ensure the extension leads for the echocardiogram and laptops were placed out of the way of patients to ensure they were not a trip hazard. When this was not possible staff reported they taped the leads to the floor and positioned the Echocardiogram machine in a position not to expose patients or their relatives to the trip hazard. However, in one site we observed the lead was a trip hazard for the member of staff. When questioned by the inspector regarding the risk the staff member repositioned the lead.

After the inspection InHealth Echotech sent an action plan to address this issue which included communication with the landlords to ensure rooms were cleared of equipment to place the extension leads safely, reiterating to staff the need to ensure their cables do not pose a risk to patients or themselves during clinic and to contact their line manager if they have any problems at site and updated the daily checklist to include checking cables were connected to avoid trip hazard for patient and staff.

Echocardiographers and Trainees

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.

Staffing levels were calculated using service information including operational hours, expected activities, and training requirements. InHealth Echotech was managed by an experienced operational manager, supported by a regional management team to maintain accountability for safe and appropriate staffing levels.

Echotech's staffing consisted of four operational managers, 7.2 full time equivalent (FTE) echocardiographers, 7.55 FTE cardiac physiologists, 8.8 FTE senior cardiac physiologists and one sonographer. They also had eight trainees who were undertaking the British society of Echocardiographers (BSE) accredited course to become echocardiographers.

There were currently 12 FTE vacancies for echocardiographers, however the service was able to cover all the clinics by using bank, agency and contracted staff.

The service used an electronic rota to plan staffing and rotas were planned two to three months in advance. All staff we spoke with reported the rotas were accessible and worked well.

Agency staff were from the approved InHealth preferred supplier agency. A local standard operating procedure outlined the Head of InHealth Echotech's approval and checking systems prior to use. We reviewed the agency induction and recruitment check list and found it to be comprehensive.

Cardiology staffing

Two Consultant cardiologists supported InHealth Echotech and were clinical leads for the service. InHealth Echotech contracted the cardiologists to work with the organisation and they provided direct support and oversight to both clinical activity and contributed to the development of policies and standard operating procedures.

Echocardiographers had access to a clinical lead to discuss urgent or complex cases by a remote link which allowed clinicians to access images and clinical information in real time. This allowed quick and responsive clinical support and decision making.

Both cardiologists worked on a rota basis depending on their availability to review urgent scans. All staff reported the cardiologists were approachable and always received a response within half an hour of any queries they had.

Both cardiologists attended the bi-annual staff training day and provided training and updates on developments in echocardiology.

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 reports were comprehensive, and all staff could access them easily. InHealth Echotech stored all reports on a secure system.

InHealth Echotech sent all patient reports to the referrer or GP on the day of scan, through the corporate patient information system via an automated process using the organisation's electronic patient management system.

InHealth Echotech used a cloud-based system to store images and reports, and the service provided access to all referring clinicians upon request. Managers authorised and granted the formal requests for access.

The request form required the referring clinician to sign a data protection and patient confidentiality clause. InHealth Echotech granted access only to the cohort of patient images and reports that matched the respective commissioner. This ensured the maintenance of patient confidentiality.

The data system allowed for early and rapid review of images and reports by referring clinicians and enabled immediate second opinions and consultant clinical lead reviews when required.

All computers were password protected and observed to be locked when not in use which ensured there was no unauthorised access to patient reports and details. Staff changed passwords every three months.

Staff cleared patient data from the echocardiogram machine after each clinic once the reports had reached the cloud-based reporting system. This ensured that in the case of theft, no patient identifiable data would be available.

We reviewed five scan reports. Staff recorded information in a clear and correct way. They included the reason for the scan, the findings, and any recommendations if relevant for example onward recommendations for referrals to cardiology.

We noted in some cases staff could not transfer all information from the echocardiogram machine to the laptop which meant staff had to manually input some patient information. InHealth Echotech had placed this risk on their risk register and the information technology team were working on a solution.

Medicines

InHealth Echotech did not administer or store any medications

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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.

Never events are serious patient safety incidents which should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. From August 2018 to August 2019, the service did not report any incidents classified as a never event taking place. InHealth Echotech reported one serious incident from August 2018 to August 2019. We reviewed the root cause analysis provided by InHealth Echotech which was thorough and included lessons learnt.

A multi professional team of governance and operational managers reviewed incidents weekly at the complaints, litigation, incidents and complaints (CLIC) meetings. Managers shared incidents with significant learning outcomes with staff either by email or the monthly newsletter and shared a general overview of all incidents and any themes at the biannual education days which all staff attended.

InHealth Echotech reported 148 incidents between August 2018 to August 2019. At the CLIC meeting, all incidents were rated with a risk severity of insignificant, minor or moderate and all detailed the history of the incident and key learning points. The top three themes were clinical cancellations, booking issues and clinical incidents.

Staff we spoke with knew how to report incidents and could give examples of when they would do this. For example, we saw evidence of staff completing an incident report when a patient's relative slipped and fell, clinics cancelled due to staff sickness and booking issues. Staff raised concerns and reported incidents and near misses in line with the InHealth Echotech policy.

Staff understood the duty of candour. Providers of healthcare services must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology.

Staff were open and transparent and gave patients and families a full explanation when things went wrong. InHealth Echotech had a notifiable safety incident standard operating procedure. This was current, and version controlled. Duty of candour training was part of InHealth Echotech's mandatory training programme.

InHealth Echotech made one duty of candour incident notification to the CQC between August 2018 and August 2019 and we saw evidence from the full incident investigation that duty of candour had been applied.

Are diagnostic imaging services effective?

Not sufficient evidence to rate

We do not rate effective for this type of service.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and best 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. We observed staff followed National Institute for Health and Care Excellence (NICE) guidance for diagnostic imaging pathways as part of specific clinical conditions. For example, we observed practices in line with the NICE guidelines for patients requiring an echocardiogram before receiving the chemotherapy medicine trastuzumab.

We reviewed eight policies and procedures, all were current, version controlled, and all reflected current national guidance.

The management of referrals incorporated a triage process which the service aligned to the British Society of Echocardiography (BSE) and commissioning pathways. We saw evidence that staff reviewed the referrals before each clinic to ensure the patient was on the correct pathway.

The governance lead was responsible for reviewing all policies before publication as well as ensuring they were current and up to date. The three clinical leads were responsible for monitoring and reviewing the standard operating procedures to ensure they were current and up to date.

Managers shared any changes to policies or procedures with staff electronically through emails, electronic forums and the quarterly clinical newsletters and updates. This ensured staff followed up to date policies and procedures.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

InHealth Echotech had received accreditation by the British Society of Echocardiography (BSE) as well as becoming the first independent provider who had received accreditation from the BSE for echocardiography training. This meant the service was able to recruit trainees and provide them with in house training to gain accreditation with the British Society of Echocardiography.

InHealth had received their ISO 9001:2015 accreditation award. The accreditation ensured the service followed a strict audit schedule for continual review and improvement of their internal processes. The BSE accreditation report reported Echotech's peer review process was 'second to none'.

A peer audit of 10% of all scans measured the effectiveness of the echocardiography scanning process. Staff scored audits according to BSE guidelines and staff used a local clinical audit standard operating procedure. The scoring system ranged from five which was accurate and complete down to one where there would be serious errors. We reviewed six peer reviews which scored either four or five.

The consultant cardiologist clinical leads audited scans performed by all staff monthly with the requirement that the clinical leads audited every staff member within a 24-month period. This was in addition to the peer reviews.

All staff received an individual audit log every three months with monthly feedback from their peer review. This ensured staff received feedback on their audit scores and advice on any trends/themes that may require development. Managers discussed the scores monthly to ensure staff were aware of areas of development.

The peer review rota was designed to ensure that all peer reviews were carried out by Senior Echocardiographers.

InHealth Echotech completed bi-annual targeted audits of specific clinical conditions. Staff would often present audit findings at the bi-annual clinical training day. For example, InHealth Echotech completed an audit of

patients receiving trastuzumab to ensure patients heart functions were appropriately measured and accurately reported to allow clinicians to decide whether patients continued with their treatment. Patients were scanned every three months during the course of their treatment. The audit did not highlight any changes of practice required but reminded staff the importance of the specific measurements required.

InHealth Echotech completed monthly quality audits for each region to ensure quality across the service remained consistent. We saw evidence of these audit's which included service specific audits and local quality requirements against all contracts. Information collected for example, included waiting times, numbers of cancelled clinics, patient did not attend rates and the number of NICE Guidelines with a statement of compliance.

Competent staff

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

InHealth Echotech expected all echocardiographers to have British Society of Echocardiography (BSE) accreditation or alternative and meet the standards. During inspection there were 19 BSE accredited Echocardiographers, one European society of cardiology accredited and eight echocardiographers on the training programme with five due to complete their final exams in November 2019.

One-hundred percent of all new trainees' scans were peer reviewed for quality assurance purposes and feedback given immediately post review. Peer reviews reduced as the trainees became more competent in their role.

Staff received twice yearly clinical training days which, due to the clinical content, led to British Society of Echocardiography (BSE) reaccreditation points. This ensured staff remained up to date with current practices regarding echocardiography as well as enabling them to gain clinical professional development points.

InHealth Echotech supported staff to attend the annual BSE AGM which is a large conference specifically for the field of echocardiography. This enabled teams to discuss new and current practice. Staff reported findings from this conference would feed in to clinical practice and inclusion in the scanning and reporting guidelines, which allowed a consistent and standardised approach across InHealth Echotech.

Echotech's educational lead held a position on the BSE's educational committee. This enabled the educational lead to immediately update staff with new guidance and pathways.

Senior echocardiographers received one administration day a week to complete the peer reviews and continuing professional development activities to maintain their accreditation with the BSE.

Staff received informal monthly one to one discussions with their managers. Discussions included their monthly peer review results, any learning from incidents and a general discussion around their wellbeing. All discussions contributed to the appraisals and staff we spoke with valued this contact due to the isolating nature of their role.

We saw evidence of appraisals taking place and all staff reported how beneficial they were regarding their development. The current appraisal completion rate was 75%. This figure included the new starters who were yet to receive their appraisal.

Agency staff completed an induction into the clinical, technical and patient care aspects of the role. Senior members of the team assessed their competency. Induction included orientation with the department's equipment and scanning standards whilst being observed with a short list of patients.

Staff assessed agency staff on their competency and skill to carry out the scan, their ability to report via InHealth Echotech's reporting guidelines and ability to demonstrate their management of patient care.

Multidisciplinary working

Echotech staff and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Echotech worked with other independent providers and NHS trusts to provide algorithms for GP's to reduce the initial referrals for patients to consultant cardiologist appointments. Instead the algorithm's suggested GP's could refer patients directly to have an echocardiogram.

The computer systems used by Echotech promoted good multidisciplinary working. Cardiologists at local NHS hospitals were able to securely access the system to review scans which quickened the process of diagnosis and treatment.

The head of InHealth Echotech and regional leads met regularly with commissioners to ensure the service provided was safe, timely and met the commissioner's expectations.

Seven-day services

Key services were available seven days a week to support timely patient care.

Most clinics across the service ran Monday to Sunday and there was a dedicated urgent appointment team within the patient referral centre (PRC) to ensure urgent two week wait appointments were booked in a timely way. We saw evidence all patients on urgent two week wait pathways received an echocardiogram within the two week window.

Health promotion

Some staff gave patients practical support and advice to lead healthier lives.

In most sites we did not see evidence of any health promotion to support patients to lead healthier lives. However, one of the six sites we visited had their own information board within the reception waiting area. It included information regarding signs and symptoms of cholesterol, chronic heart disease and atrial fibrillation.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff we spoke with reported they had training on the Mental Capacity Act and deprivation of liberty and all staff were aware of policies on the intranet. We saw policies on the Mental Capacity Act 2005 were available on InHealth Echotech's intranet. Although staff stated they were unlikely to see patients with mental capacity issues, they were aware of what to do if they had concerns regarding a patient's ability to consent to the scan.

Staff were familiar with processes such as best interest decisions and were able to provide examples where they made the decision to stop a scan when the patient became distressed.

Some clinics saw 16 to 18 year olds. Staff were aware of their responsibilities and understanding of Gillick Competencies (Gillick Competencies is used in medical law to decide whether a child can consent to his or her own medical treatment, without the need for parental permission or knowledge).

We saw staff gain verbal consent before completing scans and all patients received explanations about the scan and what was going to happen.

Are diagnostic imaging services caring?

Good

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.

In general staff treated patients with dignity and respect which included providing privacy when preparing for the scan. However, in one area we observed staff asking patients to undress in the open room despite there being a curtain available. Best practice would be to ask the patient to undress and settle on the couch behind the curtain.

After the inspection the InHealth Echotech sent an action plan in relation to this issue which included an update to their check list to include privacy & dignity enabled: working curtains, gowns/couch roll and clinical staff job

descriptions have been updated to include 'ensure privacy and dignity of patient at all times making use of curtained area and gowns/couch roll' under the 'Patient Care and service delivery section.

Staff introduced themselves and explained their role and went on to fully describe what would happen during the procedure.

At the time of booking the patient referral centre (PRC) offered patients the opportunity to select their preferred method of contact and booking, whether they would like a chaperone, interpreter or to state a preference on gender of clinician. We asked patients if the PRC had offered the above and most patients agreed they had.

Staff said they took the time wherever possible to interact with patients and their relatives. We observed staff speaking with patients in a respectful and considerate way.

Patients reported "I had no concerns, the appointment was very thorough, and the staff member answered all my questions, I was very impressed by the whole process"

Other comments received regarding the care provided by Echotech staff included "Everyone is very knowledgeable and very caring, they are very professional", "Very nice girl", "No complaints", "All lovely, no issues at all".

Staff followed policy to keep patient care and treatment confidential. We noted staff kept the patient appointment list secure and covered it over during the clinic.

Staff mostly understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, we observed staff covered female patients' chest with paper towel to maintain their dignity.

Between August 2018 to August 2019, InHealth Echotech received 1400 compliments through the friends and family test feedback forms.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs

Staff gave patients and those close to them help, emotional support and advice when they needed it. For example, a patient living with dementia's relative fainted during an appointment. The trainee echocardiographer ensured the patient remained calm and reassured whist other staff members attended to their relative.

Staff supported patients through their investigations, ensuring they were well informed and knew what to expect. Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calming and reassuring demeanour so as not to increase anxiety in nervous patients.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We observed staff talking with the patient throughout the scan's and asking questions regarding their current state of health and impact it may have on their wellbeing.

Staff across all sites explained if a patient requested a chaperone, they would always provide one. The patient referral centre (PRC) sent a leaflet to patients, asking them to let them know if they would like a chaperone, so the PRC could arrange this with the individual site. We observed most patients brought relatives with them.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

We observed staff explain to patients why they were conducting the scan and what the scan would consist of, including what the equipment, for example the electrodes did. During the scan, the echocardiologists explained where on the patient's chest they were going to move the probe to before doing it always seeking assurance to proceed from the patients.

After the scan staff explained when the patient should expect to get results. They also gave patients lots of opportunities to ask questions to ensure their understanding.

Patients we spoke with told us they felt they were involved with decisions about their care and treatment and were aware of what the next steps were.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Interpreter's for both translation and British Sign Language were available as patients and their families required.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Most staff carried how to complain leaflets to each clinic which ensured information was available to patients on the day of the echocardiogram.

Are diagnostic imaging services responsive?

Good

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.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests through a single appointment.

InHealth Echotech would review the patient waiting times in individual regions to assess any capacity issues. The service was continually exploring additional clinic options with commissioners when capacity in any region was challenged.

InHealth Echotech were in continuous discussions with commissioners around how to bring the service to patients and how they could help reduce the waiting list burden on NHS trusts.

In some regions of the country there were multiple choices of clinics for patients to choose from making access to appointments easy. Clinics were held throughout the day and at weekends which made the service accessible to all.

Most patients we spoke with had received by email or post an appointment letter with details regarding the

appointment location, a map of how to get there and a leaflet detailing what the echocardiogram scan involved. They reported the clinics were easy to find and were comfortable.

All sites we visited were patient centred, comfortable, included accessible toilet facilities and had adequate seating in the waiting areas.

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.

Staff were able to extend and change clinics to support patients. For example, staff opened one clinic early to scan a patient who had received a diagnosis of breast cancer and needed an echocardiogram before they started chemotherapy that afternoon.

We saw some referral forms included details of whether the patient was living with a learning disability or dementia. However, some staff were unsure how to adapt the clinic to support people living with these conditions. Staff reported due to the nature of the clinic, patients living with learning disabilities or dementia usually attended with a family member or carer who was able to support the scanning process.

Clinics were not equipped with the facilities to transfer non-mobile patients therefore patients who used a wheelchair and were unable to transfer to the couch should be highlighted at the time of booking. This was to ensure the service could make an appropriate referral to an NHS provision with a hoist. At one clinic we observed staff scan a patient in a wheelchair and staff we spoke with reported there was an expectation they would attempt to complete the scan and make a note of the reason for the reduced clarity of the scan in the report.

At another clinic we observed staff did not scan a patient in a wheelchair as the patient was unable to transfer to the couch. We raised this after inspection with the head of InHealth Echotech, who confirmed the expectation was staff would try to complete the scan with the patient in the wheelchair. They also provided evidence, following the inspection, they had reminded all staff about the

requirement to try to complete the procedure on the patient whilst in the wheelchair. The service had also updated their 'access' standard operating procedure to clarify InHealth Echotech's expectations of staff.

Most of the sites were able to accommodate patients weighing up to 225kg, and all clinic rooms were large enough to accommodate a patient in a wheelchair with a relative. Clinics held on the first floor of buildings all had lifts and step free access for patients with reduced mobility.

Each appointment allowed 30 to 40 minutes. All staff reported this was adequate time to perform and report on the scan. Staff commented it was valuable to spend time with patients without feeling too rushed. All patients we spoke with reported they did not feel rushed during the clinics.

If the service had to cancel a clinic, staff from the patient relations centre (PRC) informed patients immediately and offered the next available appointment that was suitable for their needs.

GP's and consultants referred patients to the InHealth Echotech service. Staff in the PRC made appointments by telephone at a time and date agreed by the patient and sent confirmation texts and emails. Patients could also book appointments using the interactive patient portal. This ensured patients received a choice of appointment times and locations.

All staff had access to a language translation service including British sign Language.

Information leaflets which explained the echocardiogram scan and the appointment information were available in a range of different languages including Kurdish Sorani, Slovak, Arabic, Urdu and Farsi as well as English. The leaflet advised other languages and accessible formats were available on request.

We saw evidence all staff had received training in equality and diversity and InHealth Echotech expected staff to demonstrate these values throughout their work.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment were in line with national standards. InHealth Echotech devised a separate pathway for urgent referrals to ensure patients received appointments within specific timeframes. InHealth Echotech developed the pathway following concerns from commissioners that patients who required an urgent referral did not receive the same appointment choices as routine referrals.

The service had an automated dashboard which was visible to and reviewed daily by the InHealth Echotech operational managers and the PRC. The dashboard identified urgently referred patients and ensured all patients on a two-week waiting list were seen within nine to 14 days. We reviewed the dashboard and saw no patients had been waiting for longer than 14 days for an appointment unless it was their choice.

Operational managers arranged clinic schedules at least six weeks in advance based on the activity requirements of each contract. This ensured an early warning should there be a staffing challenge. Operational managers managed clinic schedules and took responsibility for ensuring there was enough staffing capacity for the expected activity.

InHealth Echotech staff could access an automated daily dashboard from the patient information and booking system which gave a breakdown of patients waiting for appointments. This enabled operational managers to manage patient activity in real time. Sometimes, when there was a lack of capacity in a region, operational managers arranged further room rentals, bank staff cover or used agency staff.

Waiting times in the clinics were short. Data showed there were very few delays and appointment times were closely adhered to. We noted this during inspection patients reported short waits.

Reports were produced on the same day as the clinic and sent immediately to the referrers. If abnormalities were found on the scan the PRC team were alerted by the echocardiographer and the referrer informed within 24 hours.

On some NHS sites staff would discuss patients care with NHS consultants and immediate decisions were made regarding their care at the time of the scan.

At the time of inspection there were 449 patients waiting to for an Echocardiogram however we saw evidence all patients were seen within six weeks. All patients we spoke

with had not waited more than six weeks for an appointment apart from one where they chose to delay the appointment due to a holiday. This was in line with the commissioner's requests and the national NHS six week referral to treatment time diagnostic standard.

Between July 2018 and July 2019 there were 1040 out of approximately 28,700 scans(3.62%) cancelled for non-clinical reasons. Fifty-six of these were due to a machine breakdown or other equipment failures with the most frequent reason for cancellations being due to staff sickness or staff availability.

If a patient was more than 15 minutes late for an appointment staff reported, they would do their upmost to accommodate the appointment otherwise they would refer the patient back to the PRC. Depending on the individual commissioning contracts if a patient did not attend one or two times, InHealth Echotech would refer them back to their referrer.

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. The service included patients in the investigation of their complaint.

InHealth Echotech received 44 complaints between August 2018 and August 2019 and the service upheld 19 (the provider took full responsibility). Complaints were a mixture of poor communication, cancellation of procedures and delays in obtaining the reports.

No complaints had been referred to the Independent Sector Complaints Adjudication Service (ISCAS) for privately funded patients or the Public Health service Ombudsman for NHS funded patients.

The service had a policy for managing complaints, which included timescales for acknowledging a complaint (three working days) and investigated and responded within 20 working days. We reviewed six complaint responses and found managers had responded to the complaints within the three and 20 working day rule. The complainant received a written response to their complaint which offered an apology and were open and honest. Staff could give examples of how they used patient feedback to improve daily practice. For example, the service updated three clinic maps and directions for one clinic because of patient feedback whereby patients expressed they had experienced difficulties locating the clinic leading to lateness. Staff added more detail to the maps and updated the appointment letters.

Not all clinics we inspected displayed complaints leaflets however at three sites we saw complaint leaflets displayed and patients we spoke with knew who to contact in Echotech to make a complaint.

There was a lack of knowledge of clinics being held at one site by the GP team jointly managing a reception area with InHealth Echotech. This was highlighted via a patient complaint so InHealth Echotech provided guidance and information on clinic requirements.

Managers discussed complaints weekly during the complaints, litigation, incidents and complaints (CLIC) meetings and managers shared any themes identified with to staff by emails and newsletters.

Are diagnostic imaging services well-led?



We rated it as 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. They supported staff to develop their skills and take on more senior roles.

InHealth Echotech was part of the organisation InHealth. There was an overall head of InHealth Echotech who reported to the director of cardiology and gastroenterology for InHealth.

We viewed a flowchart which clearly documented the InHealth Echotech leadership structure. The head of InHealth Echotech was directly accountable to the

director of cardiology and gastroenterology for InHealth, who was accountable to the InHealth managing director of specialist services who reported to InHealth's chief executive.

The head of InHealth Echotech oversaw a team of three operational leads who covered three geographical patches and three clinical leads as well as one education practitioner and a deputy education practitioner. The clinical leads supported the teams of echocardiographers and the operational leads had oversight of all operational matters.

The head of InHealth Echotech was aware of challenges to sustainability and quality of the service and the challenges different areas might face. Staff reported the head of InHealth Echotech to be a good leader and very approachable.

All staff reported their managers to be approachable with strong leadership skills. Staff told us leaders had the skills and experience to appreciate the roles they completed and offered valuable support.

Staff advised us they felt supported by management even though they worked by themselves. There was always access to support, so they never had to make decisions regarding patient pathways on their own.

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.

InHealth's mission statement was to be the most valued and preferred provider by patients. InHealth's values were passion, care, trust and fresh-thinking as well as improving healthcare services for NHS patients. InHealth's corporate objectives were to:

- Improve the quality of care
- Develop and add new services
- Expand and develop customer base
- Enhance our market profile

- Develop our people
- Exceed financial target

Although InHealth Echotech did not have its own strategy, it worked to achieve Inhealth's overall objectives. InHealth's vision incorporated InHealth Echotech as they provided the echocardiogram service within larger contracts and the provision of echocardiogram clinics closer to home.

We observed all staff including InHealth's values within their daily work. For example, within the value 'care', where appropriate staff used humour within conversations which the patients' reported to enjoy and helped them relax.

Staff were introduced to InHealth's values during the corporate induction. The appraisal process encompassed the values and all staff's personal professional development objectives discussed at appraisals were aligned to the company's objectives.

InHealth Echotech had a vision and strategy that included growing the team, equipment replacement, and provision of a virtual early triage clinics which would reduce referrals to cardiology clinics. These clinics were under development and InHealth Echotech held regular conversations with interested commissioners.

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.

All staff placed the patient at the centre of their service and described the care they delivered was based around the patient's needs.

The service described having an open no blame culture where managers actively promoted and encouraged incident reporting which they used for training to improve care. Satisfaction survey's sought yearly staff and monthly patient engagement.

InHealth Echotech empowered staff to take accountability for the services they provided, and staff

were supported to grow and develop ideas and practices which would improve patient and organisational safety. For example, a suggestion box was available for staff to make anonymous service improvement suggestions at the biannual training days. Staff reported managers read all suggestions and feedback provided through emails or newsletters.

Staff reported they loved working for the company. That it was very "forward thinking". The provider did what it could to create a coherent team, although it acknowledged it was difficult as staff were on their own whilst in clinic. Staff we spoke with reported that although they worked alone they still very much felt part of a team.

Staff who were joining InHealth Echotech from abroad received accommodation for a two week period and help with finding accommodation. InHealth Echotech also provided staff with driving lessons if required and helped with applications for visas. (InHealth paid for all required working visas).

InHealth Echotech promoted equality and diversity in daily work for all staff. For example, the service rearranged clinics to enable them time to pray.

Staff were supported to be open and honest with the appointment of two freedom to speak up guardians and a duty of candour policy. Freedom to speak up guardians support workers to speak up when they feel that they are unable to do so by other routes

InHealth provided a bespoke leadership and development programme for first line operational and service managers. Two members of staff we spoke with reported they had completed this course and others reported they had completed similar courses in previous roles outside of InHealth Echotech.

All staff we spoke with who were interested in career progression reported their managers encouraged and supported development and progression during their one to one and appraisal discussions.

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 Echotech service had a clear systematic governance process to continually improve the quality of service provided to patients. These arrangements were clear and operated effectively. Staff understood their roles and accountabilities.

The service undertook several quality audits, and information from these assisted in driving improvement and gave staff ownership of things which had gone well, and action plans identified how to address things which needed to be improved.

Quality monitoring was the responsibility of the operational and governance leads supported by the clinical quality team and governance committee structure.

The executive team regularly scrutinised quality data from all services through the monthly reporting structure and used this information to inform service development and workforce planning.

Local governance processes were achieved through monthly team meetings and local analysis of performance including discussion of local incidents. Feedback and actions fed into processes at a corporate level. We saw evidence of this process in meeting minutes during our inspection.

We saw minutes of the operational managers meetings and the clinical leads meetings which had a clear agenda and actions required. This ensured that actions to improve were recorded and monitored for completion to ensure a continuous improvement cycle.

Staff were clear about their roles, what managers expected of them and for what and to whom they were accountable.

Managing risks, 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. They had plans to cope with unexpected events.

There was a system for managing risks in place and managers added risks to the local Inhealth Echotech risk register following the completion of risk assessments. Those with high scores after mitigation was put in place were highlighted through the corporate quarterly risk report. A quarterly report on new and updated risks was sent to the quarterly risk and governance committee where it was reviewed for comment and action as necessary.

The InHealth health and safety advisor provided support with risk assessments along with the risk and governance lead, who also advised managers on the correct process to add a risk to the risk register and complete the quarterly risk report.

All risks we identified during the inspection were documented on the InHealth Echotech risk register.

The governance lead who was also a clinical and operational lead for InHealth Echotech analysed and presented governance data monthly to the head of InHealth Echotech. The data was cascaded to the team. The governance lead also ensured incidents and complaints were dealt with within the required timeframe and actions were taken to mitigate any future instances.

Managers reviewed incidents weekly at the clinical governance complaints, litigation, incidents and complaints (CLIC) meeting. Managers recorded investigation and actions to address the adverse event and the clinical governance team analysed the data to identify themes. The governance lead shared any themes with staff to prevent recurrence both at location and organisational level.

Managers monitored performance at a local and corporate level. Operational leads monitored progress in delivering services through key performance indicators (KPI). Performance dashboards and reports were produced for each region and enabled comparisons and benchmarking across InHealth Echotech as well as against other InHealth services. The head of InHealth Echotech held each operational lead to account regarding achieving the KPI's.

We saw evidence InHealth Echotech were reaching their KPI's for the six week and two week waits. This ensured patients were seen in a timely way and against the commissioner's requirements. The service had a robust business continuity plan in the event of loss of electricity, floods or adverse weather etc. We saw this plan was available to all staff and included good contingency plans. All staff we spoke with were aware of the plan and where to find it.

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.

InHealth Echotech used a series of automated dashboards from the patient information system, designed and overseen by the patient referral centre to ensure visibility of the number of patients booked, waiting to be booked, and available appointments for the next 30 days and 60 days. This provided managers with oversight when assessing the needs of patients, and ensured patients received their scan within the required timeframes.

InHealth Echotech had specifically designed dashboards to manage appropriate appointment availability for patients requiring urgent scans which helped to manage the safety of patients referred on an urgent basis.

InHealth had received the ISO 27001 accreditation who audited every six months against the standard on a rolling programme. ISO 27001 is an international quality standard for an information security management system. This demonstrated the organisation was following information security best practice and provided an independent verification that information security was managed in line with international standards.

All staff within InHealth Echotech had easy access to the intranet where they could access all policies and procedures as well as communicate and receive updates within an electronic communications system.

Staff kept electronic patient records secure to prevent unauthorised access to data, however authorised staff demonstrated patient information was easily accessible when required.

Authorised referrers could remotely review information from scans to give timely advice and interpretation of results to determine appropriate patient care.

All staff had undertaken data security and awareness training as part of their mandatory training. Staff we spoke with understood their responsibilities around information governance and risk management.

Engagement

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

InHealth Echotech encouraged staff to provide feedback to the business through an annual staff survey which helped to develop service plans at both an organisational and service level.

Results of the last staff survey showed 86% of staff felt their role offered them interesting work and the opportunity to work well with others, 83% reported InHealth Echotech encouraged innovative ideas to improve efficiency and patient care and 90% stated they had opportunities to learn and grow. One-hundred percent of staff would recommend the InHealth Echotech service to friends and family.

Following staff feeding back that they would like to spend more time with patients, the information technology team was developing workaround solutions for some of the technology to enable staff to spend less time writing the reports and more time engaging with patients.

Another result of a change from staff feedback was the change of colour of the uniforms from white to a dark colour. This was in response to concerns that the white uniforms were greying quicker and staff were continually asking for new ones. This change also brought InHealth Echotech in line with the InHealth brand. InHealth Echotech newsletters and monthly governance reports were available to all staff. Staff could contribute to the newsletter, and it included a section on specific staff biography and positive patient feedback.

The service engaged regularly with clinical commissioners to understand the service they required and how services could be improved. This produced an effective pathway for patients. The service also had a good relationship with local NHS providers. The head of InHealth Echotech encouraged the operational leads to engage with smaller commissioning bodies to develop good working relationships.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

With the development of the team and the investment in new equipment, InHealth Echotech had improved the quality of care to patients by ensuring they meet waiting times and provide a high standard of technology to support quality scanning.

Echotech were aware of the need to recruit and retain staff, as nationally there was a shortage of echocardiographers.

Echotech were working closely with commissioners to develop a virtual service whereby GP's could access echocardiographers remotely to advise on the best pathways for a patient to follow.

Outstanding practice and areas for improvement

Outstanding practice

The service has enabled some NHS trusts and commissioners to access live echocardiograms to help with the quick diagnosis and onward referral for patients.

Echotech was the first independent provider who had received accreditation from the British Society of

Echocardiography for echocardiography training. This meant the service was able to recruit trainees and provide them with in house training to gain accreditation with the British Society of Echocardiography.