Bradford Alliance CT

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Bradford Alliance CT is operated by Alliance Medical Limited. It provides Computed Tomography (CT) scanning services for adults only. The centre provides its services under a local contract between Alliance Medical Limited and the Trust.

The unit performs all types of CT scans except for trauma scanning. Cardiac CT and CT colonography (CTC) scans are provided as part of this service. The cardiac scanning service has been in place since the beginning of October 2014. The CTC service commenced in March 2015. The CTC service is a radiographer led service with both scanning and rectal cannulation undertaken by trained radiographers under the supervision of gastro-intestinal consultant radiologists. The radiographer's responsibilities include injection of contrasts through patient group directions.

We inspected this service using our comprehensive inspection methodology and carried out an unannounced inspection on 11 June 2019.

Summary of findings

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

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

Services we rate

We rated it as **Good** overall.

We found good practice in relation to diagnostic and imaging services:

- Managers had the right skills and abilities to run the service and staff described a positive culture where managers, staff and the multi-disciplinary team worked well together. The service ensured staff were competent with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Managers appraised staff's work performance as a means of development.
- The service planned and provided services that met and took account of the individual needs of local people. Care and treatment was based on national guidance and evidence of its effectiveness and managers checked that staff followed this guidance. Patients could access the service when they needed it, appointments were prioritised, and additional cardiac sessions had been put in place so this patient groups scans could take place in a timely way. Waiting times from referral to scan were in line with good practice.
- We found good practice in relation to medicines management, record keeping, infection prevention and control and assessing and responding to patient risk.
- The service had suitable premises and equipment and looked after them well.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service systematically improved service quality and safeguarded high standards of care. Patient safety incidents were well managed, and staff recognised incidents and reported them appropriately. Staff of different kinds worked together as a team to benefit patients.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with all staff.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- Staff cared for patients with compassion, provided emotional support to minimise their distress and involved patients and those close to them in decisions about their care and treatment. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Policies and procedures were implemented when a patient could not give consent.

However, we also found the following issues that the service provider needs to improve:

- The provider should ensure that temperature monitoring of the medicine's fridge is put in place.
- The provider should ensure that the CT local rules are specific to this service.
- The provider should ensure that local diagnostic reference levels are readily available in the computed tomography (CT) room for immediate reference together with national diagnostic reference levels.
- The provider should ensure that the existing spillage kit which has expired is replaced.
- The provider should ensure that the Trust is informed that its 'Patient Identification Policy' is past its review by date of October 2016.
- The provider should ensure that an extravasation policy is in place.

Summary of findings

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

Ann Ford
Deputy Chief Inspector of Hospitals (Hospitals)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	We rated this service as good overall with ratings of good for safe, caring, responsive and well-led. CQC does not rate effective for diagnostic imaging services. There were areas of good practice and a small number of things the provider should do to improve. Details are at the end of the report.

Summary of findings

Contents

Good

Bradford Alliance CT

Services we looked at

Diagnostic imaging.

Summary of this inspection

Background to Bradford Alliance CT

Bradford Alliance CT is a diagnostic provider for Computed Tomography (CT) scanning services. The service has one CT scanner on site and from January 2019 has operated Monday to Friday from 8am to 8pm scanning approximately 960 patients per month.

Bradford Alliance CT provides its services under a local contract between Alliance Medical Limited and the Trust.

The unit performs all types of CT scans except for trauma scanning. Cardiac CT and CT colonography (CTC) scans take place at Bradford Alliance CT. The cardiac scanning service has been in place since the beginning of October 2014. The CTC service commenced from March 2015. The CTC service is a radiographer led service with both scanning and rectal cannulation undertaken by trained radiographers under the supervision of gastro-intestinal consultant radiologists. The radiographer's responsibilities include injection of contrasts through patient group directions.

Bradford Alliance CD's registered manager has been in post since 14 March 2016**.** The regulated activities at this location include: Treatment of disease, disorder or injury and diagnostic and screening procedures.

We carried out an unannounced visit to Bradford Alliance CT on 11 June 2019.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in diagnostic and imaging services.

Information about Bradford Alliance CT

Bradford Alliance CT is a diagnostic provider for Computed Tomography (CT) scanning services since 2014.

Bradford Alliance CT is registered to provide the following regulated activities:

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

One clinical lead radiographer, one senior radiographer, one radiographer, two clinical assistants and one administrator work at Bradford Alliance CT.

From January 2019, the CT units' operational hours Monday to Friday were 8am – 8pm and approximately 960 patients are scanned monthly.

During the inspection, we visited the CT unit which shared a reception area and administration office with the hospital's main x-ray / ultrasound department.

We spoke with five Bradford Alliance CT staff. Discussions took place with a clinical assistant, one administrator, the clinical lead, senior radiographer and one senior manager. We also spoke with two Trust staff; a radiologist and the radiation protection adviser. We spoke with four patients and one relative.

We also observed three patient scans, tracked one patient journey and observed one translator support a patient prior and during their scan. We reviewed five sets of patient records.

There were no special reviews or investigations of Bradford Alliance CT ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (June 2018 to June 2019)

In the reporting period June 2018 to June 2019 There were 10821-day case episodes of care recorded at Bradford Alliance CT; of these 100% were NHS-funded.

Summary of this inspection

June 2018 – 1 June 2019

Track record on safety

- Zero Never events
- Zero Serious Incidents
- Zero Ionising Radiation (Medical Exposure) Regulations / Ionising Radiation Regulations 2017 reportable incidents
- Zero deaths
- Zero clinical incidents
- Zero serious injuries

Zero incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA),

Zero incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)

Zero incidences of hospital acquired Clostridium difficile (c.diff)

Zero incidences of hospital acquired E-Coli

One complaint - seen on site

Services accredited by a national body:

- Imaging Services Scheme () – Date of accreditation July 2018; date of renewal, July 2021
- ISO27001 – Date of accreditation, July 2018: date of renewal, July 2021

Services provided at the hospital under a service level agreement

The Radiation Protection Adviser, medical physics experts, medical emergency response and radiologists support were all provided under a service level agreement with the host trust. Interpreting services, maintenance of medical equipment, leaning services and waste management were also included as part of the service level agreement.

Specialist pharmacy support was available through Alliance Medical Limited and the host trust.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated it as **Good** because:

We found the following areas of good practice:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. At June 2019 compliance with mandatory training was 100% for all modules.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service had suitable premises and equipment and looked after them well. Equipment and premises were visibly clean, and staff used control measures to prevent the spread of infection.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

However, we also found the following issues that the service provider needs to improve:

- The CT local rules were not specific to this service.
- Monitoring of the medicines fridges temperature levels was not in place.
- The spillage kit had expired and required replacement.
- The Trust 'Patient Identification Policy' was past its review by date of October 2016.
- We did not see an extravasation policy in place.

Are services effective?

We do not currently rate effective for diagnostic imaging services.

We found the following areas of positive practice:

- Staff of different kinds worked together as a team to benefit patients. The service provided care and treatment based on national guidance and evidence of its effectiveness. Radiation protection advisers and supervisors checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly during their scan to see if they were uncomfortable or in pain.

Summary of this inspection

- The service made sure staff were competent for their roles. Managers appraised staff's work performance, provided support and monitored the effectiveness of the service.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005 and in relation to informed consent.

However, we also found the following issues that the service provider needs to improve:

- Local diagnostic reference levels were not readily available in the computed tomography (CT) room for immediate reference together with national diagnostic reference levels.

Are services caring?

Good

We rated it as **Good** because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Are services responsive?

Good

We rated it as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs and staff understanding of patients' needs ensured the service was accessible to all their patients.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Are services well-led?

Good

We rated it as **Good** because:

- Leaders had the right skills and abilities to run a service providing high-quality sustainable care.
- The service followed the Alliance Medical Limited values of collaboration, excellence, efficiency and learning.

Summary of this inspection

- Leaders operated effective governance processes, throughout the service and with partner organisations. The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation
- The service improved service quality and safeguarded high standards of care through systems which identified risks, plans to eliminate or reduce risks, and were able to cope with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff and the trust to plan and manage appropriate services.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Notes

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

Mandatory training

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

The mandatory training target was 95%. Training records confirmed 100% of staff completion of annual mandatory training. One staff member confirmed that they had also attended a half day fire training session which included scenarios provided through the Trust.

The mandatory training needs analysis showed the description of training, staff groups the training applied to, frequency and whether the training was online or face to face. Mandatory training included: manual handling, conflict resolution, infection prevention and control, fire, level two safeguarding adults and children training and complaints. Staff confirmed that they had also completed one day practical immediate life support (ILS) training sessions. All staff had completed their latest ILS on the 17 May 2019.

Safeguarding training statistics provided up to June 2019 confirmed 100% of staff had completed level two adult safeguarding training and level one children's safeguarding training sessions. Alliance Medical Limited provided adult and children's safeguarding training sessions at level one, two or three. The clinical lead and senior radiographer had completed level three adults safeguarding training.

Safeguarding

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

The registered manager was the designated adult safeguarding lead. They were supported in this role by two named safeguarding leads for adults and children. Staff told us that they would either speak with the senior radiographer, contact the designated safeguarding lead or approach the registered manager for advice and support should they identify safeguarding concerns.

Out of hours the registered manager could be contacted for advice on potential safeguarding issues.

Staff we spoke with demonstrated an understanding of safeguarding and what to do should they have any safeguarding concerns. Reporting of safeguarding events was completed through the hospital incident reporting system.

Bradford Alliance CT had agreed a dual policy process with the Trust which meant staff adhered to identified Trust policies and procedures of which the Safeguarding Adults and Children's policies where included. Staff when asked confirmed use of the Trust safeguarding adult's policy as a point of reference. The adult safeguarding policy included sign posting to female genital mutilation.

Managers made sure all staff had enhanced disclosure and barring service checks before they started their contracts. Three yearly reviews of enhanced disclosure and barring checks were completed.

Cleanliness, infection control and hygiene

Good

Diagnostic imaging

The service-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

There was a designated infection control lead for the service.

Staff had completed the on-line annual infection, prevention and control module.

The unit was visibly clean. Daily cleaning was under a third-party agreement with the Trust, the unit manager monitored performance and provided feedback on required actions. Monthly infection control audits took place and the outcomes communicated to the hospital. Quarterly service reviews which took place with the hospital included updates on cleaning and infection control audit outcomes.

Control measures such as hand gel, aprons and gloves were available. Hand washing facilities were available, and staff had bare arms below their elbows. Displayed cleaning schedules were signed and dated when the task was completed.

A spillage kit was available, however, we noted it had expired in August 2018. We raised with staff at the visit who immediately organised for another spillage kit.

National Patient Safety Agency handwashing techniques posters advised correct hand washing practises. Staff used hand gel between patients and hand gel was available for patient and visitor use in the main reception area and on entry to the unit.

The annual Infection Prevention and Control Report (December 2018) confirmed the outcomes of hand hygiene and insertion of peripheral vascular device (PVD) audits. The monthly hand hygiene audits mean score was 98% for the last 12 months. Staff had received feedback which related to staff adoption of the Bare Below Elbows (BBE) initiative. On the day of the visit we observed that staff were compliant with the BBE initiative.

Clinical staff competencies audits associated with the insertion of peripheral vascular devices (PVD) took place. The monthly competency assessment associated with peripheral vascular device (PVD) audits for the 12-month period confirmed a mean score of 100%. No areas of concern noted.

Annual IPC audit bench mark for 2017-18 was 80%. The unit achieved a score of 90%. The 2018-19 benchmark was 90%, the unit achieved 88%. We did not see an action plan for this audit, however, we noted compliance identified in all areas from the monthly environmental IPC audits from 1 July 2018 to 31 May 2019.

There were no reported IPC incidents during the last 12 months.

Environment and equipment

The service had suitable premises and equipment and looked after them well.

The department included a waiting area, a radiology reporting room, a control room, computed tomography (CT) scan room, cannulation area, two changing rooms one was an assisted changing room. The administration office was in the reception area of extension block D. Toilet facilities were in a nearby location just outside the unit.

Security of the unit was through restricted access arrangements. The main scanning department had keypad access from the main waiting area into the department waiting area. However, on the day of our visit the door to the unit remained open and staff when asked told us that this door was locked when the unit was not in use.

Staff confirmed when new to the unit they had received training specific to the equipment in use in the unit, for example, pump injectors, scanners and the blood pressure monitor.

Diagnostic equipment maintenance checks were confirmed by the presence of stickers on equipment. Staff contacted the medical equipment engineer based at the NHS hospital the service was based in when there were equipment issues.

The department shared a resuscitation trolley with the Trust imaging department. The trolley was in the corridor just outside of the CT unit. Staff confirmed they shared joint responsibilities with the Trust staff for resuscitation trolley checks. Bradford Alliance CT staff checked the resuscitation trolley twice weekly; they showed us the documented checks of the resuscitation equipment they had completed that morning. Random checks of the resuscitation trolley with the clinical assistant showed all equipment to be in date. The adult resuscitation drugs

and anaphylaxis kit were both sealed and in date. Staff told us the Trust staff completed a full check of the resuscitation trolley on either a Sunday or Monday. We saw records which confirmed resuscitation trolley checks were documented by staff when completed.

Quarterly servicing of the CT scanner took place; the last survey took place on the 17 May 2019.The 4 September 2018 survey confirmed a new tube was inserted. Written feedback confirmed test results were satisfactory and the equipment complied with the current standards for the tests performed.

The radiation protection supervisor reports dated 10 December 2018 and 1 March 2019 confirmed no issues were raised during both assessments of the service.

We saw electronic records which confirmed that daily and weekly calibration of CT equipment had taken place.

Local rules were present but not displayed. The local rules identified the name of the radiation protection supervisor.

If the patient wished to stop the scan they told the radiographers who then stopped the examination.

Safety signs alerted people when the computed tomography (CT) room was in use. Controlled area x-ray signs outside of the scanner rooms lite up when the room was in use. A radiation-controlled area sign and authorised persons only sign was present on the CT scanner door.

Staff and carers used specialised personal protective equipment. Family members and/or carers used lead aprons when present in the room. The hospital had last completed checks of lead aprons to screen for cracks in March 2019. No actions followed these audits. Minutes of the Trust Radiation Protection Committee Meeting (06 March 2019) included discussions around types of lead aprons and the use of specialist eye equipment.

Film badges monitored staff radiation exposure. Public Health England monitored the film badges. The film badge dosimeter or film badge is a personal dosimeter used for monitoring cumulative radiation dose due to ionizing radiation. The film badge results provided for 2018 were all within limits (0).

There were appropriate arrangements for managing waste and clinical specimens. Dirty linen and equipment were kept separately.

Colour coded weekly task sheets identified days checks took place. Staff signed to confirm the tasks completed and when. For example, checks on emergency equipment, fire equipment, stock, infection control, scanner quality assurance and calibration.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

The hospital radiologist and radiation protection supervisor had agreed the CT room protocols issued 9 July 2018. Local rules were present in the scanner room.

Bradford Alliance CT used the hospitals local rules issued on the 24 October 2018; due for review on 24 October 2020. The local rules were not customised to the Bradford Alliance CT service as they were general local rules which related to the Trust. We saw that the clinical lead had highlighted relevant areas within these local rules pertinent to the service provided by Bradford Alliance CT.

Prior to investigations females between the ages of 18 and 55 years were asked whether they were pregnant. Staff who were pregnant did not enter the CT scanner when it was operational.

A radiology consultant or registrar were present at all contrast lists. During non-contrast lists the trust resuscitation team were available 24/7.

The ‘Management of Medical Emergencies Policy and Procedure’ (v4) included advice on medical emergencies, the level of resuscitation training required and the need for completion of yearly resuscitation simulation training. One unannounced resuscitation scenario test had taken place annually. The documented outcomes of the unannounced resuscitation scenario dated 7 March 2019 identified the resuscitation response mostly met current guidelines/best practice.

Alliance Medical Limited required a minimum of two staff qualified in the management of medical emergencies. Pathways and processes were in place for staff to assess people using services that were clinically unwell and required hospital admission. Radiographers and clinical

assistants were trained and assessed as competent against immediate life support. Staff who had completed immediate life support cared for patients who became unwell until their transfer out. Staff training records confirmed staff had completed immediate life support training.

We did not see an extravasation policy in place. Extravasation is when fluid injected leaks into the surrounding tissue.

Guidance on the 'transfer of the deteriorating patient was reiterated in the March 2019 'Risky Business – Key Points of Learning' newsletter. Should a patient's condition deteriorate in the department not to transfer them to the emergency department. Always call the crash team and let them come to you. Discussions with staff confirmed that this was the policy adopted within the imaging centre. The service had one urgent transfer in the last 12 months. We saw from the information provided that the patient had been stabilised prior to transfer to a local Trust. The unit manager investigated patient transfer events and reported them through the hospital incident reporting system.

Security measures to store anaphylaxis equipment were in place when the CT scanning room was not in use. When a second anaphylaxis tray was required this was accessed from within the department.

The Alliance Medical Limited 'Patient Identification and Justification of Request Policy' (v5) identified how the checking process assured staff they had the correct patient and were giving the right treatment at the right time. The three-point check included checks of patient name, date of birth and address. We saw 'stop and pause' checks completed for each patient throughout the visit. Patients identities and documentation were checked prior to and on entry to the scan room. We also noted 'stop and pause' checks identified as learning following an incident within the December 2018 Risky Business newsletter.

Risk assessment of the patient was via the 'patient safety consent questionnaire.' We saw scanned copies of safety questionnaires for two patients stored electronically. During discussion with one patient they showed us the patient safety questionnaire they had completed prior to undergoing their scan.

We tracked one patient through their scanning episode. The patient had completed their safety questionnaire prior to the scan which staff checked prior to the scan taking place. Radiographers completed a safety form specific to the contrast used which we saw in use.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

One clinical lead radiographer, one senior radiographer, one radiographer, two clinical assistants and two (1.5 whole time equivalent) administrators worked at Bradford Alliance CT.

The clinical lead radiographer and unit manager managed the staffing rota between them to ensure there were enough staff to run the computed tomography (CT) service safely. The minimum daily staffing model used was two radiographers or one radiographer and 1.8 whole time equivalent clinical assistants. Should staffing pressures mean minimal staffing was not achieved the list was reduced in advance to ensure a safe service.

To establish the correct full time equivalent (FTE) staffing required, the unit manager utilised a staffing calculator as per Alliance Medical Limited policy. The staffing calculator worked out the required numbers of staff to run the CT scanner five days a week, 12 hours a day.

Standard staffing daily was two radiographers and one cannulating clinical assistant.

Staffing in event of annual leave was two radiographers or one radiographer and one cannulating assistant.

The service approached staff when staff sickness occurred. If permanent staff, bank staff or mobile rota teams help was not available cancellation of patients took place as a last resort.

In the last 12 months there had been no staff turnover.

There was no staff sickness from October to December 2018.

Good

Diagnostic imaging

Bank staff usage from October to December 2018 was 11 bank radiographer shifts. Bank staff described the recruitment and induction process. They said they had pre-employment checks which included, a disclosure and baring check, two references and medical checks.

Bank and agency staff received a local induction which they confirmed included mandatory training. sessions. Radiographers also completed a medical device assessment for the equipment they were using.

New staff to the service completed a one-day induction at the Alliance Medical Limited head office in Warwick. The staff member said their induction had included group tasks and discussion of the AML values and how they would introduce them at work. They returned to the service they worked with and completed a local induction which included completion of online mandatory training sessions and attendance at immediate life support training.

Records

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

The provider identified that their contract with the Trust stipulated that Bradford Alliance CT was a scan only service and was not responsible for report distribution. Monthly checks, completed by the service, confirmed that the Trust radiologists had reported the scans. If reporting had not taken place this was escalated to the Trust by Bradford Alliance CT whose only remit was to scan patients. Bradford Alliance CT staff undertook this escalation to ensure that patients received their results quickly.

Documentation of patient care was kept on the Trusts electronic radiology information systems.

We saw completed patients records saved on the radiology information system. We reviewed five patients records which included electronic and paper records. Scanned consent forms and GP referral letters were present in patient's electronic records to ensure all the patients records were in one place. Patients records were comprehensive and included documents such as the patient's safety consent document which they had completed and signed prior to their procedure.

The last records audit achieved 100%.

Medicines

The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

The unit manager was the designated service lead responsible for the safe and secure handling of medicines. We saw that medicines storage was secure. Staff checked that they had the right patient prior to giving the contrast media when prescribed for the patient. Contrast media was only drawn up once the patient was present.

Patient group directions (PGD's) were in place for radiographers to administer contrasts. A dual policy agreement was in place with the local Trust. The PGDs were authorised in line with legislation. The hospital provided the PGD's and supplies of medicines where the service was located. We reviewed some medicines and observed they were in date.

A radiology consultant or registrar provided expert medical advice for all contrast lists. During non-contrast lists the trust resuscitation team were available 24/7.

Radiographers who administered contrasts had completed additional training to enable them to administer contrasts to patients safely. Staff described the training they had completed, and we saw evidence of completion of this training documented.

Contrast solutions stored in a warming cabinet which we saw had monitoring in place to ensure that the warming drawer was working effectively. Patients' records included the type of contrast injected, batch numbers and doses.

The outcomes from the last two CT contrast safety questionnaire audits confirmed 100% compliance in this area.

Monitoring of medicines fridges temperatures was not in place, however, we saw no impact on the medicines stored. We raised this at the visit and noted that in appendix 10 of the Trust Medicines policy (March 2019) it stated daily monitoring of the medicines fridge should be in place.

Incidents

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

appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff used the incident reporting system to record incidents.

Root cause analysis training was available for managers and those staff who investigated incidents.

In 2018, two incidents took place at the Bradford Alliance CT. We reviewed both incidents electronic documentation with staff and saw that appropriate actions in place. One incident identified a limited response from the resuscitation team following the resuscitation call. Escalation of the limited resuscitation team presence to the Trust had resulted in an improved presence of the resuscitation team when called. Staff had received feedback for the first incident during their team meeting (28 September 2018). We saw progress since this incident documented in the minutes from the AML Implementation Meeting 4 October 2018 meeting between the Trust and Alliance Medical Limited staff.

Integrated governance and risk board minutes (20 September 2018) and clinical governance minutes (27 November 2018) confirmed monthly incidents reviews had taken place. Reporting of near misses and accidents took place. Communication of lesson's learned was through Risky Business the monthly communication bulletin and staff meetings. Staff confirmed they had received feedback from incidents reported.

Are diagnostic imaging services effective?

We do not currently rate effective for diagnostic imaging services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

There were also several protocols for routine scan sequences and referral specific scans which were readily available in the scan room. CT room protocols issued 9 July 2018 agreed by the Trust radiologist and radiation protection supervisor were present in the scanning room.

Bradford Alliance CT had agreed a dual policy process with the Trust as part of their contract which meant staff adhered to identified Trust policies, protocols and procedures. The Trust dual policy agreement allowed patient group directions to be used by the radiographers within Bradford Alliance CT.

We reviewed several policies and procedures were based on current national guidance and best practice. All but one the Trust 'Patient Identification Policy' (review date October 2016) were in date and a policy version control process was in place.

Alliance Medical Limited Integrated governance and risk board minutes (20 September 2018) confirmed that ongoing monitoring and updating of policies and procedures, local guidelines and practice had taken place.

The diagnostic reference levels report (2017/18) produced by the Trust medical physics department for Bradford Alliance CT included analysis and recommended actions for the Bradford Alliance CT manager to implement. The report identified that dose levels for two examinations at Bradford Alliance CT were above the national dosage levels. The medical physics department were in the process of addressing this. We also observed that the national dose levels were not readily available to staff in the CT scanner room.

Nutrition and hydration

The service did not have facilities to provide food and drinks to patients, however, staff said water was provided on request.

Pain relief

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.

Staff said that patients were risk assessed prior to their scan to determine if they could tolerate the procedure. During two observation sessions of staff interactions with

patients prior to and as the patient got onto the CT scanner trolley we saw staff made efforts to ensure their comfort. Throughout the scanning process staff asked the patient how they were to ensure the patient was comfortable and were able to tolerate the scanning process.

Patients could alert staff if they were uncomfortable and needed the scan to stop.

Patient outcomes

Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services in the Alliance Medical group to learn from them.

The service did not provide a treatment to patients which enabled them to measure patient outcomes. However, the service did complete audits and quality assurance tests to ensure that they provided a service to measurable standards which they could monitor with the aim of making improvements.

Alliance Medical Limited audit schedules for 2017 to 2019 confirmed audits in areas which related to the patient, quality, reporting, image quality, information governance, clinical systems and information technology. Audit frequency ranged from monthly to annual audits.

The patient audits included compliments and complaints, patient satisfaction surveys and reported incidents. From the information provided and audit outcomes seen we observed good compliance and high patient satisfaction against the areas assessed.

We requested the outcome of the hospital audits into image quality, however, these were not provided.

Information provided as part of the providers information request also confirmed there had been no Ionising radiation (medical exposure) incidents, serious incidents or never events reported from 1 January 2018 to 31 January 2019 for this service.

Key performance indicators and targets within the Bradford Alliance CT contract with the Trust included service provision of 40 to 68 hours weekly, patient satisfaction, scanner utilisation and monthly audits of scan quality. Quarterly service review meetings with the Trust included a review of the key performance indicators, the outcomes were communicated to staff at unit meetings.

The service was a scan only service. Staff told us that they liaised with the Trust, so patients were informed of the outcomes of their scan in a timely manner

Staff told us that formal meetings with Trust consultants had not taken place to discuss image quality. Substandard scans had resulted in feedback from radiologists. This feedback when given had resulted in additional training for staff.

The provider confirmed 100% compliance for the last two computed tomography safety questionnaire's audits; no actions followed both audits.

The urology patient pathway had ensured that patients outcomes improved following the introduction of the urology fast track clinic. Patients who presented with visible blood in their urine now had access to a CT urogram within five days and had a cystoscopy on the same day. This reduced the turnaround time for patients presenting with visible blood in the patient's urine.

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 monitor the effectiveness of the service.

Staff had received training relevant to their role. We saw training records that showed the required training and level of competence of different members of staff. Training records / competency assessments completed by five radiographers confirmed their competencies / completion of training in areas specific to their role, for example, competencies associated with computed tomography colonography examinations and training in the use of the CT machine.

The radiographers and clinical assistants were all trained and assessed as competent in computed tomography safety and use of equipment. Radiographers were trained and assessed as competent to cannulate, administer intravenous contrasts and medicines and to identify and manage adverse reactions.

Good

Diagnostic imaging

Staff attended specific courses relevant to their continuing professional development requirements. For example, two staff had recently completed the post graduate certificate in computed tomography.

Quarterly individual staff cannulation audits checked staff cannulation competencies. No themes resulted from these audits. The areas assessed included: number of cannulations, number of success attempts and unsuccessful attempts. No actions resulted from these audits. Staff training records also confirmed that staff tested were competent to perform cannulation.

Senior staff also confirmed that auditing of staff competencies in CT colonoscopy (CTC) had taken place. The results of the last CTC audit for February 2019 showed 83 % of the scans present optimal or sufficient bowl distension. Auditing of 36 scans took place and four staff members practice was audited whilst they undertook the CTC examination. Two out of the three scans with inadequate distension resulted from absence of Buscopan and from presence of diverticular disease. There was nothing that radiographers could do about it. August 2019 was the planned date for the next CTC audit.

All staff had received annual appraisals. Staff had individual timed objectives and mid-year reviews determined progress / achievement of these objectives.

Radiographers were Health and Care Professions Council (HCPC) registered and met the standards to ensure delivery of safe and effective services to patients. The HCPC is a regulator, set up to protect the public. They keep a register of health and care professionals who meet HCPC standards for their training, professional skills, behaviour and health. From January 2018 to December 2018 all staff with professional registrations had undergone revalidations and had their registrations checked.

Staff attended an induction and completed clinical skills matrix documentation when new to the service. The induction included familiarisation with policies and procedures, which included local rules specific to the scanning equipment used. Three staff completed induction check lists were seen.

Staff said they would approach senior staff for support, to discuss any significant events or to debrief.

One staff member's key worker roles included infection control and resuscitation.

Multidisciplinary working

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

The registered manager and/or clinical lead attended meetings with the Trust. Close working relationships existed with the Trust, hospital radiology, pharmacy and medical physics departments.

We saw that the team included, the centre manager, radiographers, clinical assistants, radiologists and administration staff who all worked well together to provide a cohesive service to their patients. Staff had a good understanding of each other's' roles and valued each other's contribution to the team.

Members of the team communicated well with each other and gave examples of when they had liaised with radiologists for advice and support.

Staff liaised with referring professionals to ensure all necessary information was obtained prior to the patient's arrival at the department.

Referring clinicians could contact reporting clinicians to discuss results if needed.

Seven-day services

The service provided Monday to Friday CT adult only scanning services from 8am-8pm.

On occasion and with the agreement of the Trust additional Saturday lists took place to ensure that patients' referral to treatment times were achieved.

The unit had access to 24hr on-call radiology support, provided through the trust and a senior manager was available in an on-call capacity out of usual office working hours.

Consent and Mental Capacity Act

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed the service policy and procedures when a patient could not give consent.

Good

Diagnostic imaging

The updated consent policy was confirmed by the Integrated Governance and Risk Board minutes dated the 20 September 2018.

Staff had completed Mental Capacity Act (2005) training as part of their dementia training. Training statistics confirmed 100% of staff had completed this training.

Staff contacted the patient's referrer about concerns about a patient's capacity. Staff we spoke with understood what to do should a patient lack capacity.

Computed tomography (CT) patient safety consent forms were completed prior to the CT scan.

Completion of consent safety screening documentation took place for contrasts and anti-spasmodic medication.

Chaperones and interpreters who stayed with patients throughout their procedure were informed of the risks.

Are diagnostic imaging services caring?

Good

Compassionate care

Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

The provider's policy 'Privacy, Dignity and Respect' (v1) advised staff of the importance of maintaining a patient's privacy and dignity. We observed staff maintaining patients' privacy and dignity when showing the patient to a designated changing room. Staff maintained confidentiality when speaking with patients by speaking softly and closing doors.

Patients received compassionate care and put at ease. We observed all staff were polite and courteous to patients from arriving to the time they left the department.

Staff understood the need to respect patient's personal, cultural, social and religious needs, and they took these into account.

Staff escorted patients from one area to another and treated patients with dignity and respect.

We saw staff confirmed with patients that they could hear the radiographer before starting the scan.

We observed staff communicating with patients through the intercom to ensure patients were as comfortable as possible during the procedure.

Patients could give feedback after their scan. Managers collated the information from patient feedback and shared the findings with staff, to ensure improvements resulted.

Twenty patients' responses from Trust patient survey confirmed that 100% of patients were

satisfied with the service they had received through Bradford Alliance CT. The patient feedback described the service as 'excellent, staff were polite and pleasant, and they had experienced no queues or waiting'.

Staff said that patients and their families could provide feedback about their experiences through the patient satisfaction questionnaire. This questionnaire was in the clinic waiting area and completed whilst waiting for or following the patients scan. The manager said that when completed the Trust collated this information prior to sharing it with the unit manager.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Patient feedback described staff as supportive towards them and their relatives and said that staff had reassured them about the procedure.

We observed staff support a patient within the scan room when they were nervous about the scan procedure and anxious due to the confined space of the scanner itself.

Staff understood the potential impact a patient's care, treatment or condition had on their wellbeing and on their relatives, both emotionally and socially. Staff ensured they took time to speak to patients making sure that patient's privacy and dignity was observed.

Patients, including those patients with specific needs such as visual impairment, learning disabilities or mobility requirements, had the option of visiting the unit when they visited the pre-assessment clinic. Staff said this helped relieve the patients' anxieties about their forthcoming scan.

Good

Diagnostic imaging

Patients with a specific need such as dementia or learning disability were escorted, usually by a family member.

Understanding and involvement of patients and those close to them

Staff involved patients and those close to them in decisions about their care and treatment.

Patients received information leaflets with their appointment letters. Leaflets included information about what the scan entailed and what was expected of the patient before and after the scan appointment.

Staff explained what was happening by communicating with the patient before, after and throughout the scan.

We saw staff spend time with each patient prior to their scan. During this time staff went through the patient's documentation which included the patient's medical history and safety checklist. Staff supported patients and their relatives to ask questions and confirm their understanding of the procedure they were about to have.

Patients received verbal instructions before leaving the clinic to let them know when their scans would be reported and when they could expect them to be back with the referring clinician.

Relatives and/or carers accompanied patients who required additional support.

Are diagnostic imaging services responsive?

Good

Service delivery to meet the needs of local people

The service planned and provided services in a way that met the needs of local people.

Information about the needs of the local population was used to inform how services were planned and delivered. The service provided computed tomography scanning for the local Trust and the local clinical commissioning group (CCG). The unit provided services through contractual agreements.

Monitoring of service delivery against the contractual agreement took place with the Trust. Monthly contract review meetings with the acute trust looked at progress against service delivery. Measurement of quality outcomes for example, the patient experience was also discussed. Service improvements where required were agreed at these regular meetings.

Computed tomography (CT) services took place Monday to Friday from 8am – 8pm.

The Saturday opening initiative resulted in two additional lists of cardiac CT patients. This started because the booking team struggled to appoint cardiac CT patients within six weeks. The outcome resulted in cardiac CT patients six-week scans.

Additional lists on a Saturday had reduced turnaround times for patients.

Bradford Alliance CT facilities included a waiting area, a radiology reporting room, CT control room, scan room and cannulation area. There were two changing rooms, one of which was an assisted changing area. The administration office was in the reception area of extension block D.

The waiting area had comfortable seating and the clinic was accessible to users of wheelchairs.

The clinic had parking spaces close to the building.

Patients had adequate information about their scan and when their results would be available.

The business continuity plan (BCP) for Bradford Alliance CT (v1.3) identified individual responsibilities and the arrangements in place to ensure that patients received their scans at identified locations should scanning equipment break down.

Meeting people's individual needs

The service took account of patients' individual needs.

Services took account of the needs of different people, for example, on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation. Staff had had a good understanding of cultural, social and religious needs of the patient and demonstrated these values in their work.

Good

Diagnostic imaging

Patients who required additional support due to specific needs, for example, safeguarding, sight and hearing loss the staff entered this information on the patient record and the alarms icon showed as red in the top corner of the patient's records screen.

The service was accessible to all. Reasonable adjustments enabled disabled patients to access and use services on an equal basis to others. Patients contacted the unit if they had any needs, concerns or questions about their examination prior to their appointment.

The service had access to a range of manual handling aids for patients with differing mobilities, such as a hoist, wheelchair and trolley.

The CT scanner was located on the ground floor, so it was accessible for all patients. There was an accessible disabled toilet just outside of the unit

Patients who were unable to travel to appointments had the option of ambulance transport, so they could attend their appointment.

Interpreter services were available on request and arranged at point of appointment booking. We were able to speak with a patient and their interpreter during our visit. The interpreter communicated what was going to happen throughout their scan.

Chaperone services were available on request.

Staff had received training regarding how to support people living with dementia.

Staff said they had ensured that appointments for new patients allowed time to ask questions.

Patients confirmed they had time to ask any questions about their procedure. Patient feedback had not identified concerns about appointments feeling rushed or questions not answered.

Patient information guides in other languages were available on request within the Trust.

Information leaflets were available about the CT scan for patients.

Access and flow

People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

In the reporting period June 2018 to June 2019 There were 10821-day case episodes of care recorded at Bradford Alliance CT; of these 100% were NHS-funded.

The referral pathway into Bradford Alliance CT was through the Trust. Electronic referrals entered the trust radiology information system through the electronic patient record. GP referrals were hand written and transferred to the trust radiology information system by the Trust radiology team. The radiologists vetted referrals to confirm the urgency of scans and the Bradford Alliance CT team processed them.

When patients did not attend their investigation, the referrer was contacted to decide whether another referral was required.

Outpatients only attended this Trust site for CT investigation.

CT diagnostic imaging waiting times were achieved from July 2018 to June 2019. When a backlog had occurred, Bradford Alliance CT opened on Saturdays. The registered manager and Trust had ongoing discussions about capacity issues.

Extension of the Bradford Alliance CT opening hours ensured patients referral to treatment targets were met. Patient choice of appointments included early morning, evenings, and weekends. Patients could also attend the other Trust site if that was their preference.

A scoring system identified urgency of scans. A one, two, three or four score identified the scans urgency. A score of one was the most urgent and the patient received their scan within five days of receipt of the referral, whilst, a score of three meant the scan could take place up to six weeks of the receipt of referral. The provider confirmed that all scans took place within identified referral to treatment times.

Fast track patients could be scanned on either hospital site. There are four appointment slots reserved each day for fast track patients at Bradford Alliance CT. Category one patients on the cancer pathway had their scans arranged within five days and seen within two days of the referral.

Good

Diagnostic imaging

Administrative staff-maintained communication with referrers secretaries when dealing with patients' referrals and ensured that reports were sent to the referrer as soon as possible.

From 1 January 2018 to 31 January 2019 data provided from the provider identified that 120 procedures were cancelled due to equipment failure. Staff told us that when this had occurred they had rebooked the patient's appointments as soon as possible.

Staff confirmed that scan times on the day of investigation ranged from 15 minute for non-contrast scans to 25-minute sessions for colonoscopy scans.

We saw that patients received their scans on time. Patients had plenty of time to change for their scan.

Patients told us that the service was easy to access, and they had received clear information during the booking of their appointment. Patients had also received information on how to find the unit and parking.

Patients were told when results of scans would be available.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

The corporate Alliance Medical Limited 'Management of Concerns and Complaints Policy and Procedure' included a second stage process. If a response to a complaint did not meet the needs of the complainant, they could escalate their complaint to the Parliamentary Health Service Ombudsman or the Independent Healthcare Advisory Service.

Analysis of complaints from across the Alliance Medical Limited group identified themes and lessons for improvement. This information was in the annual complaint summary.

From 1 January 2018 to 31 December 2018 the service had received two compliments and one complaint.

Local resolution of concerns or complaints took place. Staff said that patients could also raise their concerns through the Trusts patient advise liaison service.

Patients were also given the complaints information leaflet 'compliments, concerns and complaints' which informed them of how to proceed with a complaint or concern.

Patients also had the option of contacting the service by email with their complaint.

The risk information system supported management reporting of complaints. Quality and risk managers supported local managers as required.

Staff completed a mandatory training module on the management of complaints and customer care. The provider also confirmed that quality and risk managers had attended an advanced course to support the management of complaints and attended regular updates.

Staff confirmed learning via the monthly quality and risk bulletin Risky Business. Trend analysis of complaints helped identify similar areas of concern. We saw discussion of complaints documented at a corporate level via the monthly quality and risk report.

Staff confirmed discussion of complaints and serious incidents at team meetings and at the quarterly service review meetings with the Trust.

We reviewed one patient's complaint; the concerns were investigated, and appropriate actions implemented for those involved.

Are diagnostic imaging services well-led?

Good

Leadership

Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.

Bradford Alliance CT management structure (2018/19) identified clear lines of accountability to the regional director.

A centre manager who was the registered manager for this service and two other locations within the Bradford/ Sheffield areas had responsibility for this service. The

registered manager had responsibility for the day-to-day running of the centre. When the registered manager was not on site the radiographer clinical lead took on the responsibility for running the centre.

Both the unit manager and clinical lead were experienced and competent members of staff, who had worked for the organisation for several years. They were knowledgeable in leading the service and understood the challenges to quality and sustainability the service faced.

The regional manager supported the registered manager. The regional manager was a central contact for escalating concerns and risks to the provider-level quality and risk team and for cascading information back to the location managers.

The manager had one to one discussions with the regional manager and attended regular meetings held for all Alliance Medical Limited managers in the North region.

Staff described local leadership as approachable, although, not always visible. This was because the registered manager (RM) managed two additional locations. Staff felt that managers communicated well with them and kept them informed about any changes within the unit.

The service supported staff to develop within their roles; staff said they felt supported and gave examples how they had developed through attendance at training.

Vision and strategy

The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.

Bradford Alliance CT had a CQC Statement of Purpose which described how the service operated.

The provider had developed a 'strategy wheel', which was a tool to show staff how the organisations values linked to the mission, vision, strategy and success.

The vision and values for the service had been developed for the Alliance Medical Limited group and included; Collaboration - working together and in partnership for all patients; Excellence - striving to deliver the very best to ensure the highest quality of care; Efficiency - constantly seeking new ways to use resources more intelligently; and Learning – with a commitment to ensuring learning and continuously looking for improved ways of working. These values were central to all the examinations and procedures carried out daily and intergraded into staff performance reviews and development.

Staff were aware and understood what the vision and values were and understood the strategy and their role in achieving it. Staff learnt about the core values at the corporate induction and through their annual performance review. All personal objectives issued at each appraisal linked to the company's objectives. An objective is a statement which describes what an individual, team or organisation is hoping to achieve.

The aim of the service was to provide high standards of diagnostic imaging to meet the needs of referrers and their patients

Bradford Alliance CT had an identified business plan (October 2017-September 2018). The business plan identified an increase in opening hours from 54 hours to 68 hours per week. The business plan identified the staff costs attributed to the increased opening times.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Staff described an open culture with good team working and the manager and staff were proud of the team and the service they provided.

We observed staff worked together within a relaxed and friendly environment. Relationships within the team were extremely positive and all staff we spoke with told us how much they enjoyed working there.

The service's culture centred on the needs of individual patient groups. Staff understood the demographics of the area and the needs of the population in which they served.

The culture placed an emphasis on promoting patients' privacy and dignity and a desire to provide patients with a high-quality service.

Duty of candour training developed staff knowledge and understanding in this area and was included as part of their mandatory training.

Staff felt able to escalate concerns and issues to managers within the service.

Policies, procedures and guidance supported staff should they have concerns about a person's practice, for example, the whistleblowing policy. One staff member said they would raise concerns with the individual concerned to ascertain whether there was a training issue. They said they would also speak with the unit manager and refer to the whistleblowing policy for further advice if needed.

Alliance Medical limited had appointed a 'Speak Up Guardian' to help staff if they needed to raise a concern about someone's working practice or patient safety. Staff felt they could raise any concerns they had with the centre manager or clinical lead.

Alliance Medical Limited Integrated governance and risk board minutes (20 September 2018) identified no concerns identified through the Freedom to Speak Up Guardians (FTSUGs). A relaunch of the FTSUGs role was agreed and a review of the number and people involved in this area agreed.

Staff said they felt listened to and supported. They also could access training and development sessions to develop skills and competencies further.

Governance

The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.

Alliance Medical Limited (AML) operated a comprehensive clinical governance framework and we saw clear governance committee structures in place.

The medical director had overall responsibility for quality and risk within AML. The AML operations structure confirmed a medical director, two directors, a consultant radiologist and a quality and risk team were in place.

The Bradford Alliance CT governance structure (2018/2019) identified the registered manager as the radiation protection supervisor. In addition, six people were identified for the following key areas; infection control, health and safety, resuscitation, stock levels and ordering and administration.

The registered manager had a detailed oversight of the service. The manager was able to articulate any challenges staff members were facing as well as challenges for the service. They demonstrated a good awareness of the key risks to performance, quality and safety within the service.

Quality monitoring was the responsibility of the registered manager. Quality monitoring took place through sub committees aligned to the integrated governance and risk board. These committees included a clinical governance committee, information governance and security committee, health and safety committee, radiation protection committee, education and learning committee and research committee.

The radiation protection committee, a subcommittee, of the IGRB provided assurance to the board that the governance mechanisms in place were effective.

The registered manager was familiar with key individuals within Alliance Medical Ltd for advice and support with any issues that arose.

The chair of the Alliance Medical Limited medicines quality committee was the medical director. A pharmacist also advised on this committee. As a sub-committee of the clinical governance committee it provided the governance and assurance regarding medicine use and supported continual quality improvement.

The quality and risk department within Alliance Medical Ltd (AML), regularly reviewed complaints, incidents and risks and produced a monthly newsletter entitled "Risky Business". Information within the newsletter was discussed at team meetings and circulated to staff within the service.

The centre manager attended quarterly service review meetings with the trust, which provided a forum to raise or discuss any issues or ideas for development. Incidents and complaints from the centre were also discussed at these meetings. Minutes from the AML Implementation Meeting 4 October 2018 meeting confirmed attendance by both Trust staff and Alliance Medical Limited staff.

Within Alliance Medical Limited the governance and committee structure ensured performance of the service was monitored, using five key quality indicators: Access; Quality; Turnaround of reports; Safety and Satisfaction (patients and customers).

The draft audit schedule confirmed monitoring against several areas was planned. This monitoring included six-monthly / yearly quality assurance reviews, monthly infection control, hand hygiene, policy, incident, complaints and compliments and patient satisfaction survey monitoring

There were good systems and processes in place for maintenance of equipment and there were appropriate policies, local rules and protocols in place.

There was oversight of staff training, competence and relevant staff had current professional registration. Staff were clear about their roles and understood what they were accountable for.

Managing risks, issues and performance

The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.

The medical director's responsibilities included identification of clinical or quality risks to the directors and to ensure mitigation and/or management of risk took place.

The finance director's responsibilities included maintenance of the corporate risk register and was the identified senior information risk officer. The corporate risk register identified key risks at a national, regional and local level.

The Integrated Governance and Risk Board (IGRB) was a sub-committee of the overarching Alliance Medical Limited supervisory board established to provide assurance to the Board that appropriate integrated governance and risk management mechanisms were in place and effective throughout the organisation.

Risk management was supported by risk assessments and procedures, collated via the electronic risk management system. We saw that the use of risk assessments and procedures ensured risk was managed effectively as part of the patient assessment process.

We saw the provider held resuscitation simulations to ensure staff were able to manage emergency situations effectively. One unannounced resuscitation scenario test had taken place annually. The documented outcomes of the unannounced resuscitation scenario dated 7 March 2019 identified the resuscitation response mostly met current guidelines/best practice.

Quality Managers monitored business intelligence on a local and corporate level. Performance reports enabled comparisons and benchmarking against other services. Information on turnaround times, 'did not attend rates', patient engagement scores, incidents, complaints, and mandatory training levels.

A service level agreement (SLA) with the Trust identified the key performance indicators and targets for Bradford Alliance CT. Monitoring of performance took place through audit and meetings with the Trust.

The service had indemnity insurance in place.

Bradford Alliance CT local risk register identified 15 risks. A rating key of one to nine was in place within the risk register to rate the risks identified. Contrast reactions and staff manual handling of patients had moderate ratings of nine; controls were in place to reduce these risks.

Location risk assessments dated 4 February 2019 included risks associated with CT scanning. Risks included infection control, manual handling, ionising radiation, slips, trips and falls, falls from height and fire. We saw risk controls identified and associated with each risk; the date of reassessment was 4 February 2020.

The Trust risk assessment issued 12 June 2019, the day after the inspection included Bradford Alliance CT as part of the assessment process. Assessment of employee risk and risks to others was in place so the measures necessary to restrict exposure were in place.

The radiation protection committee was a sub-committee of the integrated governance and risk board, established to provide assurance to the board that appropriate governance mechanisms were in place and effective throughout the organisation.

Meeting minutes from Trust Radiation Protection Committee Meeting on the 6 March 2019 confirmed discussions which included, review of the Trust x-ray risk assessment, the Ionising Radiation Protection Policy update, lead aprons discussions for specialist imaging.

The infection prevention and control committee oversaw infection prevention and control activity. A microbiologist provided specialist advice and reported to the clinical governance committee.

Incidents reporting took place through the Trust incident reporting system.

The business continuity plan (BCP) for Bradford Alliance CT (v1.3) identified individual responsibilities and the arrangements in place to ensure that patients received their scans at identified locations should scanning equipment break down.

Managing information

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

The medical director was the Caldicott Guardian.

The registered manager was the information management lead at Bradford Alliance CT.

The International Organization of Standardisation standard for assuring Information Security Management Systems the ISO27001:2013 - the standard for the safe and secure management of patient identifiable data had provided external assurance to information security management within this service. Staff told us that Alliance Medical Limited had undertaken the last bi-annual surveillance visit which had included the review of systems, policies and procedures.

The Trust IT department supported Bradford Alliance CT information technology (IT) needs.

Tablets used within the department were part of the electronic patient record system.

Patients had the option to receive their appointment details and any other communication via email. Patients received text messages prior to their appointment as a reminder.

Engagement

The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

Twenty patients' responses from Trust patient survey confirmed that 100% of patients were satisfied with the service they had received through Bradford Alliance CT. The patient feedback described the service as 'excellent, staff were polite and pleasant, and they had experienced no queues or waiting'.

Staff told us that anything highlighted as an area for improvement from patient feedback or suggestions was actioned if possible. For example, in patient satisfaction surveys a recurring issue related to the lack of clarity regarding their results. Staff now ensured patients were aware what would happen to their results after the scan. Discussion with one patient and a family member confirmed they knew what would happen to their results.

We saw five random patient feedback forms dated from 25 September 2018 to 11 January 2019 which provided positive feedback about their experiences through Bradford Alliance CT. Two thank-you cards provided positive feedback.

The Alliance Medical Staff survey 2018 for the North static sites asked employees how much they agreed to a set of statements. The scores of the survey were out of six. Scores: C1: Very Strongly Disagree, 2: Strongly Disagree, 3: Disagree, 4: Agree, 5: Strongly Agree, 6: Very Strongly Agree.

The 2018 survey scoring ranged from 3.38 to 4.79 for all the statements. The survey included a heat mapping tool to look specifically at staff groups, for example, clinical/non-clinical, age and time in service. The heat mapping key identified scores lower than four as red and above four as green. Most ratings applied were green/amber. Senior managers identified the key areas from the survey as areas to focus on as development and well-being which were two of the lower scoring themes. Improvements in career progression and opportunities to grow also received low scores. We requested an updated action plan for this survey, however, this was not provided.

Team meetings kept staff informed of developments and updates within the service. Bradford Alliance CT had monthly staff meetings throughout 2018/19. Minutes from the team meeting on the 28 September 2018 confirmed staff from all staff groups were present and included discussions and updates which related to one incident, risk, cleaning and equipment issues.

Good

Diagnostic imaging

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

Alliance Medical Limited had achieved the 'Investors in People Award', an internationally recognised standard for people management.

Staff told us of opportunities to attend additional training which helped them in their roles. Two members of staff had completed the post graduate certificate in computed tomography which meant that all radiographers now had a post graduate certificate in computed tomography.

A one stop shop for urology patients on a fast track pathway was in place. Morning scans followed by afternoon cystoscopy investigations had taken place which had reduced the patient pathway.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that temperature monitoring of the medicine's fridge is put in place.
- The provider should ensure that the CT local rules are specific to this service.
- The provider should ensure that local diagnostic reference levels are readily available in the computed tomography (CT) room for immediate reference together with national diagnostic reference levels.
- The provider should ensure that the existing spillage kit which has expired is replaced.
- The provider should ensure that an extravasation policy is in place.
- The provider should ensure that the Trust is informed that its 'Patient Identification Policy' is past its review by date of October 2016.
- The provider should ensure that formal meetings with Trust consultants take place to discuss image quality.