

Welbeck Street Diagnostic Centre LLP – The London Digestive Centre

Quality Report

41 – 43 Welbeck Street
London
W1G 8EA

Tel: 020 3905 3900







Website: www.theprincessgracehospital.com

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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	Outstanding	
Are services safe?	Good	
Are services effective?	Not sufficient evidence to rate	
Are services caring?	Outstanding	
Are services responsive?	Outstanding	
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.

Summary of findings

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.

Summary of findings

Letter from the Chief Inspector of Hospitals

Welbeck Street Diagnostic Centre LLP -The London Digestive Centre is operated by Welbeck Street Diagnostic Centre LLP and is part of HCA Healthcare. The London Digestive Centre is part of the Princess Grace Hospital and is a purpose-built outpatient and diagnostics centre treating upper and lower gastrointestinal diseases, liver and pancreatic disorders, neuro-gastroenterology and ear, nose and throat (ENT) conditions. The service is staffed and designed to offer seamless care pathways from consultation and diagnosis to treatment and long-term condition management. The service specialises in conditions of the stomach, bowel, liver, bile duct and pancreas and offers outpatient consultation and diagnostic services.

The centre is one of 22 outpatient and diagnostics centres that HCA Healthcare operates in the UK and is linked to a nearby hospital within the provider's network.

The hospital has an advanced imaging suite, 17 consulting rooms, two treatment suites and facilities for x-ray, fibroscan, magnetic resonance imaging (MRI), computed tomography (CT) and ultrasound. There is one ear, nose and throat (ENT) room. A wide range of medical and surgical specialists provide care from the centre, including: hepato-pancreato-biliary (HPB) surgeons, hepatologists, colorectal surgeons, upper gastrointestinal (GI) services and gastroenterology services. GPs provide care from the centre and have a different registration with CQC. This means they are not included in this inspection report.

We inspected outpatients and diagnostic imaging services.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 18 March 2019, along with two further announced visits to the clinic on 26 March 2019 and 27 March 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.

The main service provided by this hospital was outpatients. Where our findings on diagnostic imaging – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the outpatients service level.

We found good practice in relation to outpatient care:

- 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. They managed medicines well. 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, gave patients enough to eat and drink, and gave them pain relief 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, advised them on how to lead healthier lives, 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 helped them understand their conditions. They provided emotional support to patients, families and carers.

Summary of findings

- 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 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.

We found areas of outstanding practice:

- The head of therapy worked with human resources to develop advanced leadership strategies that helped to contribute to a positive, inclusive working culture. This resulted in innovative, motivational opportunities for long-term staff development and sustainability.
- The safeguarding team had prepared a new strategy for staff to identify and respond to domestic violence and abuse. This was an innovative, evidence-based approach that aimed to reduce the risk of staff giving advice that could be harmful and instead take immediate action so that specialist services could provide assistance.
- Specialist dieticians provided highly individualised care and nutrition plans that took into account patients' country of residence, cultural and religious needs. Where patients lived outside of the UK, dieticians meticulously researched the local equivalent of UK brands of products to recommend these to patients.
- The international business development manager led a programme of cultural competency for staff, which was specific to whether staff were in a clinical or non-clinical role.
- Senior staff demonstrably and persistently encouraged and empowered staff to develop professionally by facilitating opportunities and providing the resources needed for growth.
- Staff demonstrated a proactive and responsive approach to meeting patient's needs during times of disruption.
- A radiographer had been nominated for two awards led by the provider reflecting their volunteer work outside of their usual role and a humanitarian award.

We found areas of practice that require improvement:

- Although mandatory training was comprehensive and contributed to safe practice, it was not always tailored to specific clinical departments.
- Dedicated medical secretaries ensured diagnostic reports were sent to referring clinicians in a timely manner. However, there was not a centralised system that provided assurance results were received.



Following this inspection, we told the provider that it should make two 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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Outstanding 	Outpatient care was the main activity of the hospital. Where our findings on diagnostic imaging also apply to other services, we do not repeat the information but cross-refer to the outpatients section. We rated this service as outstanding because it was safe, effective, caring, responsive and well-led.
Diagnostic imaging	Outstanding 	We rated this service as outstanding because it was safe, effective, caring, responsive and well-led.

Summary of findings

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Outstanding



Welbeck Street Diagnostic Centre LLP - The London Digestive Centre

Services we looked at

Outpatients and Diagnostic imaging.

Summary of this inspection

Background to Welbeck Street Diagnostic Centre LLP – The London Digestive Centre

Welbeck Street Diagnostic Centre LLP -The London Digestive Centre is operated by Welbeck Street Diagnostic Centre LLP and is part of HCA Healthcare. The service opened in 2017. It is a private clinic in London. The centre provides care and treatment to an international community of patients, including those referred from embassies.

The centre has had a registered manager in post since November 2018.

The centre also offers GP services. We did not inspect these services.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and two specialist advisors. The inspection team was overseen by Terri Salt, Interim Head of Hospital Inspection.

Information about Welbeck Street Diagnostic Centre LLP – The London Digestive Centre

The centre is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.

During the inspection, we visited all outpatient and diagnostic imaging services. We included x-ray, which was provided through a joint venture with other stakeholders. We spoke with 19 members of staff across all services and representing a range of roles and levels of seniority. We observed care being delivered, reviewed a sample of patient records and took into account over 50 other pieces of evidence to come to our ratings.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. We had not previously inspected the service.

Surgeons, medical consultants, radiologists and radiographers worked at the centre under a combination of direct employment and practising privileges. This system was in place to provide flexibility and choice for

patients. The centre employed registered nurses, clinical nurse specialists, allied health professionals, healthcare assistants, dedicated receptionists and administrators and two concierges. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety:

- No never events
- No clinical incidents with harm
- No serious injuries

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

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

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

No incidences of hospital acquired E-Coli

No complaints.

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?

We rated safe 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 used systems and processes to safely prescribe, administer, record and store medicines.
- **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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Good



Are services effective?

We do not currently rate effective for outpatients or diagnostic imaging.

Not sufficient evidence to rate



Summary of this inspection

- **The service provided care and treatment based on national guidance and evidence-based practice.** Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** The service made adjustments for patients' religious, cultural and other needs.
- **Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.**
- **Staff monitored the effectiveness of care and treatment.** They used the findings to make improvements and achieved good outcomes for patients.
- **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.
- **Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.** They supported each other to provide good care.
- **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 or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Are services caring?

We rated caring as **Outstanding** 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.**
- Feedback from people who used the service and those close to them was continually positive about the way staff treated people. Patients and their relatives said the services continually exceeded their expectations.

Outstanding



Summary of this inspection

- There was a strong visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff recognised and respected the totality of people's needs. They took into account people's personal, cultural, social and religious needs.
- People who used services were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person. Staff empowered people who used the services to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care.
- Staff placed valued on people's emotional and social needs and embedded them in care and treatment.

Are services responsive?

We rated responsive as **Outstanding** 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.**
- **Staff placed people's individual needs and preferences at the centre of planning and delivery, which led to tailored and flexible services. These provided choice and continuity of 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.
- **The involvement of other organisations were integral to how services were planned and ensured they met people's needs. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, including for those with multiple and complex needs.**
- **Staff had a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met those needs and promoted equality.**
- **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 significantly better than national standards.

Outstanding



Summary of this inspection

- **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 well-led as **Good** because:

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. 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. 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 consistently submitted to external organisations as required.**

Summary of this inspection

- **Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations 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
Outpatients	Good	Not rated	 Outstanding	 Outstanding	Good	 Outstanding
Diagnostic imaging	Good	Not rated	 Outstanding	 Outstanding	Good	 Outstanding
Overall	Good	Not rated	 Outstanding	 Outstanding	Good	 Outstanding

Outpatients

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

Are outpatients and 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 undertook a programme of mandatory training online as part of their induction. The service mandated updates on a regular basis. The core training programme consisted of 14 modules, which included infection control, basic life support, fire safety and manual handling. The modules were relevant to the role of each member of staff and the provider organised more advanced training where staff worked in highly specialised areas.
- Staff said they were happy with the standard of mandatory training and said it could be improved by tailoring it more clearly to the needs of outpatients. For example, staff said the quality of training was consistently good, but they were often told to find ways to adapt it to outpatients in lieu of a more specific training programme.
- Staff had protected time to complete online mandatory training, which was reflected in the 100% compliance rate at the time of our inspection. This was better than the provider's minimum target of 90%.

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.

- All staff were required to complete safeguarding adults training to level 2 and safeguarding children training to level 1, 2 or 3 depending on the role of the individual. Safeguarding training included training in the national government anti-radicalisation strategy PREVENT. At the time of our inspection staff had 100% compliance with this requirement. The provider's designated safeguarding lead provided level 4 guidance on demand.
- Staff were knowledgeable on all aspects of safeguarding, including the principles of good practice and their responsibilities. Staff recognised opportunities for safeguarding questions and assessment in all types of clinical intervention and knew how to carry this out discreetly and with respect to the patient as part of a broad duty of care. The chief nurse was the named safeguarding lead for the hospital and the other sites within the provider's group.
- The centre did not see children in a clinical capacity but was equipped to treat teenagers from 16 years and up. All clinical staff had completed level 3 adult safeguarding training to reflect this age range and up to date policies were readily available on the provider's intranet. This included details of who to contact in specific circumstances and how to obtain urgent help, such as in a safeguarding crisis situation. Where young adults were treated in the service with specific needs relating to safeguarding, staff ensured a clinician with level 3 child safeguarding training was present during the consultation and procedure.



Outpatients

- The safeguarding team had prepared a new strategy for staff to identify and respond to domestic violence and abuse. This was an innovative, evidence-based approach that aimed to reduce the risk of staff giving advice that could be harmful and instead take immediate action so that specialist services could provide assistance. The information included contact details for national domestic violence agencies and action to be taken if a patient was at immediate risk. As part of this strategy, the service provided discreet information for patients who were experiencing abuse or knew someone who was. This included contact numbers for urgent help printed discreetly or disguised as another product to help them feel confident in taking the information away.
- Staff were prepared to deal discreetly and effectively with safeguarding situations presented by patients referred from another country's embassy. This included processes for the international business development manager and clinical team to work together with local safeguarding services and embassy health attaches.
- The safeguarding lead had prepared new information for staff on responding rapidly to suspected or disclosed female genital mutilation (FGM). Staff recognised their time with patients was short and so they had limited time in which to recognise and respond to a safeguarding need.
- All staff were trained to act as a chaperone and notices were displayed at reception desks and in clinical areas, including in diagnostic imaging. Chaperones were booked in advance and staff had the ability to arrange this on the day of an appointment on request or where this was clinically necessary. A chaperone information poster was displayed in all consulting and treatment rooms and this information was available on the hospital's website.
- The safeguarding lead maintained a visible presence in the service and carried out frequent walkarounds to meet staff and discuss support needs with them.
- Nurses completed training in the recognition of FGM and child sexual exploitation (CSE). Care pathways were in place with embassy health attaches where patients had been referred by an embassy. The service had adopted the national sexual exploitation traffic light tool to identify and respond to risk.

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.

- Staff proactively monitored adherence to the provider's infection control standards and notices reminded people when they were entering clinical areas and were required to comply with the bare below the elbows policy.
- Housekeeping staff completed cleaning checklists for each area of the building, including clinical areas and changing rooms in diagnostic imaging. We reviewed a sample of 13 checklists and found them all to be up to date with no omissions or errors.
- Antibacterial hand gel was available at the main entrance, each reception desk and in all clinical areas. Notices were prominently placed at the entrance to clinical areas instructing staff to adhere to the provider's bare below the elbows policy in these areas. Each clinical area and all toilet facilities were fitted with pictorial instructions on best practice handwashing guidance.
- Staff carried out monthly uniform and hand hygiene audits. The most recent hand hygiene audit took place in February 2019 and demonstrated 95% compliance. The audit highlighted inconsistent application of the hand hygiene policy amongst consultants, which the senior team addressed. Hand hygiene posters depicting best practice in line with World Health Organisation were displayed in all treatment rooms and toilets.
- The team carried out a quarterly infection control audit of the whole service in seven categories, including the handling and disposal of waste and the environment. Between July 2018 and September 2018, the team achieved 92% compliance. During this period, four measures fell short of the service's minimum 90% standard. This included 88% for the disposal of waste and 89% for the safe handling and disposal of sharps. Where performance did not meet the provider's minimum standard, the team prepared a recommendation and action plan.
- Staff used four nanoendoscopes in the ear, nose and throat (ENT) service and we observed consistent decontamination and sorting processes, including



Outpatients

colour-coded segregated streaming. Staff used a best practice three-stage decontamination process and had completed specialist training delivered by the manufacturer of the equipment.

- All areas of the hospital were visibly clean and free from high- and low-level dust. Privacy curtains in patient examination areas were disposable and labelled with the latest change date. Staff used 'I'm clean' stickers to indicate when an item of equipment was clean, disinfected and ready for use.

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

- Designated staff on each floor of the building were trained to sweep the area in the event of a fire alarm or evacuation and an overall fire marshal was responsible for monitoring this. We spoke with a fire marshal during our inspection and they demonstrated detailed, extensive knowledge of the fire and evacuation procedures.
- All reception desks and clinical areas were fitted with panic alarms linked to the dedicated security team. Entrance to the centre and to restricted areas was controlled by video-linked access.
- Emergency grab bags were located on alternate floors of the building, with clear signage regarding the location in each entrance and lift lobby. Emergency equipment included portable oxygen with masks in a range of sizes, suction tubes and an automated external defibrillator.
- Staff call bells were located in all clinical areas, including examination and treatment cubicles in diagnostic imaging.
- Evacuation chairs were located throughout the building, with at least one chair per floor, including in diagnostic imaging.
- A contracted service monitored the temperatures of fridges and storage rooms used to store medicines. This service put in place immediate resolution where temperatures exceeded a safe level.
- All clinical areas were compliant with the Department of Health and Social Care (DH) Health Building Note (HBN)

00-09 in relation to flooring. All soft furnishings were wipeable and maintained to a high standard, which reflected best practice. Clinical areas were fully compliant with DH HBN 00-10 in relation to flooring.

- The service was fully compliant with the safe management and disposal of sharps DH Health Technical Memorandum 07-01 and European Union 2010/32/EU legislation.
- Staff carried out a series of audits to monitor standards. Audits included quarterly sharps management, monthly linen management, monthly hazardous waste and monthly health and safety, which included fire safety.
- The radiology manager was the infection control lead for the whole site, including outpatients, and monitored outcomes from all audits. They worked with the infection control team at the Princess Grace Hospital to ensure practice and outcomes were consistent.
- Storage areas were compliant with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Utility rooms were locked with keycodes and restricted to staff access. The COSHH product list was up to date and staff had documented reviews annually.
- A dedicated team disinfected ENT nanoscopes at the location's sister hospital, which had facilities for scope washing and drying. This process followed national gold standard practice in line with DH HTM 01-06 in relation to the decontamination of nanoendoscopes. The service did not always carry out a leak test in line with DH HTM 01-06 although had purchased a leak tester, which would ensure this was always carried out in future. The manager had arranged for all staff to complete leak test training.
- We observed the waste trail for the management and disposal of household and hazardous waste in the service. Staff managed this fully in line with DH HTM 07-01 and EU legislation 2008/98/EC The Waste Directive.
- Nurses carried out daily checks for maintenance and security of key equipment, including resuscitation trolleys, glucometers and sharps bins.
- A major incident box was located at the main reception desk. This meant staff had the necessary tools at hand to manage a major incident safely.
- Staff signed and dated weekly validation checks on glucometers, which ensured they remained safe to use.
- All 15 items of clinical equipment we checked had up to date electrical safety checks.



Outpatients

- Medical scope decontamination was carried out at the hospital's sister site and a dedicated team planned scope delivery to ensure they were ready for appointments. The team also provided an on-demand scope delivery service for when consultants identified a need for a procedure during an appointment.
- The outpatient and diagnostic imaging manager, estates manager and fire officer had coordinated a fire drill in November 2018 to assess staff response and processes. During the drill, staff acted in line with their training and existing policies and assumed key roles, such as command positions. The fire officer reported that staff adhered to a high standard of safety practice.
- Processes were in place to protect staff and patients in the event of a major incident in the local area. These had been tested successfully during a lockdown incident following a police warning in the vicinity of the centre.

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.

- Patients seen in the clinic were usually medically fit and awaiting surgery, which meant instances of deterioration or very sick patients were rare. However, processes were in place to respond to a deteriorating patient, including to stabilise the patient and arrange a transfer to the hospital's sister site or to an NHS emergency department.
- All areas of the centre were equipped with deck phones that staff could use to call 999 or to summon clinical help in an emergency. The provider's resuscitation team provided action cards for all staff that provided prompts for staff to implement their training in line with Resuscitation Council (UK) guidelines.
- All registered nurses had up to date immediate life support (ILS) training and pre-operative nurses had completed advanced life support (ALS) training. Healthcare assistants (HCAs) and non-clinical staff held basic life support (BLS) training and completed the national RADAR course on joining the provider. RADAR is a practical simulation course that trains staff to identify and respond to clinical deterioration.
- Processes were in place to provide care for deteriorating patients. This included a dedicated rapid response team

who reacted to emergency calls and helped to stabilise the patient whilst awaiting paramedics. All patients who deteriorated and needed urgent care were transferred from the hospital using the 999 service.

- The outpatient and diagnostic imaging manager had facilitated a cardiac arrest simulation in the hospital to identify staff response and coordination. The exercise identified a need for clearer information about who was in the building and on shift. To address this, staff displayed the name of the duty nurse at the main reception desk and used the daily huddle to identify who would be on site and when. For example, if staff left the building for their break or to attend to patients at another site, processes were in place to document and track this so staff could respond appropriately in an emergency. The manager had attached laminated action cards to resuscitation equipment to guide staff in the areas for improvement that resulted from the simulation.
- Staff had access to a resident medical officer (RMO) at the hospital's sister site to coordinate inpatient admission in the event of an acute emergency.

Nurse staffing

The service had enough nursing and support 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 and agency staff a full induction.

- Registered nurses worked in a variety of roles, including surgery pre-operative and clinical nurse specialists (CNS). There were three CNS; one each for Hepatopancreatobiliary (HPB) and gastrointestinal medicine, hepatobiliary medicine and gastroenterology. Pre-operative nurses worked in ENT, gastroenterology and haematology.
- Two senior specialist dieticians complemented the nursing team.
- A charge nurse worked across three sites in the provider's network and led scheduling, the bank nurse team and clinical activity planning.
- Senior nurses planned staffing based on the case mix and needs of patients and the skill mix of available staff. They worked with consultants to ensure the right staff with the right level of experience were scheduled to



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work in advance for specific patients. For example, all nurses were experienced in managing minor dressings but nurses with specialist training were needed for some procedures such as draining a cyst.

- Two HCAs worked flexibly across outpatient clinics and the charge nurse scheduled them to assist in areas to meet their skill mix and patient need.
- Staffing levels were planned in advance to meet the needs of pre-booked appointments. The centre did not operate walk-in or urgent care services, which meant demands on the service were predictable. In the event of unexpected pressure on the service, registered nurses from elsewhere in the provider's local network could provide rapid, on-demand cover.
- Three HPB specialist nurses were based at another hospital in the provider's local network and provided on-call care to patients at this location.
- The nursing, HCA and imaging teams held a daily whole-site huddle to review staffing and the operational plan for the day.
- A dedicated temporary services department ensured bank and agency staff only worked in the hospital when they had completed appropriate checks and training competencies.

Medical staffing

The service had enough medical 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 locum staff a full induction.

- Medical and pre-surgery care was provided by 22 digestive disease physicians, 12 digestive disease surgeons, two haematologists, two oncologists and seven ENT specialists.
- Doctors worked on a variety of terms. For example, some doctors were employed by the provider and based at the nearby hospital. Others were employed under practising privileges. Robust systems were in place to ensure doctors working under practising privileges were vetted, accredited and qualified.
- There was no requirement for a doctor to always be on site when patients were present. For example, patients may have been present in the evening following a

consultation or procedure without the need for a doctor to remain with them. Risk assessments were in place to manage this and there was always a senior staff nurse on site.

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.

- We reviewed the records for two patients and found staff completed documentation in line with General Medical Council (GMC) best practice. For example, notes were contemporaneous, dated and signed. Staff detailed each patient's medical history and prescription medicine history along with a clear plan of the next steps in their treatment.
- Dieticians had developed a dietetic assessment tool that incorporated the patient's history and enabled the team to complete a summative evaluation at each appointment.
- The service mandated all incoming patient reports and histories must be written in English. The international office arranged medical translation.
- Hospital notes and consultant's notes were separate, and histology, diagnostics and blood results were scanned into patients files. Consultants had remote access to these through a secure smartphone app.
- The senior team monitored the quality and standards of patient records through a rolling three-monthly audit. This assessed standards of completion against GMC guidance, including date, time, allergies and concerns raised. The audit had identified no problems with consistency or standards to date.

Medicines

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

- Trained staff used patient group directions (PGDs) to administer medicines. PGDs are specific instructions that non-prescribers can use to administer certain medicines for named conditions. We checked eight PGDs and found them to be up to date with a complete list of staff signatures. The service had audited PGDs in January 2019 and found full compliance.



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- Staff completed an individual PGD form for each patient that included details of known allergies, assurance of cannula care and use of the aseptic non-touch technique (ANTT).
- We reviewed medicine storage and found staff used a robust stock rotation and management system. All medicines were within the manufacturer's expiration date, including effective cold chain monitoring.
- The pharmacy manager at the Princess Grace Hospital had overarching responsibility for medicines at this site. Pharmacists carried out quarterly monitoring of medicines management and the most recent audit found full compliance with expected standards.
- The outpatient and diagnostic imaging manager and clinical staff had daily responsibility for medication safety and security as well as temperature monitoring for storage areas.
- Medicine stock on-site was kept to a minimum as patients did not attend if they were acutely unwell. On-site stock included contrast media, anaphylaxis kits and crash trolley medicines.
- The discussion of incidents was a standing agenda item during staff meetings and the team reviewed outcomes together to identify opportunities to prevent future recurrences.
- There was a culture of open sharing of learning and outcomes from incidents across the provider. Staff demonstrated knowledge of incidents in other locations in which staff had used the DoC and used these as training and development opportunities.
- A senior member of staff carried out a reflective practice exercise with each member of staff involved in an incident after the event.
- In the 2018 staff survey, 70% of staff said they felt confident reporting incidents or near misses.
- The outpatient and diagnostic imaging manager prepared a quarterly incident review and distributed it to all relevant staff. The review included an overview of the incident, its causes and the areas that staff could use to prevent these recurring in future. We looked at the reviews for the previous 12 months and found they were succinct and useful for adapting service standards.

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

- Staff demonstrated knowledge of the incident-reporting system and said they were encouraged to report incidents and errors as part of a culture of learning and improvement.
- The service implemented changes to practice and improvements as a result of incidents. For example, staff had identified incidents relating to patient identity (ID) when individuals presented at main reception with a different name to that on their referral form. Staff identified this occurred commonly amongst patients with names in formats not often found in the UK and implemented new standards for ID checks and consistent use of the same name format in documentation. Staff also developed and issued an ID card with the patient's hospital number as a back-up to their formal ID.

Safety Thermometer (or equivalent)

The service used monitoring results well to improve safety.

Staff collected safety information and shared it with staff, patients and visitors.

- Staff monitored safety through on-going audits, training and incident reports. There were no themes of safety challenges in the service and rates of infection and harm were low.

Are outpatients and 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 protected the rights of patients subject to the Mental Health Act 1983.

- The clinical team were developing guidelines for specific malignancies for when first lines of treatment had been



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exhausted. This included identifying appropriate research-led treatment pathways to offer opportunities for better clinical outcomes, such as the use of a cyber-knife procedure.

- Dieticians worked to the British Dietetics Association national framework and best practice and liaised with the organisation directly to help coordinate care for patients with complex conditions. Dieticians used validated tools such as fodmaps to manage nutritional needs.
- Clinical staff based care and assessment on guidance and clinical standards from the National Institute of Health and Care Excellence (NICE).
- The centre followed the provider's overarching outpatient audit schedule, which included a range of quality audits and checks to ensure the effective delivery of service. Senior staff monitored results and standards through governance processes, with oversight provided by the quality audit committee and the clinical governance committee.

Nutrition and hydration

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

- The service made adjustments for patients' religious, cultural and other needs.
- The clinical team worked with patients during the outpatient pre-operative stage of care to plan nutrition management after their procedure. Clinical nurse specialists (CNSs) and consultants joined nutrition ward rounds following surgery at the Princess Grace Hospital and guided patients with their care plan.
 - Specialist dieticians provided structured care plans and health promotion guidance to patients to help them manage conditions such as irritable bowel syndrome.
 - Dieticians joined post-surgery ward rounds in the hospital to establish care planning to be followed up in the outpatient centre. They provided guidance on accessing nutritional supplements in patients' home countries prior to discharge from the service. For example, they researched the equivalents of the brand-name products used in the UK and identified how and where patients could access these at home.
 - Dieticians worked closely with international patients to identify alternatives to their preferred foods and drinks in the UK. This formed part of dietician-led support for

health improvement or to facilitate recovery from a procedure. Dieticians incorporated this with each patient's religious and cultural preferences to help them adhere to intensive nutrition support plans.

- The outpatient service did not routinely have a need to provide catering for patients. However, dieticians worked with patients from their pre-surgery stage and liaised with the catering team to ensure specific meals that met nutritional requirements were arranged in advance. The team had worked with the provider's chefs to jointly develop specialist menus, including for renal and neutropenic patients. Catering services were contracted to a third party organisation that also employed dieticians. The various teams worked together to coordinate consistent standards of nutrition management for patients.

Pain relief

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

- Pain management was a key element of the pre-operative information staff discussed with patients. They helped them understand what to expect after their procedure and what to do if they felt their pain was unmanageable. This was part of a broad strategy to empower patients during the outpatient stage, ahead of surgery, to enable them to be prepared and confident during recovery. Staff provided contact details to patients for use after a procedure to discuss pain needs.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

- They used the findings to make improvements and achieved good outcomes for patients
- Staff organised care, including complex multidisciplinary processes, to take place as part of a seamless process. This meant patients could complete pre-assessment, have a consultation with a CNS and consultant, undergo scanning or imaging and pathology, followed by surgery and complete the whole process within 48 hours.
 - Staff worked together quickly to coordinate care in urgent cases and this had a demonstrable impact on patient outcomes. For example, one patient had recently attended for a consultation. During this process



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the clinician identified a previously unknown condition that could have been fatal if not found and treated. The consultant liaised with colleagues within the provider and secured surgery for the patient in under one week.

- CNS' worked with patients throughout their treatment plan, which ensured continuity of care and helped patients adhere to their follow-up care plan.
- Consultants often worked in the centre on an occasional basis and had their substantive base elsewhere, including with another organisation. A team of dedicated medical secretaries ensured communication was consistent when consultants were needed and off site. For example, medical secretaries could contact consultants at their other location to ensure referrals, follow-ups and test results were acted on promptly.
- A dedicated cancer lead worked across the provider's hospitals and worked with clinicians to ensure treatment was appropriate and avoid the risk of excessive pharmaceutical treatment.
- Dieticians were part of a professional group within the provider's network and used this structure to share assessment tools and embed continuity of care.
- Clinicians prioritised functional recovery amongst patients and worked with specialist non-profit and community agencies to ensure recovery and rehabilitation continued after patients left the service.

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.

- The senior staff nurse for the site was the mentor for all nurses and healthcare assistants (HCAs) who worked permanently at this location.
- Senior staff used a structured developmental appraisal process to review each individual's performance on an annual basis. There was a clear ethos of encouraging staff to develop, which was supported by a 100% appraisal completion rate.
- Consultants were experts in their field, research-active and worked for NHS services in addition to this provider. CNS' were highly qualified and explored opportunities for continual skills development. For example, nurses in

the team were developing in areas such as prescribing, advanced nursing practice and Masters-level study. Two CNS' had completed advanced patient assessment training.

- The international business development manager led a programme of cultural competency for staff, which was specific to whether staff were in a clinical or non-clinical role. The manager included frequent refresher sessions when world or political affairs changed cultural behaviour or expectations. This was part of a broader programme of international patient and cultural training that reflected patient feedback that they valued the politically-neutral territory of care the provider facilitated.
- Gastroenterology and neurology CNS' delivered case study reviews and teaching sessions as part of training for the rest of the clinical team.
- All staff attended customer care study days to help them deliver the service to patients who were often anxious or nervous. This included training to help staff deliver care to patients from outside the UK, who may have different expectations and behavioural norms.
- All staff, including the diagnostic imaging team, were required to undergo an annual appraisal. At the time of our inspection, 100% of staff were up date. This involved a process of review and reflection in which staff were encouraged to identify their achievements and challenges. Staff spoke positively of the process and said they were able to identify professional and personal objectives for the year ahead.
- In addition to the appraisal process, staff were involved in an annual performance conversation. This meant was a reflective process that enabled staff to consider their work and experiences openly with their manager to consider their plans going forward.
- Clinical staff provided inclusive opportunities to students across the provider's group network, such as ad-hoc teaching sessions when providing care to patients with complex or unusual needs.
- Dieticians delivered an intestinal failure study day for outpatient and inpatient staff as part of a broader programme to increase knowledge and expertise amongst clinical colleagues.
- The provider had a policy of rotating staff across the local group network, which enabled them to develop experience.



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- In 2018, the provider carried out a survey to find out how staff felt about working in the clinic. In the survey, 82% of staff said they received the training they needed to do their job and 55% felt they could develop their career with the provider.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

- There was an ethos and culture of multidisciplinary (MDT) working in all elements of the service. Staff spoke highly of this and said it was a key element of their work. For example, one member of the team said, “There’s never been a situation in outpatients when we’ve felt alone in a decision. There’s always help and expertise around.”
- Doctors and other clinical staff had established two-weekly MDT working groups, which reflected the joint-working relationships between outpatient services at the hospital and surgery services at the sister site.
- Consultants and specialist nurses led MDT meetings, including for upper gastrointestinal, colorectal and radiotherapy. Dieticians and a hypnotherapist joined MDT meetings where the team planned to discuss patients under their care. Meetings took place monthly to review complex and unusual cases.
- MDT meetings were structured, and a chair person was assigned to each. The team worked towards a common goal of a consensus of opinion for each case review.
- Radiologists, pathologists and oncologists were always part of MDT meetings and dieticians and psychologists joined when patients had an identified need.
- Patients could self-refer to some services offered by the hospital. In such instances staff sought consent from the patient to advise their GP about their care and treatment. For example, dieticians always asked to involve a patient’s GP to promote a complete care pathway.
- Staff prepared treatment reports and summaries for all relevant parties involved in a patient’s care, including the embassy health attaché.
- The team had recently formed MDT meetings specifically for patients living with inflammatory bowel

disease (IBD). Meetings consisted of subspecialist gastroenterologists, specialist IBD radiologists, dietetics and CNS’ improving management of complex IBD patients.

Seven-day services

- Services were offered Monday to Friday from 8am to 8pm. Staff provided patients with out of hours contact details for the Princess Grace Hospital, where they would provide urgent support if needed.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

- A wide range of bespoke printed health promotion leaflets were available in the centre. These were evidence-based and tailored to common conditions staff saw in amongst patients. For example, advice to stop smoking was based on guidance from the Department of Health and Social Care and advice on healthy living was based on guidance from the British Dietetic Association and NICE. Each leaflet signposted patients to specialist organisations that could assist them in health improvement, such as for smoking cessation and for weight loss.
- The clinical team provided targeted health education to patients during their care and treatment. For example, staff tailored health promotion guidance for patients with conditions such as Crohn’s disease and colitis. Nurses provided one-to-one support in managing stoma care and a wide range of non-cancerous conditions.

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 or were experiencing mental ill health. They used agreed personalised measures that limit patients’ liberty.

- A mental capacity lead was in post and a standard operating procedure was stored at reception for immediate reference. Staff followed a structured process in instances where they had concerns about a



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patient's mental capacity or their ability to understand their care and give consent. Consultants took a lead role in this process and all staff completed a Mental Capacity Act (2005) (MCA) study day.

- Mental capacity training included the Deprivation of Liberty Safeguards (DoLS) and staff demonstrated understanding of how this applied to their area of work. Staff demonstrated appropriate action in instances where they identified a potential need for a DoLS application.
- Staff used assessments with patients when they were uncertain of their mental capacity. This ensured safety was always the first consideration and the process enabled staff to identify needs relating to dementia and learning difficulties that may not have been previously disclosed or identified.
- Staff used patient contract questionnaires and consent forms adapted to individual procedures, such as for bone marrow biopsies and ENT scoping. Where patients had reduced mental capacity, staff used an established best interest process for the patient.
- Consent documentation and information for patients was detailed, avoided medical jargon and used colour images to explain each procedure. Text was in large print and the service could provide copies in a range of other languages. Each procedure-specific information booklet included information from organisations that led care and research in the field. For example, the patient information for consent for Whipple's Procedure (used to treat disorders of the pancreas), included information from The Preoperative Association and the Royal College of Surgeons.

Are outpatients and diagnostic imaging services caring?

Outstanding



Compassionate care

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

- We observed consistently friendly and compassionate care from all staff during our inspection. This included

from non-clinical staff, such as medical secretaries and receptionists who went out of their way to ask patients and visitors if they needed help when walking around the centre.

- The international business development manager ensured staff understood how to tailor their approach to privacy and dignity based on patient's cultural needs and expectations. For example, staff used privacy screens and were mindful of consistently closing doors when providing care to patients from specific countries or cultures.
- The provider set a minimum target of 70% overall patient satisfaction. In the six months leading to our inspection the centre had achieved 97%. Staff provided each patient with a feedback form and reception staff were trained to capture and document verbal feedback in person and from patients by phone. This was an overarching strategy to maximise the number of patients who provided feedback.
- The outpatient and diagnostic imaging manager held informal 'patient experience interviews' with a sample of three patients each month. This captured more detailed qualitative information from patients and helped to supplement the statistical responses from feedback forms. This demonstrated the commitment of all staff to ensure the service remained focused on individual needs.
- Staff encouraged each patient to complete a feedback form after their appointment. The senior team reviewed qualitative feedback from each and discussed this with the team to identify areas of consistent good practice and areas for improvement. Patients overwhelmingly provided positive comments and recent examples included, "Everything excellent", and, "...[staff] friendliness and manner were outstanding."
- Patients rated the service consistently highly. In the most recent 2018 survey, which achieved a 65% response rate, 100% of patients said they were satisfied with the care and service provided by physiotherapists. In the same survey, 100% of patients said they would recommend the service and 100% said they had been treated with dignity and respect.

Emotional support

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



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- Staff were sensitive to the needs of patients who attended the hospital without their family with them. For example, international patients referred through their embassy often had to travel and attend treatment alone. Staff recognised the emotional stress this could cause and ensured they spent time with the patient and provided opportunities to talk and help them to settle.
- Patients had access to specialist external organisations for psychological support after a terminal diagnosis and staff proactively helped them to make contact.
- There was evidence of outstanding practice in relation to breaking bad news and having difficult discussions with patients. Consultants used their understanding of each patient when deciding the most appropriate approach to a challenging discussion and ensured appropriate support was in place in advance, such as a clinical nurse specialist or psychologist.
- A counsellor was based at the centre's sister hospital and was available on-call. Staff referred patients to them on an as-needed basis, including urgently when staff felt a patient's mental health or ability to cope was deteriorating.
- Staff demonstrably placed personal, social and cultural needs at the heart of care planning and delivery. Clinical and non-clinical teams worked together to ensure care adhered to personal preferences and religious needs. For example, staff ensured care timing did not conflict with a patient's religious activities and provided options on the gender of clinicians as far as possible.

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.

- There was an overarching, pervasive culture of involving patients in every aspect of their care. Staff paid attention to detail, avoided making assumptions and asked patients direct questions at each stage of treatment to find out how they felt and what they wanted. This included during non-clinical time when reception staff ensured patients were kept informed of delays, such as when waiting for phlebotomy. Staff said this had reduced patient anxiety, which had occurred when they were not kept informed of the reason for delays. Staff provided expected timescales for test

results and what to expect at the next stage of their care. This reflected the work carried out by the team to broadly improve communication and involvement standards.

- Clinical nurse specialists (CNS') worked with patients as a first point of contact following a cancer diagnosis. The team provided a range of specialist care, including for pancreatic, liver and bowel cancer. While this approach had a clinical function, staff ensured it was patient-focused and used the time to understand how patient's felt and involve them in their care. For example, staff asked patients what they needed to know and what be helpful, which recognised that too much information could cause unnecessary anxiety to patients who were dealing with a difficult diagnosis.
- The international business development manager worked with embassy health attaches to ensure patients understood the treatment and care they could expect. Staff said patients from outside of the UK were often anxious about obtaining permission to travel or exceeding this if their treatment took longer.
- Staff delivered care with an understanding of specific cultural norms when delivering compassionate and kind care, such as understanding why some patients were accompanied by several family members the different ways in which staff could should respect base on their own gender and the patient's gender. For example, it was courteous for some patients for men to stand when a woman entered the room or important for staff to not offer a handshake to a female patient.
- In the 2018 patient survey, 96% of respondents said they were satisfied with the level of after-care offered by their consultant. This reflected the holistic approach of all staff involved in coordinating care to ensure patients received consistent standards for the whole of their care pathway.

Are outpatients and diagnostic imaging services responsive?



Service delivery to meet the needs of local people



Outpatients

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 centre provided care and treatment for over 17 common and complex conditions, such as bowel cancer, inflammatory bowel disease, pancreatitis, ear and neck conditions and hearing loss.
- The centre was part of the Princess Grace Hospital (PGH), operated by the same network. Patients who needed urgent care or endoscopic procedures were referred to the PGH.
- A team of medical secretaries was based in the hospital and ensured the care and treatment process for patients was seamless. For example, consultants dictated an outcome and referral letter following each consultation and a medical secretary then arranged the patient's follow-up appointments and tests, including surgery at the hospital's sister site. This process reduced waiting times and ensured patients maintained clear oversight of their treatment process.
- A dedicated international business development manager (IBDM) and an interpreter worked within the provider's group. This team tailored services to the needs of different patients. For example, they recognised trends in the age groups of patients who required translation services and ensured they could meet their needs. The team also identified that many patients travelled for treatment from specific countries or regions because treatment there was lacking or unavailable.
- A licensed hypnotherapist had recently joined the clinical team and staff could refer patients to psychologists and psychiatrists where this would help the patient's care.
- Staff went above and beyond their usual duties to provide support for patients undergoing treatment away from home. For example, staff arranged to give chocolates and dates to patients during Ramadan and Eid and decorated some areas to celebrate the different countries celebrating the occasions. The IBDM had liaised with embassies to ensure flags were up to date and appropriate. The service invited staff they worked with from embassies health attaches to attend celebrations for the national days of Kuwait and Qatar.

- Clinical nurse specialists (CNS') provided care and treatment in a range of clinical areas, including hepato-pancreatico-biliary (HPB) medicine, colorectal surgery and major abdominal haematoma. The team also provided fibroscans, stoma care and hepatology.
- Dieticians worked across the provider's local group and provided a weekly outpatient gastrointestinal clinic as well as on-demand reviews following a consultant referral.

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.
- The service had prepared printed information leaflets that explained a range of common procedures in the hospital. The leaflets were detailed, avoided jargon and provided patients with information on how to obtain more information. They also included guidance on what to do after they left the hospital if they experienced unusual side-effects or wanted advice. For example, the leaflet on venesection explained what the procedure was and why it was necessary. It also included details of who would perform the procedure and how and common side effects. The leaflet contained a section for patients to write their own notes during discussions with staff and the direct contact numbers for the consultants who led this procedure.
 - The outpatient and diagnostic imaging manager had prepared a welcome letter for patients under the age of 18. This explained the types of staff they would see, such as nurses, doctors and radiographers, and the types of extra support available to them. The letter also explained why some young people were sent to another hospital in the provider's network, which specialised in surgical treatment for teenagers and children.
 - A private dispensary and pharmacist-led counselling was available from the centre's parent location and these services were advertised on display screens on each floor of the centre.
 - All areas of the centre were wheelchair-accessible, including the main entrance, which was fitted with a platform lift and call button to summon help from staff.



Outpatients

- All reception areas, including in diagnostic imaging, were equipped with hearing loops. The name of the lead nurse on duty was also displayed at each reception desk.
- All waiting areas, including in diagnostic imaging, had ample comfortable seating, fresh drinking water and tea and coffee facilities.
- Staff used adapted processes to provide care for patients living with learning disabilities. This included a fast-track arrivals process and use of a quiet, private waiting area.
- The centre's hospital location had dedicated facilities for delivering bad news. Staff could book this at short notice and coordinated patient's arrival to ensure the appropriate staff were present with the necessary information to discuss a challenging diagnosis.
- The IBDM had designed cultural awareness training and delivered this to all staff in the service. The training also formed part of the requirement for new staff when they joined the service. The training was tailored to help staff deliver care to patients who came for treatment from any of 20 different countries in the Middle East that demonstrated an understanding of their values, culture and attitudes. This helped staff to manage cultural barriers and conflicts and to deliver care that avoided stereotyping and adhered to good etiquette and protocol.
- Arabic interpreters were available on-demand between 8am to 5pm on each day the service was open. Out of hours requests could be booked in advance and the international team could book interpreters of other languages at short notice.
- Staff provided patients with dedicated out of hours contact details where it was likely they would need support for pain management or questions about treatment. For example, those undergoing long-term oncology care had access to an on-call duty nurse manager.
- Staff planned in advance to accommodate patients referred by their embassy and who had needs relating to a learning disability. For example, staff would facilitate the patient's carer to attend and plan longer outpatient appointment times.
- The service had designed a welcome notice in Braille, which was kept at the main reception. This provided patients with key information about the service and how to obtain extra help if needed.
- A nurse was a dementia champion for outpatients and provided support to patients during care and treatment. Staff were trained in the use of the national forget-me-not programme, which helped them meet the individual communication needs of patients.
- The service had introduced the national dementia 'this is me' tool and the learning disability 'passport' as part of the pre-assessment pathway.
- Medical secretaries and CNS' started hospital passports for patients and where care was planned to be delivered on a long-term basis. The patient's core medical team maintained and updated this as needed.
- A dedicated concierge was based in the building and provided one-to-one support to patients who needed help to navigate or get around the building.
- A British Sign Language interpreter was available on-call in the service and staff pre-booked them for planned appointments. This was part of a range of initiatives to support patients with vulnerabilities such hearing or sight loss.
- The service had been assessed as fully compliant with the Equality Act (2010). Patients had access to two wheelchairs on site.
- The service provided gluten free snacks for patients during their visit, in recognition of the range of gastrointestinal disorders patients frequently presented with.
- In the most recent patient survey, 100% of respondents said they were satisfied with the clinic's décor in clinical, reception and waiting areas and the standard of facilities. In addition, 92% of patients said they were satisfied with the overall service from the reception team. The patient survey achieved a response rate of 65%.

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 provider operated a referral helpline between Monday and Friday from 8am to 8pm and on Saturdays from 8am to 5pm.
- A charge nurse worked in a joint clinical and operational role that enabled them to manage fluctuations in



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demand and unscheduled challenges, such as surges in activity. The nurse worked flexibly across and sites and led outpatient appointments when needed to increase capacity and improve flow.

- A clinical coordinator worked with the charge nurse to plan outpatients lists across three sites. This system meant the team had capacity and flexibility to respond quickly to unexpected events, such as short-notice delays or staff non-availability.
- Consultants and the IBDM liaised with embassy health attachés to extend treatment plan where this was in the best clinical interests of the patient. For example, if a patient's permitted stay in the UK had expired, the provider team worked with embassy staff to secure the patient's necessary legal requirements to remain until their care was completed.
- Patients under the supervision of embassy health attachés were often required to complete treatment within controlled time-frames, which were dictated by the patient's embassy. This meant outpatient appointments could be in demand at short notice and with specific requirements for staff, such as for a specific gender of doctor. The IBDM worked with consultants and nurses to ensure individual needs
- CNS' had a lead role in the patient journey. They were the first point of contact for patients who arrived for a pre-operative assessment and carried out preliminary tests and reviews, assessed each patient for psychological support needs and facilitated their progression to a clinical history and assessment appointment with dedicated nurses.
- Surgery and post-surgical inpatient care took place at the hospital's sister site. CNS' and consultants worked between both sites to ensure continuity of care and to ensure follow-up appointments were booked in advance.
- Consultants worked flexibly and offered extra clinics and ad-hoc appointments to meet individual needs.
- The provider had a fully integrated electronic booking system for internal referrals. This meant any member of clinical staff, at any of their locations, could book a patient into another appointment. For example, a consultant or GP could book a patient into a dietician clinic or into a radiology appointment. This system meant patients left a consultation with the next steps in their care booked and confirmed. Staff worked flexibly and saw extra patients at short notice where this was clinically appropriate.

- The service used a 'one stop' model for outpatient appointments, this meant patients were seen for blood tests and/or diagnostic imaging on the same day as their appointment. Where patients needed a fasting ultrasound appointment, staff scheduled an appointment later the same day if this was convenient for the patient. The service audited this process and had achieved 100% compliance in the previous 12 months, which meant there were no delays or waiting lists to be seen.
- Between September 2017 and September 2018, the service did not delay or cancel any appointments for non-clinical reasons.

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.
- The provider had an established complaints policy that included standards of investigation and dissemination of outcomes. The policy included the response timeframe for complaints. For example, the complaints investigator was required to send an acknowledgement within two days of receipt and to provide a full written response within 20 days. The provider signposted patients to the Independent Sector Complaints Adjudication Service (ISCAS) where they were unable to resolve a complaint internally.
 - The complaints procedure was advertised on electronic information display screens around the centre, including in other languages commonly spoken amongst patients and over 20 formal compliments. The centre manager upheld all three complaints.
 - Between September 2017 and September 2018, the service received three formal complaints. In each case the outpatient and diagnostic imaging manager carried out a detailed investigation, kept the complainant informed throughout and provided a resolution within the provider's timescales. They identified opportunities for learning and shared these with the whole team.

Are outpatients and diagnostic imaging services well-led?



Outpatients

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.

- A charge nurse was the line manager for healthcare assistants (HCAs). They worked across three of the provider's sites and ensured the HCA team always had a senior point of contact when they were unavailable. The senior staff nurse for the site was based permanently at this location and acted as the lead for clinical staff on a day-to-day basis.
- A lead nurse for outpatients worked across four sites in the provider's network and was present on site several times each week.
- Staff spoke positively about their relationships with line managers and the senior team. One member of staff said, "My manager has a wealth of knowledge and they're so willing to share it with you."
- The head of therapies was responsible for dietetics and the dietician lead led this specialist team.
- A team of practice managers led clinical subspecialties.
- Seven members of staff formed the centre supervisory board. This board oversaw all elements of the service and coordinated the leadership teams to ensure there was always a senior presence on site.
- The 2018 staff survey indicated staff felt there were areas for improvement in leadership. For example, 82% of respondents said they felt confident their workplace was well led. Comments from some staff indicated a need for more scrutiny of working hours, more personalised communication from the provider and a clearer understanding of the causes of staff turnover. Senior staff had actioned this feedback and implemented improvements, which staff said were helpful.

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.

- The provider had a well-established six-part vision, which was centred on providing high quality care. All of the staff we spoke with understood the role they played in delivering care within the vision and spoke positively about its meaning in their work.
- The provider displayed its core values on information display screens around the centre. This approach provided transparency and helped patients understand the provider's ethos and standards.
- Staff developed an ethos of care in their own specialty, based on the needs of their patients. Examples included, "To offer complete care", and, "To focus on the functional components of the recovery of patients." Each team contributed to this and staff told us it was a useful way to understand their role in the overall vision.
- The dietician team was working towards a vision of expansion and business development, including the introduction of a second weekly clinic.
- Staff worked to the provider's vision of, "Exceptional people, exceptional care", and six elements of a strategic framework. Each department team had discussed how their work fit into the framework and completed an exercise to identify their successes and where there were opportunities for improvement. This resulted in a local vision focused on enabling skills, care and innovation for the future, with people as a central focus.

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.

- Staff worked within and promoted a culture that placed patient care at the heart of the service and recognised the power of caring relationships between people. Dignity and respect were intrinsic elements of the culture and all staff we observed and spoke with clearly demonstrated this.



Outpatients

- The provider empowered staff to personalise patient care, solicit feedback and develop innovative practice. Staff said they felt the organisation was supportive of their ideas and they were able to develop pilot schemes and projects.
- There was a culture of learning and sharing, including from incidents, complaints and other feedback. Each team considered any feedback they received to be valuable and shared this with the rest of the centre, so colleagues could build on it.
- Staff took time to make people feel welcome in the centre, including friends and family of patients. They listened to each person's needs and made waiting times and attendance as comfortable as possible. A dedicated concierge was on duty at all times the centre was open and ensured people's individual needs were met.
- The senior team held monthly meetings for all staff in the service. We looked at the minutes of meetings that took place in the previous 12 months. Meetings were well attended with a range of clinical and non-clinical staff from out outpatients and diagnostic imaging.
- Staff recognised the provider's four values as key to their everyday work and the care they provided, which centred above all on treating each other and patients with kindness and compassion. Staff provided narratives of how they achieved this during appraisals and other reflective exercises, such as by ensuring everyone had their voice heard in meetings and congratulating people for their achievements.
- The chief executive officer (CEO) fostered a culture of inclusivity and ensured all staff, regardless of their role, felt a part of the organisation. They met staff in small groups of up to six people of a regular basis to spend time getting to know them and learn about their role, successes and challenges. Staff were positive about this. For example, one member of staff said, "We can just walk into the CEO's office without an appointment to talk about a problem or anything else." Another member of staff said, "This is a fabulous place to work," and another said, "The [senior team] were really supportive when I had some personal issues. I've never felt so looked after, it feels like a family here. Everyone lets you know that you matter and that you're not alone." One member of staff said, "It's an absolute joy being here. I've got time to do my job and you feel that you're making a difference."
- Staff said they were proud of the standard of individualised care they provided. For example, staff often secured last-minute requests for individual patients such as for a specific gender of consultant in a medical specialty and to deliver a follow-up treatment plan that met complex logistical and scheduling needs.
- The principles of the duty of candour were embedded into practice and staff demonstrated good knowledge of this. The outpatients and diagnostic imaging manager and lead nurse ensured the DoC was implemented appropriately, such as when an incident occurred or as a result of a complaint. We saw evidence staff used this appropriately following an incident or clinical error.
- The medical director facilitated a culture in which safety and quality were paramount and clinicians worked transparently and openly to promote mutual learning and critique.

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.

- An interim head of governance and risk, a medical governance lead and a medical director were responsible for the overarching governance framework.
- A medical advisory committee (MAC) was based at the Princess Grace Hospital, which was part of the provider's local network. The MAC led all consultant practising privileges decisions. A medical director was dedicated solely to this site and the MAC took place jointly with the sister hospital to ensure the centre was self-supporting and maintained a presence in the local network.
- A chairperson, medical director and the clinic manager formed the clinical governance committee. The committee provided clinical and professional oversight and representatives from anaesthetics, radiology and critical care joined each meeting.
- The centre was organised into specialist service lines across 12 departments, including musculoskeletal medicine and five different digestive disorders. The senior team was developing this structure to include more clinical input from consultants, based on a departmental operating model. It was evident consultants already had consistent involvement in care and the team planned for the new model to increase the scope of this.



Outpatients

- The CEO, medical director and clinical governance lead formed a decision-making group (DMG) for the centre and a corporate DMG maintained oversight where an issue impacted more than out clinic in the network.
- The international business development manager worked with health attachés in embassies and acted as liaison between patient's doctors outside of the UK and consultants available to the provider. This ensured patients travelled to the hospital legally and with the approval of their embassy and UK authorities and could be treated by the provider. This was an established system and ensured all those involved in patient care worked together to coordinate legalities. For example, if a patient booked for an appointment by their embassy arrived at the hospital without first meeting the health attaché, staff liaised with the attaché before commencing care.
- Governance systems were designed to guide evidence-based care through the consistent implementation of National Institute of Health and Care Excellence (NICE) guidance and robust policies and procedures.
- The centre was part of the provider's national network and governance systems were joined with those of the Princess Grace Hospital. This ensured consistent application of governance and monitoring systems. The local group had established audit and guidelines working groups across all service lines, each with senior consultant specialist input.
- Staff worked within an overarching quality governance strategy that was common across all of the provider's services. This strategy helped staff to deliver care within a shared vision and facilitated effective working practices when individuals were based cross-site within a role or specialty.

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

- A quality and safety review group maintained oversight of five committees, councils and an advisory board as part of a quality, governance and safety structure. The

structure included 12 sub-committees with responsibility for governance and risk, seven groups within the clinical council and eight department boards and three subspecialty councils. The senior clinical management committee led the department boards and subspecialty councils, which included groups for each clinical specialty, such as cancer and digestive and renal diseases.

- Staff monitored key risks to the service through monthly governance meetings and reviewed these in whole-team meetings. This was an effective process and staff used it to change practices to reduce risks. For example, recent risks had included privacy and dignity at reception and the use of faxes for imaging reports.
- The service had an up to date major incident plan that included service continuity. The plan helped to ensure senior staff had tools to reduce the impact on patients in the event of failures in IT systems, the premises or suppliers.
- A dedicated team in the provider reviewed the performance of each consultant against their scope of practice and standards of care, including clinical records.
- Dieticians met formally every three months to share practice updates and review patient care. The team used this time to review the service provided by the catering team and ensure it meant demand.
- The senior team carried out a monthly review of incidents for the centre, including imaging, and joined a three-monthly meeting with colleagues across all of the provider's local outpatient services.
- Staff worked in multidisciplinary groups to drive a quality agenda based on patient outcomes and a substantial research portfolio.

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.

- Reception staff identified a patient's arrival on an electronic system immediately on arrival, which began a



Outpatients

process of electronic tracking through their entire visit. This meant staff tracked waiting times and consultant times in real time and ensured clinical staff had access to all of the information they needed.

- The service placed importance on the quality and accessibility of information provided for patients. In recognition of this, the service had achieved certified member status of The Information Standard and had been awarded the Plain English Campaign Crystal Mark.
- Where information was provided to an individual, named patient, staff attached their business card with direct line phone number and e-mail address.
- As part of risk mitigation for General Data Protection Regulations (GDPR) compliance, the outpatient and diagnostic imaging manager had introduced 'follow-me' printers and was re-tendering the service that provided under-desk printers.
- Risk assessments were in place and up to date for the use of fax communication for some reports. The service planned to phase out faxes in 2019 and replace this with a fully electronic system.
- The clinic manager carried out monthly clear desk policy audits to assess compliance with data protection standards, including whether staff locked computers when they were not using them.

Engagement

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

- Staff provided each patient with an outpatient questionnaire form, which they could complete during their visit and leave in a drop-box or complete afterwards and post back to the service.
- The service used social media as a medium of engaging with patients and their relatives and display screens around the centre encouraged people to leave a review or ask questions using this method.
- Patients typically had pre- and post-surgery outpatient care at this site and surgery at the Princess Grace Hospital. Patient feedback indicated they were consistently satisfied with communication between the two sites and the continuity of care. To further develop this, staff were organising support groups to complete the rehabilitation process.

- The provider and local leadership teams demonstrated continual, multi-faceted engagement with all staff in the service. This enabled staff to gain experience and skills by working between sites in the hospital group and develop into a range of different roles. All of the staff we spoke with said this was a positive aspect of working for the provider. One member of staff said, "You can move between specialties, with training, and decide what you prefer and where you're of most use. It's good to be able to tie up the experiences all in one role."
- Staff were empowered and motivated to plan and deliver changes based on their own experiences and observations working in the service. For example, one nurse had sought out a role in which they could make a difference to pre-operative outpatient care after they saw post-surgery recovery was inconsistent because of a lack of advance information. The member of staff pursued this role and had successfully implemented more streamlined information strategies to patients as a result.
- Staff had developed a pancreatic cancer peer support group for patients and a cancer board in the provider had met the group and presented information on their work. The board liaised with a pancreatic cancer non-profit organisation to promote and develop the support group. This collaborative approach reflected a broader organisational strategy of building multi-organisational relationships to developing care pathways that would improve patient outcomes.
- The senior team and human resources (HR) team proactively engaged with staff to provide support and legal advice during political changes that could affect some individuals. Staff had reported anxiety and uncertainty and the HR team had developed a triage tool to identify how best to help each individual based on their circumstances.
- The centre was a joint venture between the provider and a group of consultants, which enabled clinicians and senior management teams to remain engaged in all aspects of the service.
- The senior team had streamlined and improved information given to staff after the team recognised there was often too much information offered. As a result the outpatient and diagnostic imaging manager used a news flash system.



Outpatients

- The outpatient and diagnostic imaging manager had completed five actions that resulted from the provider's annual staff pulse survey. For example, they introduced a star of the month recognition award for staff who engaged with the provider's mission and values.
 - The team had taken part in a 'thank you week' to celebrate the success of their working together and to show each other appreciation for their work.
 - An established patient experience committee met regularly to discuss trends in feedback and service development.
 - In the 2018 staff survey, 55% of staff said they felt their opinion was important and 60% said they felt there was open and honest communication in the workplace. The senior team responded to the results immediately and implemented a range of strategies to engage and empower staff. The provider took the results of staff surveys as an opportunity for improvement and there was evidence from across management teams of work undertaken to help staff express themselves. This included new focus groups facilitated by the senior team and regular opportunities to meet the CEO. We spoke with team leaders and managers who enabled staff to provide feedback and discuss concerns or issues at any time and in a way they felt comfortable with.
- 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.**
- Senior staff demonstrably and persistently encouraged and empowered staff to develop professionally by facilitating opportunities and providing the resources needed for growth. One healthcare assistant was undertaking advanced safeguarding and dementia training and supported the charge nurse to coordinate medical consumables. A senior member of staff said, "They are working far beyond the level expected, has achieved a formal qualification and we expect them to go far."
 - Clinicians worked with a national gastrointestinal care non-profit organisation to establish research projects in recognition of the unique needs of patients seen in the service. Staff were also working with a bowel cancer non-profit organisation to explore opportunities together.
 - Clinical nurse specialists were planning a new functional muscle recovery service. This demonstrated the service's efforts to develop new care pathways in line with trends in demand.
 - Clinical staff were research-active and proactively attended network meetings and conferences as part of a strategy to ensure continual professional development and provide patients with care based on the latest knowledge. Staff spoke highly of this and said opportunities for chemotherapy training and networking were particularly valuable to their work.
 - The provider organised several internal conferences and cross-specialty networking events each year. Senior staff facilitated their teams to attend such events and staff told us this improved their work. For example, one member of staff said, "You can attend sessions that aren't necessarily in your area of expertise or background and this helps you to understand your colleagues' work and to gain new skills."
 - The dietician team had met with new consultants and were developing a GP seminar event to identify opportunities for closer working relationships and more streamlined referral pathways. The team identified same-day appointments as key positive feedback from patients and planned to develop this further through the GP seminars.
 - The provider had implemented 'project world class', which focused on delivering high standards of customer service.
 - The senior team engaged in succession planning on a continual basis through the provider's 'movers and shakers' programme. This tracked staff movements, such as promotion, and identified those starting new roles.
 - Looking to the future for opportunities for sustainability and development were part of the organisation's core governance strategy. This approach empowered staff to use changes in health demands and the local population to ensure they could continue to adapt and deliver a high standard of care.



Diagnostic imaging

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

Are outpatients and diagnostic imaging services safe?

Good



Mandatory training

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

- See the outpatients section for our main findings.
- Mandatory training consisted of 14 modules including ethics, the duty of candour, basic life support and infection prevention and control. The diagnostics imaging team had 99% compliance at the time of our inspection.

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.

- See the outpatients section for our main findings.
- All staff had up to date safeguarding adults level 2 and children level 2 training. Radiologists, Radiographers and imaging assistants had more advanced safeguarding children training, to level 3.

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.

- See the outpatients section for our main findings.
- All staff had up to date infection prevention and control training.
- The service had carried out a full infection control audit in February 2019. This had included all clinical areas of the diagnostic imaging suite and a stock review of single-use consumables.
- Staff consistently used established cleaning systems to clean and disinfect ultrasound probes, including a three-part decontamination process for transvaginal probes.
- Staff stored sharps in a locked cage in dirty utility room with restricted access. We reviewed disposal certificates for sharps and hazardous clinical waste in line with national requirements.

Environment and equipment

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

- The service managed equipment through a planned preventative maintenance programme. This ensured maintenance was scheduled based on the installation date of the equipment and the frequency intervals established by the manufacturer.
- We found policies and protocols associated with Ionising Radiation Medical Exposure Regulations (IR(ME)R) 2017 and the updated Ionising Radiation Regulations (IRR) (2017) were on display and readily available. Staff had documented monthly quality assurance checks for the x-ray screening room and ultrasound equipment and up to date systems of work for x-ray were on display.



Diagnostic imaging

- Radiologists used up to date protocols for x-rays and magnetic resonance imaging (MRI) scans.
- Staff used environmental monitoring systems as part of radiation protection processes. This included the use of dose badges, which monitor the radiation exposure of the wearer. The provider ensured staff had access to dose badge monitoring online and through access to hard copy records.
- The service had a radiation protection advisor (RPA) who carried out an annual audit of safety practices. The most recent audits had taken place in August 2018 and included seven recommendations for improvement. At the time of our inspection the service had completed all of these, including a radon report in January 2019.
- Radiation risk assessments for the computed tomography (CT) scan room and x-ray scan room were in date and Health and Safety Executive (HSE) registration for ionising radiation was current.
- A chemical spill kit was located in the department although this did not contain goggles and there was no dedicated kit for the MRI room. We raised this at the time of our inspection and staff risk assessed this immediately.
- Physics acceptance tests for CT and x-ray were up to date.
- A remote alert system for a drop in helium in MRI equipment when the service was closed was in place. This meant on-call staff would be alerted in the instance of an equipment problem and could address this to prevent interruption to the service.
- The service audited warning lights and lead screening equipment periodically and maintained consistent evidence of good practice.
- Staff completed a daily risk assessment checklist for each clinical area and equipment. This included a check for maintenance issues and a review of cleaning standards.
- Staff introduced a new handover form that covered all non-ionising modalities when equipment had been inspected or undergone maintenance. This brought the process in-line with ionising equipment and meant there was a standardised approach to safety and maintenance. Handover documentation was based on the national standard; Society for Radiological Protection DS009.
- Each superintendent planned maintenance schedules based on manufacturer guidelines and to minimise

disruption to the service. This process was effective in managing equipment performance and in the previous 12 months there had been no cancelled appointments due to equipment failure.

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 used a series of risk assessments to deliver safe care. Risk assessments were up to date and included topics such as chemical spills, acoustic noise, cardiac arrest and pregnant patients and staff.
- All staff had up to date basic life support (BLS) training and radiographers held current immediate life support training (ILS).
- Staff adhered to the Society of Radiographers (SOR) best practice guidance in relation to the use of the pause and check system in all clinical modalities. Information displayed in the department provided a reminder for staff and information on the purpose of the process for patients. Superintendents audited the use of pause and check and discussed this in quarterly radiation protection committee meetings. Compliance in the previous 12 months was consistently over 90%.
- An IR(ME)R 'paused and checked' notice and flowchart were displayed at the operator's station in the x-ray room. This provided a structured prompt for staff during procedures to ensure their practice was consistent and safe.
- The provider's resuscitation lead carried out an emergency simulation exercise in March 2018 to evaluate the skills retention of staff and to identify system errors in the emergency procedures. The department scored 17 out of a possible 28 in the exercise and as a result the resuscitation lead and outpatient and diagnostic imaging manager developed an action plan for improvement. This reflected the timely response of some staff and good use of the defibrillator and cardiopulmonary resuscitation (CPR) practice. The action plan highlighted areas for improvement, including an improved structure in the ABCDE assessment and faster response times from some staff. The exercise also highlighted a need for greater privacy for the patient and the service obtained a privacy screen as a result.



Diagnostic imaging

- Radiographers checked x-ray referrals against IR(ME)R regulations to ensure the request was justified and in line with the standard operating procedure for non-medical referrers.

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.

- Radiologists were on site Monday to Friday from 8am to 8pm.
- Staff held a daily huddle before the start of the service to discuss recent trends and themes in treatment and outcomes.
- Two radiation protection supervisors led diagnostics teams and ensured it was operated safely.

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.

- Scan reports were digital, and staff provided these by encrypted e-mail, or in hard copy to referring doctors, within 48 hours of the scan. Where patients were referred to imaging or scanning by an on-site consultant, the diagnostics team met with them to discuss the results.
- Staff adhered to established protocols in the completion and management of patient records. We reviewed eight records and noted evidence in each staff had checked patient ID using a three-point system, had confirmed the booked examination with the patient and confirmed review of previous imaging. In each case staff had noted the date of the patient's last examination along with the outcome and noted the clinical protocol used.
- The service audited a sample of patients every quarter to assess compliance with IR(ME)R standards and with new standards introduced internally as part of learning from incidents. The most recent audit related to records reviewed during quarter three in 2018, which indicated improvements in documentation, such as date

recording on request forms and a recorded check of previous images. The audit highlighted a deterioration of checks on patient IDs and correct documentation of CT scan protocol and indicated 95% overall compliance.

Medicines

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

- See the outpatients section for our main findings.
- Staff completed an individual patient group direction (PGD) form for each patient undergoing a CT investigation that included contrast media. The form included details of known allergies, assurance of cannula care and use of the aseptic non-touch technique (ANTT). Staff had audited the PGDs and found full compliance with the provider's standards.
- The senior pharmacy technician trained radiographers in the use of PGDs for contrast media and updated training every two years. We saw staff administered contrast in line with radiologist protocols and local records demonstrated full compliance.

For our detailed findings on medicines please see the Safe section in the outpatients report

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

- See the outpatients section for our main findings.
- Senior staff sent quarterly incident reviews to everyone in the department in addition to verbal and written feedback regarding learning outcomes.
- The head of imaging worked with appropriate colleagues to investigate and resolve incidents, such as with the radiation protection advisor.

Are outpatients and diagnostic imaging services effective?



Diagnostic imaging

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 protected the rights of patients subject to the Mental Health Act 1983.

- Staff delivered care and treatment in line with legislation, national standards and evidence-based guidance, including from the National Institute for Health and Care Excellence (NICE) and other professional bodies.
- Policies and patient pathways were stored on the provider's intranet, which staff demonstrated they could access whenever needed.
- The service was subject to the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) and incorporated guidelines from NICE, the Royal College of Radiologists (RCR), the College of Radiographers (CoR) and other national and international bodies in care standards.
- Radiation protection supervisors (RPS) demonstrated a high standard of knowledge of IR(ME)R and their responsibilities in relation to this. The service was fully compliant with IR(ME)R, which had been updated in 2017. Senior staff maintained comprehensive documented evidence of compliance, including in relation to training and staff approval lists. Staff carrying out scans maintained these standards by documenting their actions on a day to day basis.
- Local rules and protocols for each modality and subspecialty were up to date and clearly displayed in treatment areas. The senior team maintained an up to date list of authorised users for each modality, which staff signed to confirm they had read and understand the latest variant of the rules.
- Staff were proactive in establishing audits to explore opportunities for improvement in standards of care and work processes. For example, staff audited IR(ME)R reporting times to benchmark standards and had carried out a peer review audit of 66 computed tomography (CT) and magnetic resonance imaging (MRI) audits in May 2018.

- The service participated in two national audits. One audit contributed to the national vascular registry for interventional cases and one audit was a national benchmarking process to compare practice on breast cancer recommendations. Results from both audits were pending at the time of our inspection.
- Staff had updated the corporate radiation policy in February 2018 to ensure it met the latest national safety standards and guidance.
- The fibroscan service was relatively new and the clinical team were reviewing this to better understand the extent to which it contributed to patient outcomes. For example, staff wanted to know if fibroscan was effective as a standalone treatment or best used alongside other screening processes.

Nutrition and hydration

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

The service made adjustments for patients' religious, cultural and other needs.

- Staff ensured patients had access to drinks and snacks whilst in the department and made provisions for those with specific requirements.
- Patients attending diagnostic imaging services did so on an outpatient basis or when receiving care as an inpatient elsewhere in the provider's network. This meant patients usually had no nutrition needs whilst in the department. Fresh drinking water, fruit and snacks were readily available.
- The service advised patients in advance about eating and drinking restrictions ahead of a planned investigation. Staff had access to standard templates based on the procedure and personalised each letter to the individual patient.

Pain relief

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

- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Patients did not routinely need pain relief in diagnostic imaging services, with the exception of some invasive



Diagnostic imaging

procedures. Where patients were cared for on an inpatient ward in the provider's nearby hospital, staff their managed pain as part of the patient's overall treatment.

- Staff asked patients undergoing invasive procedures to score their level of pain and administered pain relief to make them more comfortable. Staff adapted communication where patients had specific needs, such as a learning disability or autism, and used pictorial/visual tools in such cases.

During our observations we saw staff monitored patients for discomfort, including when they were waiting.

Patient outcomes

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

- See the outpatients section for our main findings.
- The provider had a standardised national outpatient audit schedule to monitor the effectiveness of the service. An audit committee convened quarterly to review trends over the previous 12 months and identify areas for improvement. This was supplemented with local data on incidents and complaints and staff monitored both through regular meetings.
- The service was working towards Quality Standard for Imaging (QSI) accreditation from the Royal College of Radiographers (RCR). QSI is the new name for the Imaging Services Accreditation Scheme (ISAS) and is awarded in recognition of consistent, benchmarked standards of practice. The service planned to achieve this in late 2019 and had structured exercises in place in line with RCR standards.
- In February 2019 the team had audited response times to initial referrals. In all 15 samples, staff had contacted the patient directly within one hour of contact.

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.

- See the outpatients section for our main findings.

- Staff who worked in x-ray and CT scanning had up to date scope of competency checklists in place. This was in line with national best practice and meant the provider and patients were assured of staff skills.
- Staff who provided MRI services were required to complete an annual safety questionnaire to demonstrate their knowledge of local rules. This included engineers, nurses and radiologists. At the time of our inspection all staff in the service had an up to date, fully completed competency check.
- Staff had up to date competency assessments in cannulation and oral and intravenous (IV) contrast.
- Radiographers and imaging assistants maintained continuing professional development in line with their roles and career progression plans. This included specialist training offered by the manufacturers of equipment, such as CT webinars and dedicated study days.
- The provider encouraged staff to develop with professional and technical qualifications through external courses and one member of staff had completed a postgraduate certificate in MRI.
- The senior team provided on-going development for CT radiographers and were developing neurological colon treatment through developing relationships with other specialist service providers.
- One member of staff had completed post-graduate training in MRI and another member of staff was undertaking a leadership development course. Senior staff said this contributed to good retention rates and meant they maintained a highly-skilled and qualified team of specialists. Staff we spoke with said access to training and development opportunities contributed significantly to their ability to provide a high standard of patient care.
- A member of the team had successfully completed training for a new deputy radiation protection supervisor role.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

- Multidisciplinary (MDT) processes were embedded with outpatient services and radiologists routinely joined MDT meetings.



Diagnostic imaging

- The senior therapy team worked closely with the centre manager and radiology team to develop services together and ensure progress was mutually beneficial.
- Service managers maintained communication with each other to share best practice and ideas for development. One member of staff described this as, “useful and productive”, and said it helped avoid duplication between departments.
- The provider offered a GP service in the centre and this team brought patients directly to meet radiologists and discuss scanning and imaging options.

Seven-day services

- See the outpatients section for our main findings.
- X-ray and CT services were offered Monday to Friday from 8am to 8pm.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

- See the outpatients section for our main findings.
- Staff demonstrated a holistic understanding of patients’ health and signposted them to appropriate other services, such as for smoking cessation and weight management.

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 or were experiencing mental ill health. They used agreed personalised measures that limit patients’ liberty.

- See the outpatients section for our main findings.
- We reviewed eight examples of diagnostic imaging reports and found staff had documented consent in each case.
- During our observations staff consistently spoke with patients about consent and ensured they had a good understanding of the planned procedure beforehand.

Are outpatients and diagnostic imaging services caring?



Compassionate care

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

- See the outpatients section for our main findings.
- Staff frequently received thank you letters and cards from patients and displayed these proudly in the department. We looked at the comments for a sample of these and found patients were consistently satisfied. One patient noted, “Impressed by the entire team and feeling of cooperation and relaxed professionalism.” Another patient had written, “[Staff had] found a vein in first attempt. . .very supportive of understanding pain and distress.” Other comments included, “Everything professional from start to finish; MRI staff were excellent,” “Extremely professional; I wasn’t looking forward to this at all, but I was well looked after,” and “The manner and friendliness of staff was outstanding.”
- Patients rated the service consistently highly. In the most recent 2018 survey, 96% of patients said they were satisfied with the care and service provided by the imaging team. In the same survey, 100% of patients said they would recommend the service and 100% said they had been treated with dignity and respect.
- Feedback from all those who experienced or received care and contact from staff indicated the team consistently exceeded their expectations and went above and beyond their duties. For example, staff arranged multiple pre-procedure sessions for patients who were nervous about scans and ensured they fully understood specific privacy and dignity needs in advance.

Emotional support

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

- See the outpatients section for our main findings.
- Staff were skilled in providing emotional and moral support throughout the scanning process. Where



Diagnostic imaging

patients were worried about potential scan findings, staff provided gentle reassurance and reviewed their treatment plan to ensure the provider had put in place appropriate support options.

- The service had dedicated space for challenging or difficult conversations and clinicians were trained to coordinate psychological support when patients received an upsetting diagnosis. Clinical and non-clinical staff worked seamlessly together to ensure patients were supported when receiving a difficult diagnosis. For example, where patients had travelled alone from another country, clinicians worked with international specialists to ensure the patient understood the results and their treatment plan. Staff coordinated this with embassy teams to ensure ongoing care was planned in line with patient's clinical needs, availability of care in their home country and entry restrictions to the UK.
- Thank you cards from patients and those close to them indicated emotional support was consistent in the department and frequently went above and beyond their expectations. Patients frequently commented on the kindness of staff when discussing challenging results or news.

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.

- See the outpatients section for our main findings.
- Consent forms for each type of scan included details of possible side effects from contrast media, such as nausea and itching. Staff discussed these with patients before proceeding with a scan and managed side effects on site.
- Staff recognised it was common for patients to feel nervous or afraid of magnetic resonance imaging scans (MRIs). To address this, outpatient and imaging staff worked together to give patients a tour of the MRI facilities ahead of their scan. The radiology team met with patients to discuss their fears and provide reassurance. This took place ahead of scans so that patients could feel comfortable with the team and prepare for the procedure.
- All staff clearly valued their relationships and rapport with patients. The service demonstrably promoted a

patient-led service that was individually tailored to people's needs. Staff placed importance on good mental and social health and ensured care reflected this.

Are outpatients and diagnostic imaging services responsive?

Outstanding



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.

- See the outpatients section for our main findings.
- Staff used adapted cannulas for patients who also needed blood tests, which enabled them to carry out phlebotomy along with other procedures. This was an improved element of the service and reflected changes the team had made based on feedback from patients who were unhappy at the need for two punctures.
- Where patients had risk factors for renal function, staff booked blood tests within three months of the scan. Radiologists had discretion to carry out scans without blood tests where this was clinically appropriate and booking for phlebotomy services internally was a seamless process designed to be flexible for the patient.
- Staff had facilities to carry out pregnancy tests on site and worked with patients to offer this with appropriate consent and support processes in place.
- The service had purchased a transvaginal ultrasound probe to provide a service for those patients that presented with lower abdominal pain with suspected gynaecological origin. This enabled trained staff to carry out a complete assessment of the female pelvic organs. This represented the approach and ethos of the team to make the service seamless and 'one-stop', to reduce the need for patients to spend time attending other services. This also enabled the centre team to maintain continuous oversight of each patient's condition.

Meeting people's individual needs



Diagnostic imaging

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.

- See the outpatients section for our main findings.
- The imaging suite had a dedicated reception and waiting area and the team managed all aspects of administration internally. Healthcare assistants worked in dual-roles as reception staff. Where this meant the reception desk was unmanned, staff left a telephone and instructions for arriving patients to contact them and wait for assistance.
- Notices were displayed at the reception desk and in clinical areas regarding the risks of scanning during pregnancy. The notices were written without medical jargon and presented patients with the risks and benefits of certain scans to help them make an informed choice.
- Diagnostic staff worked seamlessly with outpatient and surgery colleagues to ensure patients were fully involved and prepared at each stage of care. For example, outpatient clinical nurse specialists discussed ultrasound plans with patients before they attended the scanning department.
- Staff demonstrated a proactive and responsive approach to meeting patient's needs during times of disruption. For example, when the passenger lift failed a patient attending a scan who used a wheelchair was unable to access the clinic. To address this, staff organised a taxi to take the patient to another nearby hospital within the provider's network and arranged for the original scan to take place within 30 minutes of the planned time.
- A dementia champion in imaging led on patient care and acted as a point of contact for colleagues in the department.

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.

- See the outpatients section for our main findings.
- Radiologists were on site Monday to Friday from 8am to 8pm. In the event of short notice sickness or absence,

the service rebooked patients to a nearby hospital with the same equipment operated by the provider. This was a short walk away and the manager arranged transport for the patient if this was more appropriate.

- There was no waiting list for diagnostic imaging and staff worked to meet all requests for specific dates and times.
- The service audited referral to treatment (RTT) times on a monthly basis. The most recent data related to February 2019 and indicated 100% of patients were contacted within one hour of the service receiving the referral and 100% made an appointment for their preferred appointment time.
- Radiographers led the patient flow process. They contacted patients in advance of a scheduled appointment and pre-planned the discharge and onward care process. This meant the diagnostics team maintained oversight of their patient's experience.
- Staff provided on-demand procedures to patients attending outpatient appointments. This included positron emission tomography (PET) scans within 48 hours and a magnetic resonance imaging (MRI) scan for patients in the Hepato-Pancreato-Biliary (HPB) clinic within one hour of referral.
- The provider operated a GP service from the site and this team could refer patients directly to in-house services, including fibroscan.
- The service audited reporting times on a quarterly basis across all modalities to assess compliance with the provider standard of 48 hours. Staff consistently achieved 100% compliance, with over 95% of reports usually available within 24 hours.

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.

- See the outpatients section for our main findings.
- Staff were confident in working with patients who wished to make a complaint or raise concerns. The provider empowered each individual to resolve concerns and put in place measures to prevent a future recurrence.



Diagnostic imaging

Are outpatients and 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. They supported staff to develop their skills and take on more senior roles.

- See the outpatients section for our main findings.
- A head of imaging was responsible for services on this site as part of the provider's local network and a dual-role deputy imaging manager/deputy centre manager provided dedicated support.
- An imaging services manager led the service on a day to day basis with support from superintendents, who supervised each modality. Modality leads were based at the Princess Grace Hospital and attended the centre regularly.
- A magnetic safety expert worked across the provider's local sites and provided on-demand support for staff.

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.

- See the outpatients section for our main findings.
- The provider had an over-arching mission statement, which formed part of the organisation's values. Values were focused on four key areas that provided a framework for staff to work with integrity and to treat patients and each other with kindness and compassion. The provider empowered staff to take personal responsibility for their development and to reach their potential and this was a distinct part of the mission statement. All staff we spoke with in diagnostic imaging understood the mission statement and values and knew

how this applied to their work. This resulted in a positive work environment for staff that valued enthusiasm and commitment. Patients benefited from this approach because it assured them of consistent, individual service from a dedicated team.

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.

- See the outpatients section for our main findings.
- Heads of department met weekly with the chief executive officer (CEO) in a huddle and lead staff in each modality replicated this. This was reflective of the collaborative, cross-sectional approach of the diverse specialties in diagnostic imaging. Staff who worked at different locations in the hospital's network joined the huddles and meetings to drive service development, such as the expanding x-ray service.

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.

- See the outpatients section for our main findings.
- A consultant radiologist and the head of pathology had established an imaging board in 2018 to drive consistency across the provider's local diagnostic imaging services. A monthly imaging managers and service lead meeting supplemented this as part of the overarching governance structure.
- The head of imaging chaired the radiation protection committee, which guided staff and the service in compliance with safety and governance standards.
- Lead staff in the imaging board were clinically-active and coordinated decisions on the service, such as the



Diagnostic imaging

introduction of new patient assessment documentation. The senior team encouraged all staff to contribute to the imaging board, which helped members to focus on important themes based on staff experiences.

- The senior team convened a magnetic resonance imaging (MRI) safety meeting every two years to review ongoing performance and the effectiveness of work systems. This was one element of the provider's robust overarching approach to clinical governance, which focused on improving safety.
- The head of imaging implemented new superintendent and modality leads meetings from January 2019 as part of a strategy to improve clinical governance.

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

- See the outpatients section for our main findings.
- Processes were in place for the safe handover of equipment following maintenance by a certified engineer, including the completion of critical examination checklists and reports. We reviewed the documentation for 43 maintenance and fault reports and subsequent handovers back to the service for a sample of eight key items of equipment, including x-ray, MRI, ultrasound and CT. In each case staff had followed key processes to ensure the equipment was safe for use.
- The radiation protection advisor and medical physics expert had reviewed the provider's procedures in October 2018, which were valid until January 2021. All staff who worked in diagnostic imaging had signed their understanding of the procedures. CT scan local rules were valid until July 2019 and all staff had signed off on these. X-ray local rules had been reviewed in June 2018 and all staff had signed off on these. MRI local safety policy and operating procedure reviewed in July 2018.
- Staff used a series of quality assurance processes for each modality, including monthly CT reviews, bi-monthly x-ray reviews and daily ultrasound checks.

- The senior team worked to ensure quality standards were consistent across all locations and used compliance processes to monitor this and drive improvements.
- A risk register for imaging services was in place and at this site there were no risks that related specifically to this core service. Staff demonstrated a robust understanding of key risks at other sites and put in place measures to ensure these were avoided as far as possible.
- The provider used corporate contracts for equipment servicing. The head of imaging had used established performance meetings to improve the response time from contractors to less than 24 hours following performance issues.

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.

- See the outpatients section for our main findings.
- Staff maintained a sent log with 'read receipts' for reports sent by encrypted e-mail. However, there was no continuous or central log of this, which meant the service did not have full assurance all reports were received. To address this, medical secretaries chased referring doctors if they did not receive evidence a report had been received.

Engagement

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

- See the outpatients section for our main findings.
- All staff in diagnostic imaging spoke positively of engagement with the provider and said they felt valued by each other and the senior team. Staff said they felt able to contribute to the running of the organisation and empowered to make suggestions and challenges.

Learning, continuous improvement and innovation



Diagnostic imaging

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.

- A radiographer had been nominated for two awards led by the provider reflecting their volunteer work outside of their usual role and a humanitarian award. Patient feedback had contributed to this and one patient had noted the member of staff had gone above and beyond their expectations during care and described them as, “Humble and gracious.”
- The head of therapy worked with human resources to develop advanced leadership strategies that helped to contribute to a positive, inclusive working culture. For example, they had undertaken training to promote ‘real conversations’ amongst the team and during appraisals. This promoted discussions between staff and the senior team about their working relationships and enabled them to identify opportunities for improvement. The head of therapy promoted this as an important aspect of the working culture and facilitated an open forum for staff to contact them to discuss problems or concerns as part of an open and honest approach to working. This ethos was based on an objective process that staff needed to talk to each other and be honest about what they wanted from their role and recognised that each individual had a unique contribution to make, which also adhered to project world class.
- The senior team had introduced ultrasound performance testing, which was due to begin in June 2019. This would include testing of all ultrasound and fibroscan equipment and was an improvement to existing procedures, which to date included only ionising equipment.
- A member of the team had been nominated for an ‘epic’ award, issued by the provider, in recognition of compliments they had received from a patient. The patient said they had been in a lot of pain and only managed to proceed with an MRI scan because of the care and encouragement of the member of staff, who they described as, “Amazing.” A member of the medical secretary team had started the epic awards scheme as a new initiative, which was reflective of the provider’s approach to supporting staff with continuous improvement.

Outstanding practice and areas for improvement

Outstanding practice

- The safeguarding team had prepared a new strategy for staff to identify and respond to domestic violence and abuse. This was an innovative, evidence-based approach that aimed to reduce the risk of staff giving advice that could be harmful and instead take immediate action so that specialist services could provide assistance. The information included contact details for national domestic violence agencies and action to be taken if a patient was at immediate risk. As part of this strategy, the service provided discreet information for patients who were experiencing abuse or knew someone who was. This included contact numbers for urgent help printed discreetly or disguised as another product to help them feel confident in taking the information away. This was one aspect of a range of highly specialised, research-based tools staff had implemented to recognise abuse, female genital mutilation and child sexual exploitation, including for patients who were non UK citizens.
- Specialist dieticians provided highly individualised care and nutrition plans that took into account patients' country of residence, cultural and religious needs. Where patients lived outside of the UK, dieticians meticulously researched the local equivalent of UK brands of products to recommend these to patients. Staff researched how patients could access these items, provided nutritional summaries of them and made adjustments where they contained ingredients the patient could not eat due to their beliefs.
- Staff organised care, including complex multidisciplinary processes, to take place as part of a seamless process. This meant patients could complete pre-assessment, have a consultation with a clinical nurse specialist (CNS) and consultant, undergo scanning or imaging and pathology, followed by surgery and complete the whole process within 48 hours.
- Staff worked together quickly to coordinate care in urgent cases and this had a demonstrable impact on patient outcomes. For example, one patient had recently attended for a consultation. During this process the clinician identified a previously unknown condition that could have been fatal if not found and treated. The consultant liaised with colleagues within the provider and secured surgery for the patient in under one week.
- The international business development manager led a programme of cultural competency for staff, which was specific to whether staff were in a clinical or non-clinical role. The manager included frequent refresher sessions when world or political affairs changed cultural behaviour or expectations. This was part of a broader programme of international patient and cultural training that reflected patient feedback that they valued the politically-neutral territory of care the provider facilitated.
- The outpatient and diagnostic imaging manager had prepared a welcome letter for patients under the age of 18. This explained the types of staff they would see, such as nurses, doctors and radiographers, and the types of extra support available to them. The letter also explained why some young people were sent to another hospital in the provider's network, which specialised in surgical treatment for teenagers and children.
- Senior staff demonstrably and persistently encouraged and empowered staff to develop professionally by facilitating opportunities and providing the resources needed for growth. One healthcare assistant was undertaking advanced safeguarding and dementia training and supported the charge nurse to coordinate medical consumables. A senior member of staff said, "They are working far beyond the level expected, has achieved a formal qualification and we expect them to go far."
- Staff demonstrated a proactive and responsive approach to meeting patient's needs during times of disruption. For example, when the passenger lift failed a patient attending a scan who used a wheelchair was unable to access the clinic. To address this, staff organised a taxi to take the patient to another nearby hospital within the provider's network and arranged for the original scan to take place within 30 minutes of the planned time.
- A radiographer had been nominated for two awards led by the provider reflecting their volunteer work

Outstanding practice and areas for improvement

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care and encouragement of the member of staff, who they described as, "Amazing." A member of the medical secretary team had started the epic awards scheme as a new initiative, which was reflective of the provider's approach to supporting staff with continuous improvement.

- The head of therapy worked with human resources to develop advanced leadership strategies that helped to contribute to a positive, inclusive working culture.

Areas for improvement

Action the provider SHOULD take to improve

- Consider how mandatory training could be tailored to the needs of staff who work in outpatients.
- Implement tracking systems for reports sent by e-mail from diagnostic imaging to ensure they are received by the referring clinician.