Ramsay Diagnostics UK Limited

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Ramsay Diagnostic UK provides diagnostic imaging services to Ramsay Health Care Hospitals across England. The service is part of the Ramsay Health Care Global group and managed from offices based in London and Bedford.

The service provides mobile computerised tomography (CT) and magnetic resonance imaging (MRI) to 18 Ramsay hospitals on a scheduled basis. There are three CT scanners and eight MRI scanners.

We inspected this service using our comprehensive inspection methodology. We carried out short notice inspections on the 9 April and 7 May 2019.

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

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

Services we rate

This was the first inspection of this service using this methodology.

Summarise:

We rated it as **Good** overall.

We found the following areas of good practice:

- 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 managed infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection. The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. 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.
- 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 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.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles and staff worked together as a team to benefit patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.

Summary of findings

- 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. Time was taken to explain the procedure and staff encouraged questions. Staff involved patients and those close to them in decisions about their care and treatment. All discussions around the reason for the investigation were completed prior to the appointment. Referring consultants explained the rationale for investigations.
- The service planned and provided services in a way that met the needs of local people and the service took account of patients' individual needs.
- 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.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish. The service had effective systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong, promoting training and innovation.

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

- We saw that staff did not use a sterile surface for preparing cannulation equipment and did not have a clinical trolley for use when administering contrast media. This was escalated during inspection, and clinical trolleys installed and disposable sterile kits for cannulation were implemented.
- Regulations IR(ME)R regulations. IR(ME)R regulations were changed in January 2018. Posters were out of date. This was escalated to the senior management team who informed us that these had been provided by the external provider, and they would contact them and request the posters to be amended.
- Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. See details at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central Region).

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 because it was safe, responsive, well led, effective and caring.

Summary of findings

Contents

Good

Ramsay Diagnostic UK

Services we looked at:
Diagnostic imaging

Summary of this inspection

Background to Ramsay Diagnostics UK Limited

Ramsay Diagnostic UK is part of the Ramsay Health Care UK Hospitals group, which is part of Ramsay Health Care Global. There is a head office based in London with a support systems office in Bedford. The service started providing mobile diagnostic imaging to hospitals within the group in 2005. There are currently 18 hospitals across England which have mobile imaging provided by Ramsay Diagnostic UK.

At the time of inspection, the service was in the process of registering a manager as this post had recently become vacant.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in radiography. The inspection team was overseen by Phil Terry, Inspection Manager.

Information about Ramsay Diagnostics UK Limited

The service is registered for the following activities for patients over 18 years:

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

Ramsay Diagnostic UK opened 2005. The service provides specialist diagnostic imaging for 18 hospitals across England, on a rotational basis. There are three computerised tomography (CT) and eight magnetic resonance imaging (MRI) scanners used by the service. Patients over 18 years used the service.

The service did not have a registered manager in post, with the previous manager leaving their post in December 2018. The role was currently being overseen by an operational manager, whilst the recruitment process was in place.

During the inspection, we visited two mobile units, one magnetic resonance imaging unit (MRI) and one computerised tomography unit (CT scanner). We spoke with 14 staff including radiographers, reception staff and senior managers. We spoke with four patients and one relative.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection using this methodology. The service was last inspected in 2012, when it was found to be fully compliant with the key questions inspected.

Activity (January 2018 to March 2019)

There were 30.97 full time equivalent (FTE) radiographers, one healthcare assistant, 3.23 FTE administrators and one operations manager working within the service. These were supported by their own bank staff. Radiologists were allocated by the host hospitals, working under practising privileges.

Track record on safety

- No Never events.
- Three serious injuries.
- No Ionising Radiation Medical Exposure Regulations (IR(ME)R) reportable incidents.
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA).
- No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)..

Summary of this inspection

- No incidences of hospital acquired Clostridium difficile (c.difficle).
- No incidences of hospital acquired E-Coli.
- Four complaints.

Services provided at the hospital under service level agreement:

- Radiology Reporting.
- Transport.
- Cleaning services.
- Maintenance- Trailer.
- Maintenance- Clinical Accessory Equipment.
- Maintenance- MRI scanner.
- Maintenance- CT scanner.
- Radiation protection Advisor.
- MRI Safety Advisor.
- RIS/ PACS 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

We do not rate effective for this core service.

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

This is the service's first inspection. We rated it as **good.**

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff were expected to complete training in line with their roles and responsibilities. Mandatory training was completed through either online or in person training and designed specifically to meet the needs of a mobile workforce. Staff forwarded details of completed training to the team administrator who updated an electronic record. We were told that if training was due to expire the team administrator would contact the staff member and ensure a session was booked.
- Face to face training was completed in topics such as intermediate life support and medicines management on mobile scanners. Online training included topics such as fire safety, infection prevention and control, health and safety and general data protection regulation (GDPR). Training compliance varied according to the topic, but all topics were over the 95% target. We saw that mandatory training had been completed by 100% of substantive clinical staff.
- Training was planned a year in advance, with all staff allocated to one of four sessions. Staff were able to swap booked sessions if they were not available, and the service had access to courses provided to other Ramsay groups if necessary, preventing any expiry of topics. Managers kept a record of training and certificates as part of staff personal folders.
- Bank staff were expected to complete all mandatory training as per role. We saw that all, but one member of bank staff had completed their training. The staff member who's training had expired had been told they were unable to work until training had been completed.

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 completed training in safeguarding adults' level 1 and 2 with clinical leads being trained to level 3.
- Staff also completed safeguarding children training level 1 and 2 despite them not treating any patient under 18 years. Staff reported that this was due to their potential contact with children during appointments. Data showed that compliance was 100% for all both safeguarding adults and children's training.
- Staff were able to describe what actions they would take if they were concerned about a patients' welfare. There were clear escalation processes where staff could escalate any concerns 24 hours per day.
- Staff were able to contact the corporate safeguarding lead if they were concerned or needed further clarity over a concern. Locally, the operations manager and senior clinical staff were designated as children and adult safeguarding leads, having completed additional level 3 safeguarding children training.
- Staff told us that they had completed female genital mutilation (FGM) training and records showed that they were 100% compliant.

Cleanliness, infection control and hygiene

Good

Diagnostic imaging

- **The service controlled infection risk well.** Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- Areas inspected were visibly clean. We saw that there was a checklist which staff completed at the start of each shift to ensure that all areas were clean. Staff were observed cleaning equipment between patients.
- Staff were observed cleaning their hands between patients and using hand sanitisers. Personal protective equipment was available, but we only saw staff wearing gloves when completing invasive tasks such as cannulation. The service completed monthly peer hand hygiene audits, which evidence good compliance. From July 2017 to June 2018, audits showed 100% compliance each month except for March 2018, when scores dipped to approximately 70%. Additional training and discussion at team meetings were used to improve compliance.
- Due to the nature of the service infection rates were allocated to host hospitals. Therefore, the service had no reportable hospital acquired infections, episodes of C.Difficile or MRSA.
- At the end of the working day, staff were expected to ensure that all specialist equipment was clean and ready for transporting. The external company responsible for moving the mobile unit to the next location were responsible for the general cleanliness of none specialist equipment. Staff were required to complete an audit of cleanliness when arriving on duty monthly. This involved a checklist which was then forwarded and held electronically by the senior management team (SMT). The checklist asked staff to confirm that cleaning had been completed by the external provider and report any concerns with the standard. Staff told us that if there were any concerns with cleanliness they would escalate to the SMT.
- Waste was managed appropriately, with items segregated according to their type. For example, we saw that clinical waste bins were available. Sharps bins were assembled correctly and closed when not in use. Waste was removed from the mobile unit at the end of the working day and placed in the host hospitals clinical waste bins.
- There were limited surfaces for placing equipment for cannulation. We saw that staff utilised any flat surface and on one occasion a clinical waste bin was used. This was escalated during inspection and we were told that dressing trolleys would be purchased to ensure staff had a clean flat surface to use. Following inspection, the service confirmed that clinical trolleys had been purchased and were in the process of being distributed.
- Staff used a small plastic tray for cannulation. They unwrapped the sterile equipment and placed it on the cleaned tray prior to completing cannulation. Although the trays were cleaned between patients, there was a potential risk of contamination if cleaning was not thorough. This was escalated to the senior management team, who told us that they would look for an alternative to reduce any potential risks.
- Environmental cleaning audits were completed monthly and we saw that there was 99% compliance with all cleaning audits.
- We saw that all cleaning materials, including those hazardous to health were stored securely.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- Mobile units were positioned in designated spaces at the host hospitals. We saw that host hospitals had purpose build pads, which met the size required for the mobile units. Facilities such as water and electricity were in place, and each space was easily accessible.
- Units were set up by the external providers responsible for transportation. This meant that the service was ready for use when staff arrived on the day of scanning. We saw the setup of the mobile unit by the external providers.
- The units were usually transported overnight. We saw that upon arrival, the units were positioned in dedicated pads at the host site. Care was taken by the transportation team to ensure that units were level which ensured that diagnostic procedures would not be affected by gradients. The external fixtures were added to the unit, including stairs and a lift. Each unit was then attached to electrical, data and telephone lines. The external provider told us that training was provided to the transportation team, ensuring that they knew what was required for each unit. We saw that the setup took approximately 20 minutes.
- Prior to leaving the unit, the transportation team ensured that the unit was accessible and that the unit was safe to enter before leaving.
- Upon arrival, imaging staff would complete additional checks to ensure that the units were safe to use.

Imaging equipment was quality assured, emergency equipment and alarms were checked. Staff completed a checklist on arrival, and we saw that these were completed daily (when in use). If equipment was deemed not fit to use, staff escalated concerns immediately to the senior management team, who would arrange for service engineers to attend.

- All equipment was monitored daily, with information being collated centrally to ensure compliance across all units. This included cleanliness and cleaning schedules, safety checks, emergency equipment checks, quality assurance checks, and end of day reports detailing activity, cancelled patients and any equipment issues.
- Emergency equipment was available within the mobile units. This included oxygen, suction and a defibrillator. There was an emergency call bell which was linked to the host hospital site. Emergency bells were tested every morning, and staff told us that host hospital staff would regularly arrive at the mobile unit in response to test calls.
- Emergency grab bags were kept on the mobile unit and could be used for transporting patients between the unit and the main hospital buildings. In an emergency, the host hospital would provide any additional equipment needed. Grab bags were checked daily, and the senior management team monitored safety tag changes to ensure full checks were completed. Staff spoke about an incident when a patient suddenly became unwell and were able to describe the actions taken. The incident had been used during a team meeting as a training exercise.
- We saw that fire extinguishers were in the office area of the mobile units and these were reviewed and checked annually.
- Staff used walkie talkies to communicate across the hospital and mobile unit. These were checked daily to ensure that they worked. There was also a telephone which was connected to the host hospital enabling staff to access support as necessary.
- Specialist equipment was maintained by an external company under a service level agreement. We saw that maintenance was tracked and monitored by the operational manager and recorded in a shared database. Any ad hoc needs were managed locally through a robust reporting process. Staff completed a report at the end of each day which was shared with the senior management team. The report included any issues relating to equipment.
- Stock levels were checked every Thursday and any items required were provided from the fulfilment centre. Any urgent stock items could be requested through the end of day reports.
- There was a rolling replacement programme in place for all equipment. We were told that there were two mobile units which were 13/14 years old and these were due for replacement in 2020. All staff were involved with the replacement programme to ensure that they were suitable to meet the needs of service delivery. For example, transportation drivers were asked to provide ideas of how units could be improved, and the transportation manager accompanied the SMT to all planning meetings.
- All mobile units were bespoke containing the same manufacturer equipment to reduce training when items were replaced.
- All staff had a master key which opened each unit. We saw that there was a key safe attached externally to the unit which enabled access to staff if they forgot their own key.

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.
- All appointments were scheduled by the host hospital and all patients were assessed for suitability to attend an investigation on a mobile unit. Risk checklists were completed prior to booking an appointment. These identified any issues that may impact on the patient's experience. For example, the patients past medical history and mobility. The host hospital then generated an activity list for the mobile unit, detailing the patients, the investigation required and any medicine prescriptions. The list was collected and discussed with the host and visiting mobile unit staff prior to commencing the list.
- Staff used several safety measures to ensure that patients' safety was maintained. There were processes in place to ensure that the right person was receiving the right investigation. This included the referral form being checked against the requested investigation and verbal confirmation by the patient as to their demographics and expected investigation. Patients were required to wait in the main hospital reception until they were called by one of the radiographers.

Patients then confirmed their name and accompanied the radiographer to the mobile unit. Upon arrival they then confirmed their identity again, and what investigation was expected.

- Patients attending for magnetic resonance imaging (MRI) scanning completed safety questionnaires in the mobile unit office area to ensure they were safe to enter the scanning room. Care was taken to ensure that the scanning room door was always closed. The scanning room door had an emergency hatch which could be used in the event of a quench procedure. A quench refers to the sudden loss of conductivity in the magnet.
- There were controlled area warning lights on each CT scanning unit which would light when procedures were being completed. This prevented accidental dosing.
- Staff wore radiation badges to monitor any occupational doses. We were told that these were monitored every quarter and results shared with the individual staff members. Staff we spoke with were not always informed of the results of the monitoring but told us that they would be contacted directly if there were any concerns with results. Staff were aware of the safe levels and were happy with the process in place. The assessment and record keeping of radiation doses was in line with the recommendations of the Regulation 35 Ionising Radiations Regulations 1999. We saw that training had been given to staff on how to prepare and wear badges. The service provided a spare radiation dose badge for staff to wear in the event that they forgot their own.
- Staff confirmed the possibility of pregnancy with all female patients before completing the investigation. Staff told us that if there were any possibilities of a pregnancy, the patient would be discussed with the radiologist and or referring consultant. We saw posters prompting women of child bearing age to consider if they could be pregnant and speak to the radiographer if they were concerned. There was a policy referring to actions to be taken when a patient confirmed or suspected pregnancy.
- Staff told us that they used the Society of Radiographers (SoR) "pause and check" system when confirming patients' identity. There were posters displayed detailing the process. We saw that staff routinely checked patient's identity and the planned procedure during the inspection.
- Staff were able to discuss any concerns directly with the radiologist or referring consultant. We saw that visiting mobile unit staff were issued with contact details of the local consultants. This meant that there were no delays in clarifying any concerns.
- In the event of a significant finding, staff contacted the imaging manager of the local site and escalated and concerns directly to the radiologist. Staff we spoke with were familiar of the escalation processes, explained that there was clear guidance and gave examples when patients images had been escalated.
- Patients who received contrast media for imaging, were reviewed for any allergies, prior to administration. We saw that staff asked patients to confirm if they had any allergies and monitored patients throughout the administration to ensure they were well. The host hospital provided anaphylaxis kits for all visits. Contrast was only administered during core business hours (9am to 5pm). This ensured that there was sufficient clinical support in the event of an adverse reaction to the contrast media.
- Patients who had received contrast media for investigations were asked to wait in the main imaging department waiting area for at least 15 minutes after their procedure. This was to ensure that there were no delayed reactions to the contrast used.
- Staff told us that they completed a small number of invasive procedures and these were always completed by the radiologist at the host site. Staff confirmed that the World Health Organisation (WHO) 'Five steps to safer surgery' process was used, although we did not see this during inspection.
- Each mobile unit had CCTV in the scanning rooms which meant that staff could observe patients during their procedure from the office area. This meant that staff could observe if the patient became unwell.
- All staff were trained to intermediate life support (ILS) level. We were told that ILS training had been specifically designed for working within the mobile units.
- The "local rules" were displayed in the office area of the mobile unit. These identified the risks associated with the modality and steps that should be taken by staff to ensure that procedures were completed safely.
- The service reported no patient deaths or never events in the twelve months prior to the inspection. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations

providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. There were also no serious incidents reported for the same period.
- The service reported no urgent transfers to acute trusts between February 2018 to February 2019.
- Medicines and Healthcare products Regulatory Agency alerts (MHRA) and company safety alerts were sent directly to the clinical leads for actioning. Any alert was checked against the mobile units to ensure that actions were taken to address and escalated concerns. All alerts were discussed as part of regular staff meetings.

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.**
- Service data from February 2019 showed that there were 30.97 full time equivalent (FTE) radiographers and one healthcare assistant employed by the service. In addition, there were 3.23 FTE administrators and one operations manager. Data showed that there were four FTE radiographer vacancies. During our inspection, we were told that the service had successfully recruited three vacancies which meant that there was one full time equivalent radiographer vacancy.
- Sickness was reported as being at 3.26% for the period December 2018 to February 2019. There was no target for sickness.
- Staffing was arranged according to the host hospitals projected workload and planned procedures. This was calculated according to the type of procedures planned and the needs of the patients scheduled to attend. Staff were allocated by their experience and competence to complete the planned activity.
- We were told that normal staffing levels consisted of, one radiographer and an additional member of staff (either a radiographer or healthcare assistant) for routine MRI scanning of up to 25 patients. Schedules for up to 25 patients with routine and complex MRI scans were completed by two radiographers. CT scanning staffing followed the same principles. Staff allocation for up to 35 routine investigations was two radiographers. More complex, or fluoroscopy injection lists were completed by two radiographers and one health care assistant.
- Lone working was rare and there was a clear escalation process for staff to follow. Staff confirmed that shortfalls in cover was usually as a result of unexpected sickness. On these occasions, the area manager would try to cover the shortfall with another member of staff, or the host site would be asked to support the visiting team member. Staff told us that appointments would continue if it was safe to do so. Host staff confirmed that they worked flexibly to support visiting staff ensuring patients appointments were completed as scheduled. In the event where it was not safe to complete the investigation, an apology would be offered to the patient and the appointment rescheduled.
- If a staff member was training, or completing their induction, an additional staff member would be allocated to that location. This ensured that there were enough staff to support the member of staff.
- Staff scheduling was completed by the clinical coordinator, in conjunction with the clinical leads. The clinical leads were responsible for the staff, and were aware of their training, experience and competence. This meant that the staffing for each session was optimum according to the type of investigations required and the staff available.
- Where possible staff worked within a designated area. We were told that staff were scheduled to work as close as possible to their home to reduce travel. Staff we spoke with confirmed that they regularly worked in the same locations within an area, for example, the south east. Senior management targeted recruitment to areas where the service was short. For example, if a radiographer was required to cover the midlands, recruitment was targeted to that area.
- Staff confirmed that they could stay in hotels near to the host site if they wished, but most preferred to travel home. During inspection, we saw that staff had travelled approximately 2 hours to the host site, returning the same day out of choice.
- Staff worked long days. Shifts commenced at 7.30am and finished at 8.30pm. We asked if there was a restriction on the number of days worked consecutively and we were told that this varied according to the individuals wishes. Some staff preferred to work their shifts in a block, whilst others preferred to spread them out across the working week. Staff told us that duty rosters were available in advance and that staff were often flexible if something occurred which meant that they needed to swap shifts.

- Service data showed that 84 shifts had been covered by bank staff from December 2018 to February 2019.
- Bank staff were recruited and inducted into the service as substantive staff. Their competence was assessed prior to being allowed to work for the service. Following recruitment, bank staff had a supernumerary period, when they met the mobile clinical lead who inducted them into the service and assessed competence. There was an induction checklist used for all staff which included facilities and equipment, welfare facilities, fore procedures, emergency procedures and service specific safety. Bank staff were expected to provide evidence of completion of mandatory training such as immediate life support. If they were unable to confirm training, the service offered training to ensure competence.
- The service reported that agency staff were rarely used, with two reported occasions over the last five years. The service used approved agencies for recruiting agency staff, which meant that they could ensure the appropriate standards of compliance. On the occasion that an agency staff was required, the agency provided the clinical leads with a copy of the staff members CV for approval. They were then allocated to work with a senior clinician and completed an induction checklist.
- Staff attended quarterly team meetings. These meetings were well attended, and we saw that staff discussed aspects of their roles including learning from incidents. Staff confirmed that meetings were useful and stated that they enjoyed attending.

Medical staffing

- Medical staff were provided by the host hospital and arranged through a service level agreement with each host hospital. Consultants worked under practising privileges for the host hospital.
- Staff told us that a radiologist would be available at each site, even if they were not completing any procedures within the mobile unit. This meant that staff could access a radiologist throughout their visit.
- In addition to the radiologist on duty, staff were provided with a list of contact details for all radiologists associated with the host hospital. This enabled staff to access different speciality consultants if necessary.
- When a radiologist was required for an investigation, this was arranged by the host hospital. We were told that consultants would complete a "list" of procedures and this would be planned, so the necessary staff were available.
- In addition to the consultant radiologists, staff were able to access the resident medical officer (RMO) at the host hospital. This ensured access to medical support. Staff told us that RMOs were always willing to support them if they required clarification or assistance.

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 mobile units had an integrated patient record which enables the management of images between the mobile scanner and the host hospital.
- There were two systems used by staff to record patients notes and investigations. A radiology information system (RIS) was used for patient management, appointment booking and the issue of clinical reports by the host hospital. This system was available on the mobile scanning units to allow the update of records before, during and after imaging. Diagnostic images were transferred directly into the local picture archiving and communications system (PACS) on completion of the imaging.
- The quality of the image was checked prior to sending it to the host hospital. We saw that staff checked the clarity and ensured that images captured the requested body part. Images we observed were of a high quality.
- Staff ensured that all images were transferred from the mobile unit to the host hospital at the end of the day. We were told that if images were not transferred, they could be retrieved, but it was not a simple process. We saw that the end of day report included a section on ensuring the transfer of images had been completed.
- The host hospital was responsible for reporting on images, and we saw that the on-duty radiologist completed this. If the radiologist was trained in a different speciality, the image would wait to be reported on by the appropriate consultant, unless it was urgent, in which case, consultants would be asked to review the images as soon as possible.
- We saw that staff liaised with the host hospital if they had issues with transferring images. During inspection, staff told us that there were connectivity issues, and we saw that the host hospital staff contacted the mobile unit staff to discuss connectivity. Staff checked that images were transferred to the host hospital after each image had been taken.

- The host hospital was responsible for forwarding images to patients.
- All image prescriptions and referrals were scanned into the database following the completed investigation. This ensured that the details of the investigation, medicines used, and referral forms were captured in the electronic patient record. Paper copies of the forms were retained by the host site.
- Patient lists for the days activity were kept in a cupboard in the office area which meant that patients or their companions could not access personal identifiable information (PID) when attending for their appointment. We saw that computer screens were also checked prior to patients entering the office to ensure that PID was not displayed.

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.
- Due to the nature of the service, mobile units did not store any medicines. All medicines were provided by the host hospital and staff used a checklist to track any medicines taken from the host hospital to the mobile unit. We saw that staff accessed medicine stores on site and recorded any medicines removed and returned.
- Each hospital had a pharmacy department which staff were able to access. Staff told us that the pharmacists on duty were always helpful if they had any queries.
- Most of the medicines used by the service were contrast media. These are medicines used to increase the contrast of structures or fluids within the body for imaging. We were told that the process of prescribing medicines varied according to the hospital. Some hospitals provided written prescriptions, whilst others provided patient group directives (PGDs). PGDs provide a legal framework that allows some registered health professionals to supply and/ or administer medicines to a predefined group of patients without them having to see a prescriber (such as a doctor). During both days of our inspection, we saw that medicines were prescribed. Staff told us that if there was a PGD in place, staff would be alerted to this by the host site and the PGD would be in the site folder which was collected at the start of each visit.
- During our inspection, we saw that prescriptions were written by the host hospital radiologist prior to the appointment. We were told that the prescription was generated when the radiologist reviewed the referral. There was consideration of the patients past medical history and the type of image requested when planning whether a contrast was required.
- All patients requiring a contrast media were required to have bloods taken within three months of the appointment. This was to check that the patients' kidney function would cope with the contrast. If the blood test showed any impairment, the patient was referred to the radiologist for a decision as to whether the investigation could be completed.
- Patients who had not had their bloods taken within three months of the appointment, were required to have another blood test to confirm kidney function prior to the investigation. Staff told us this was often completed on the same day, although if there was a delay in blood results, the appointment would be rescheduled.
- We saw that contrast media was stored in a locked cupboard within the mobile unit. This was collected from the host hospitals diagnostic imaging department or pharmacy at the start of each day and any unused stock returned at the end of the day. We saw that stock was checked by the host staff and visiting radiographers and checked against prescriptions prior to administration.
- In the event of emergency medicines being used, staff told us that the host hospital would replace them ensuring that there was a continuous supply on the mobile units.
- Pharmacy support was provided through the Ramsay Health Care UK drugs and therapeutic committee. The radiology quality improvement manager attended the committee and reported back to staff through the quarterly leadership meetings.

Radiation Protection

- The service used an external organisation to assist with the safe management of radiation. The radiation protection advisor and medical physics expert liaised closely with the service to ensure safety.
- All equipment was checked regularly to ensure that it was safe to use. For example, we saw that lead aprons were tested to ensure that they would protect the user from unnecessary radiation during procedures.

- Radiation protection advisory and medical physics expertise were provided by an external agency. Staff reported that there was an effective partnership with the provider and they were accessible for any concerns or queries.
- We saw that the service completed annual radiation protection reviews. The report for the September 2018 review showed no areas for improvement.
- We saw that radiographers had referred authorisation for foreign body x-rays pre-scanning (for Magnetic Resonance Imaging- MRI). This enabled staff to identify if any foreign body contained metal, which would prevent the MRI being completed.

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.
- All incidents were reported through the Ramsay electronic database and investigated by the modality lead. Radiation incidents were investigated by the radiation protection supervisor and any serious incidents investigated by the senior management team.
- There were three serious incidents reported by the service from January 2018 to February 2019. One related to a high number of patients being booked for scanning at weekends, one referred to two patient's investigation results being lost, and the third related to the wrong scan being requested by a radiologist. In all cases, we saw that investigations were completed, and recommendations made to prevent further occurrence. For example, the amendment of referral forms to ensure the examination requested is more prominent.
- All incidents were discussed as part of the Ramsay Diagnostic UK senior team meeting and forwarded to the corporate management team as part of the monthly performance reports.
- Staff spoke about incidents at quarterly team meetings. This process helped to share learning across the team.
- Radiation incidents were discussed with the external medical physics expert who made the decision whether the incident was reportable.
- Service data showed that there were no Ionising Radiation Medical Exposure Regulations IR(ME)R reportable incidents associated with them. Staff told us that the host hospital would normally report any incidents if the incident involved a radiologist. Data showed that three incidents had occurred within the service, but under a radiologist and therefore reported by the host hospital. The incidents included one episode of over exposure to radiation and two unintended exposures. Staff were included in investigations and outcomes as part of team meetings.
- Staff were familiar with duty of candour (DoC) and were able to describe incidents where DoC would be applied. We were told that DoC was applied to incidents where moderate or severe harm had been caused. Data showed that there were no incidents where DoC was required in the 12 months prior to the inspection.
- Staff who were involved with an incident were required to complete a reflective practice piece of work which was a personal exercise, and not shared with other staff. This enabled the individual to identify any areas for learning.

Are diagnostic imaging services effective?

We currently do not rate effective.

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**.
- We saw that treatments and investigations were delivered in line with the national guidance. Policies and procedures were reviewed and updated in line with national guidance and reviewed and updated regularly. Any new or amended policies were emailed to staff who were required to confirm that they had read and understood the policy. We saw that a log was maintained detailing receipts and confirmations.
- All policies and procedures were held electronically which enabled staff to access the most up to date versions. Staff reported that if there were connectivity concerns, they could use equipment in host sites imaging departments as policies and procedures were standardised across the organisation (Ramsay). There were no policies specific to the mobile units.

- We saw that patients' images were taken in line with dose references and staff checked protocols when necessary. Imaging protocols could also be found in the site file collected by the radiographer at the start of each visit.
- We found that the local rules and radiation protection posters were cited as being reviewed in March 2019. However, these referenced the old Ionising Radiation Medical Exposure Regulations IR(ME)R regulations. IR(ME)R regulations were changed in January 2018. This was escalated to the senior management team who informed us that these had been provided by the external provider, and they would contact them and request the posters to be amended.
- Staff had access to iRefer which is a copy of the clinical radiology evidence-based guidelines.

Nutrition and hydration

- The service did not provide food and drink for patients. However, we saw that refreshments were available at host sites, for example water fountains.
- Patients were advised on whether they could eat or drink before their appointment by the host hospital. Staff told us that patients received details of whether they needed to be starved for the procedure in appointment letters.

Pain relief

- **Staff assessed and monitored patients regularly during appointments to see if they were in pain.**
- Patients were not usually given pain medicine during their appointments, although local anaesthetic could be used for invasive procedures. All pain medicines were provided by the host hospital.
- We saw that patients were asked regularly if they were comfortable during investigations. Staff assisted patients into comfortable positions and offered guidance on the duration of procedures and time left.

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 to learn from them.
- The service did not directly monitor patient outcomes, although images produced were used locally to support national audits and programmes.
- The service monitored the quality of images and ensured that they were of a high standard. Staff told us that images were discussed as part of training and due to working closely with peers, they often learnt techniques from each other.
- The quality of images was checked by the radiographer prior to sending the image to the host hospital.
- Staff reported that discrepancy meetings were corporate wide and not specific to Ramsay Diagnostics UK.
- There was a corporate patient satisfaction survey completed quarterly. We saw that all survey results showed that patients had a good or very good experience with a satisfaction score over 98%. There were approximately 100 responders for each survey.
- The service reported that there were no current plans to complete the Imaging Services Accreditation Scheme.

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.
- Pre-employment checks were completed as part of recruitment. This included ensuring staff were suitably qualified and completion of disclosure and barring service (DBS).
- When commencing post, staff met with the area clinical lead for an assessment of their competence and learning needs. This meant that individuals skills could be identified, development plans could be established, and staff were allocated according to competence. This ensured safety was maximised during each visit.
- New staff were employed on a six-month probationary period. On commencing in post, staff were given service specific competencies which were required to be signed off by a clinical lead. Ongoing competence was also monitored using a peer review process.
- Clinical leads continued to work clinically, offering support to teams. Staff reported that they learnt different techniques from each other and valued the close working relationships.
- Staff told us that if they wished to develop experience in specific investigations, they were able to attend sites where specific investigations were planned. Staff were also able to access external and internal training to support career development. We were told that courses

were available, and staff supported to attend them if the topics were relevant to the organisation. We were given examples of different training and conferences attended.
- Staff also told us that they were encouraged and supported with funding for additional postgraduate education programmes including master's degrees.
- We saw that most radiographers were trained in both CT and MRI scanning.
- Service data showed that 100% of all staff had completed an annual appraisal. This included clinical and administration staff.
- The clinical leads ensured that staff had the relevant professional registration in place, and data showed that 100% of staff were registered, and 100% of staff had revalidated within the last year.

Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit patients.** Doctors and other healthcare professionals supported each other to provide good care.
- We saw that visiting staff worked collaboratively with staff at the host hospital. Staff interacted throughout the visit, identifying needs of the service and ensuring patients received seamless care.
- At the commencement of the visit to site, visiting radiographers met with the host site staff to discuss the planned list. We saw that they spoke about the type of procedures planned and the medicines to be used.
- Throughout the visit, staff interacted according to activity. For example, we saw that staff escalated any concerns with the images and liaised directly with the on-duty radiologist.

Seven-day services

- **The service did not provide a seven-day service**. Mobile units were predominantly used Monday to Friday, 8am to 8pm. Although, if additional capacity was required, sites could negotiate additional clinics which would be held on Saturdays.
- Staff told us that the service completed most of its training and team meetings at weekends which enabled the service to run uninterrupted during the week.

Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.** They followed the service policy and procedures when a patient could not give consent.
- Patients were required to consent at least verbally for all images taken. We saw that staff took time to explain procedures and asked patients to confirm that they were happy for the investigation to be completed prior to completing it. Patients who were receiving invasive procedures were consented using a formal consent record. We were told that radiologists completing the procedure, explained the possible side effects, the process and ensured consent prior to completing.
- Patients who were not able to consent for procedures were referred to the host hospital for discussion with the radiologist. Staff told us that this rarely occurred. Staff spoke about best interests and confirmed that radiologists were always consulted or present if there were any concerns.
- Host site staff flagged any concerns with patient's mental capacity on referral forms. This enabled staff to be prepared, allowing longer appointments and encouraging patients to be accompanied. Staff told us, that if there were concerns on the day, these were escalated to the host site staff. Staff told us that they did not complete investigations if they were not assured that the patients was able to understand the process.
- Records showed that all staff had completed consent and Mental Capacity Act training.

Are diagnostic imaging services caring?

Good

This is the service's first inspection. We rated it as **good.**

Compassionate care

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- We saw that staff took care to speak to patients respectfully and compassionately. All interactions were polite, considered and completed in a friendly manner. Staff took care to ensure that patients understood what was going to happen and ensured their comfort.
- Patients were collected from the reception area within the host hospital. When the radiographers were ready

for the patient, they attended the reception area and accompanied the patient to the mobile unit. We saw that throughout this, staff chatted with the patient placing them at ease. Appointments were observed to be relaxed and not rushed. Staff managed appointments to suit the individuals needs. For example, time was taken to ensure that the patients were happy with the information before the investigation was completed.

- People accompanying patients were informed of the likely duration of the investigation when the patient was collected. This provided them with some assurance whilst waiting.
- Patients we spoke with confirmed that they had received a good standard of care and felt well looked after. Staff were reported as being caring and sensitive to individuals concerns or needs.

Emotional support

- **Staff provided emotional support to patients to minimise their distress. Time was taken to explain procedure and staff encouraged questions.**
- Prior to any investigation, staff checked what investigation the patient was expecting. They then explained the process of the investigation giving details of any instructions and the duration. Staff checked that patients understood the process prior to commencing.
- We saw that when patients were particularly anxious about the investigation, time was taken to ensure that the patient relaxed and knew what to expect prior to commencing the investigation. We saw one radiographer sitting with a patient for approximately ten minutes prior to the investigation explaining what was about to happen and listening to their anxieties. We also saw another member of staff explaining in detail that the investigation could be stopped if the patient became unwell.
- Staff told us that patients could be accompanied if necessary, although this rarely happened. Staff said that if patients were unsure, or nervous, they were accompanied to the mobile unit where their companion would wait in the office area until the procedure was completed. On these occasions, staff told us that the screens would be turned off to prevent the companion observing investigation scans. There was no policy for carers or comforters.
- Patients under 18 years did not use the service.

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.** All discussions around the reason for the investigation were completed prior to the appointment. Referring consultants explained the rationale for investigations.
- Staff did not routinely have contact with people accompanying patients to appointments, other than during collection. We were told that if patients were particularly anxious, they could be accompanied by the relative to the mobile unit, although we did not see this during inspection.
- We saw that patients were told how and when they would get their investigation results, and staff confirmed that they understood the next steps prior to the patient leaving.

Are diagnostic imaging services responsive?

Good

This was the service's first inspection. We rated it as **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.**
- The service provided eight magnetic resonance imaging (MRI) and three computerised tomography (CT) mobile units to 18 host hospital sites. Mobile units were scheduled to provide services at regular intervals. For example, attending the same site every Tuesday. This enabled host sites to plan and schedule appointments.
- We were told that there were some free days on the schedule and two scanners planned to be used at weekends, which enabled the service to offer additional sessions at host hospitals if necessary. Patients were allocated appointments by the host hospital.
- Referrals were screened by the radiologist at the host hospital and the most appropriate investigation decided. Appointments were then scheduled, and

letters sent to the patient confirming the time and location of the investigation. Staff confirmed that patients were told that they would be attending a mobile unit.
- If there was an increase in investigation requests, the service was able to add additional dates (at weekends) or plan an additional visit using a spare mobile unit.
- Host hospitals provided the planning and aftercare of the patients' visit. The mobile unit completed the investigation and referred all patients back to the host hospital.

Meeting people's individual needs

- **The service took account of patients' individual needs**.
- We saw that patients registered for their appointments at the host hospital reception. They then waited in the reception/ waiting area until staff were ready to call patients for their investigation. Visiting radiographers went to the reception and called the patient and escorted them to the mobile unit. Staff told us that umbrellas were available for when it rained.
- Each mobile unit was accessible by a lift and a stair case. We saw that visiting radiographers ensured that patients were able to manage stairs and if necessary encouraged the use of the lift. The lift was sufficiently sized to enable a stretcher to be used. Staff reported that this seldom occurred. Host site staff told us that if there were any concerns with a patient's mobility, this was discussed directly with the visiting staff prior to making the appointment. This ensured that patients were not attending appointments which they could not access due to reduced mobility.
- Staff assisted patients to transfer onto imaging equipment. Internal space varied according to the modality (CT or MRI). There was limited room within the MRI scanners, although staff confirmed that the space was enough for wheelchair users.
- There were patient cubicles and frosted window panels which could be closed when patients were changing into hospital gowns. During inspection, we saw that staff informed patients of the need to change, detailing which garments should be removed and asked the patient to call them once this had been completed. There were patient lockers for personal belongings.
- Patients were able to communicate with staff during procedures through an intercom system. We saw that patients attending for MRI scanning were given headphones and given a choice of music. These also enabled staff to talk to the patients during noisy procedures.
- The service provided a translation service which enabled non-English-speaking patients to discuss any concerns and staff to share key information about the planned investigation.
- Each mobile unit had a "twizzle muff" which was a knitted activity blanket used for patients who needed some distraction, for example, those living with dementia. The "twiddle muffs" were given to the patient when they arrived for the appointment and they were able to take them home.
- The service worked collaboratively with the host sites to ensure the needs of patients with a learning disability were addressed. The host site would assess the patients and discuss them with the visiting team to identify if any additional support was required, such as hand holding, or pre-appointment visits. If staff felt that the mobile units were not appropriate, an alternative location would be sought for the investigation. For example, the investigation would be completed at the acute hospital or a different site with a static scanner.
- All appointments enabled enough time with the duration of appointment calculated against the type of investigation required. CT basic scans with no contrast were allocated 15 minutes and those with a contrast allocated 30 minutes. Basic MRI scans were allocated 20 to 30 minutes, with more complex scans being allocated over one hour. We saw that appointments were not rushed, and patients had enough time to ask any questions. There were minimal waiting times in reception.
- Information leaflets were sent to patients with appointment letters by the host hospital. We saw that information leaflets explained the modality and the normal process of investigation but did not detail the average radiation dose for standard investigations. Staff told us that specifics relating to needs for each investigation was included in the appointment letter, for example, if a patient was required to be starved.

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.

Good

Diagnostic imaging

- Activity schedules for each day were completed by the host hospital. Appointments were allocated time according to the type of investigation. For example, invasive procedures were allocated longer appointment slots.
- Staff at the host hospitals told us that appointments were usually scheduled within one week of referral. If possible, this was reduced, as it depended on when the referral was received and what day the mobile unit visited. For example, if a referral was received on a Thursday and the mobile unit was due to arrive in the Tuesday, appointments would be scheduled within five days. However, if the mobile unit visited on the same day as the receipt of the referral, potentially the appointment would not be scheduled until the following week. When possible, staff tried to complete appointments on the same day, if there were gaps in activity, however, this was not always possible.
- Staff told us that they were able to provide same day investigations by using the allocated lunch break as an appointment slot, or by adding a "quick" investigation between scheduled patients. Staff were as flexible as possible to meet the demands of the service and worked collaboratively with the host site to accommodate all clinical needs. Host site staff would work alongside a visiting staff member to enable additional appointments during the scheduled lunch break.
- Staff told us that it was very rare for appointments to be running late, however, they liaised with the receptionist at the main diagnostic imaging department, who would notify patients as they attended for their appointment. During both inspections, appointments ran to schedule.
- Staff endeavoured to complete scheduled lists in the event of staff sickness or delays. We were told that in the event of a staff member not attending site, attempts would be made to continue the planned list if it was safe to do so. Staff were able to complete non-contrast investigations independently if they were competent and were happy to do so. Host staff would assist with any procedures where contrasts were required if able to prevent rescheduling.
- In the event of unexpected sickness, staff told us that managers would try to cover the shortfall, or host staff would support if capacity allowed. Patients appointments were only rescheduled if it was not possible to find cover or it was not safe to complete the investigation.
- All mobile units completed an end of day report which outlined activity. Reports detailed the number of patients who did not attend for their planned procedures, and urgent or significant findings and cancellations. These reports were used by the senior management team to identify any issues with the service and monitor performance.

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**.
- Staff were aware of their roles and responsibilities in managing and escalating complaints and concerns. Staff told us they received few complaints and concerns.
- The service had received four complaints from January 2018 to February 2019. These included one complaint that an investigation had taken too long due to equipment issues, and three regarding the attitude of a radiographer. Two complaints were upheld, one partly upheld, and one not upheld. Actions taken following the feedback included a discussion at a team meeting relating to managing challenging patients and improving patients experience, and reflective accounts by the staff involved.
- The senior management team monitored any concerns or complaints raised and we saw that they discussed these and any learning at team meetings. Minutes of team meetings were shared with all staff to ensure those who had not attended had access to the discussions.

Are diagnostic imaging services well-led?

Good

This was the service's first inspection. We rated it as **good.**

Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care**.
- Service leadership was provided by an operational manager, a quality manager and a registered manager. At the time of our first inspection on the 9 April 2017, the quality manager and registered manager posts were vacant. We were told that this was a recent change and

the posts had previously been filled by the same individuals for several years providing consistency. Both posts had been recruited into and the successful candidates had commenced post by our second inspection on the 7 May 2019.

- The service worked collaboratively with Ramsay Health Care UK (RHC), who provided the board and senior leadership for Ramsay Diagnostic UK. RHC provided director level support and reported directly into Ramsay Health Care Global.
- The senior management team attended corporate meetings and escalated directly to the corporate board. All policies, procedures and processes were corporate based which meant that staff could work across any Ramsay location or service and work to the same standards.
- Within the service, the senior management team (SMT) consisted of the operational manager, registered manager, quality manager, radiation protection officer, south clinical lead, north clinical lead and finance lead. The SMT worked predominantly from home but attended the head office in London for meetings. SMT told us that they spoke to each other daily and in person meetings were completed every two weeks. We saw that meetings were conducted against a set agenda which looked at aspects of the service such as scheduling, performance and service development.
- Staff told us that clinical leads were visible and that operational leads were easily accessible and friendly when they spoke. Staff felt confident to escalate any concerns to any member of the SMT.
- Clinical leads continued to work as part of the team and regularly worked alongside staff. Staff saw this as a positive, and felt that this enhanced their credibility as managers, and enabled sharing of knowledge.
- Staff at the host sites told us that they regularly met or spoke with the SMT, reporting that staff were easily accessible and answered any queries or concerns quickly. Staff told us that they spoke with different members of the SMT depending on what needed to be discussed. For example, if additional capacity was required, they would contact the operational manger.

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**. This ran in parallel to the corporate Ramsay vision and included plans for developing services and improving performance.
- There was a corporate strategy which detailed the five-year plan for the wider Ramsay organisation.

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 we spoke with were generally positive about the service and were proud to work for Ramsay. We were told that the team worked well together and that there was a good rapport across all levels. Some staff told us that working in small teams was generally positive as it enabled them to get to know their peers, however, it was sometimes difficult if the staff member was quiet and did not talk much. We were also told that some staff felt pressured to work either on their own or complete additional shifts if peers were not available.
- We observed that staff were enthusiastic about their roles and worked collaboratively.
- Staff felt encouraged to develop and were supported to complete training either with funding or time. Staff gave us examples of additional training and courses which they were able to attend or complete. Staff said that this meant that they were happy in their roles and valued.
- Staff completed an annual staff survey. We saw that the 2018 survey showed that staff were generally were positive about patient and customer focus, engagement, working environment and health and wellbeing scoring better than the wider Ramsay group. Some areas of the service performed similarly to the wider Ramsay group which included, communication and collaboration and direct line management. With some areas scoring worse than the wider Ramsay group, for example, for pay and benefits, career development, senior and corporate management team and change.
- The 2019 survey results were not available at the time of inspection.

Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish**.
- The senior management team monitored performance daily. We saw that each mobile unit completed an end of day report which detailed all aspects of performance including the number of investigations completed, any cancellations, the number of patients that did not attend and any issues that impacted on service delivery, such as poor internet connectivity. We saw that the senior management team (SMT) captured any anomalies in the reporting and completed actions to address the concern. Themes were gathered and used to identify areas for development.
- In addition to daily reports, the SMT tracked and monitored individual performance, risk and productivity.
- The SMT also liaised directly with host sites to ensure that they were satisfied with the service being provided.
- The governance structure mirrored the corporate processes. The SMT attended management meetings every two weeks and corporate meetings monthly. The SMT meetings focused on performance and scheduling and minutes from each meeting were shared electronically with the wider team. The SMT told us that although they worked remotely, they had daily contact with each other.
- Minutes from meetings were detailed and clearly identified areas of development, learning and risk. Actions were recorded, and a log maintained noting people responsible and expected dates for completion.
- Staff attended quarterly team meetings which included procedural updates, presentations, radiation protection supervisor updates and reviews of incidents. These meetings were for all Ramsay diagnostic staff which meant that training and knowledge was shared across the whole organisation. Staff reported that these meetings were enjoyable and appropriate to their needs, offering the opportunity to liaise with staff and form working relationships.

Managing risks, issues and performance

- **The service had effective systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected**.
- The service identified actual and potential risks and recorded them along with any actions taken to mitigate them. We saw that the risk register included 25 risks which included clinical risk and non-clinical risks. Clinical risks included areas such as over or unintended radiation dosing, reaction to contrast media and slips, trips and falls. Non-clinical risks included areas such as risk of fire and transportation issues.
- All risks identified were categorised as either rare or moderate risks and there were none categorised as high or severe risks. The risk registered showed that where actions had been taken to reduce any harm, these had been clearly recorded and the risks reassessed. We saw that risks were reviewed regularly.
- The senior management team told us that they discussed risks and any mitigation at each management meeting and at corporate meetings. Minutes confirmed this and identified that any new risks were added to the records following discussion. There was clear oversight of all risks across the service and the wider corporate team.
- The service had a business continuity plan which outlined actions to be taken in the event of a breakdown of service. We were also told that there were spare scanners available, and additional lists could be arranged if necessary to meet any backlog in activity.
- The service used an audit calendar to monitor compliance and performance. We saw that audits were completed either annually or monthly depending on their type. Record audits were completed annually and looked at the quality of referral forms, safety check completion, IR(ME)R compliance, contrast media screening and safety and safer surgery checklists. Operational audits included equipment safety, image quality, risk management and environmental audits and were completed annually. Infection control audits were completed monthly.
- Audit results for 2017/18 showed that the service was complaint with most topics. For example, all observational and operational audits showed 100% compliance and infection control audits were over 96% compliant. There were variable results within the records audit with compliance for referral forms, pregnancy checks, IR(ME)R compliance and safer surgery checks. However, MRI safety checks (94%), patient consent (94%), post examination records (80%) and contrast media screening and safety (74%) were below the target of 95%. Audit results detailed actions taken to address any noncompliance, which included

sharing of results with host hospitals, additional training and reminders to scan information into the electronic patient record. Audits were repeated and showed an improvement in all areas.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards**.
- When the mobile unit was set up, care was taken to ensure that the unit had access to the host site internet and telephones. Staff told us that connectivity was sometimes problematic and the transfer of images took longer than anticipated. The senior management team told us that the end of day report required staff to confirm that images had been transferred successfully. There had been an incident reported whereby images had not been received by the host hospital and the SMT was in the process of analysing how the incident occurred, speaking to the staff who had been on duty at the site to see if they had any issues with the process.
- The host sites were responsible for storing the images and providing copies to the patient if necessary.

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**.
- **We saw that the service worked collaboratively with host hospital sites and transportation teams**. We were told that the transportation company were involved with all development plans and asked to provide feedback relating to how the units could be improved. The service also used a service user to help develop units and processes. We saw evidence that the service user was asked to provide regular feedback on aspects of the service such as accessibility and information provided.
- Team meetings were completed monthly, with staff attending the head office in London. These meetings were used to provide feedback, training and discussion on service developments. Minutes were shared across all the team. We saw examples of how staff had discussed incidents, new equipment and complaints as part of meetings. Staff told us that team meetings were effective and that they enjoyed attending the London office as it meant that staff could take the opportunity to bond socially.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, promoting training and innovation.**
- Staff told us that they had received feedback from a patient that the key to the patient locker was not able to be taken into the scanning room as it was metal. This was shared with the senior management team, who arranged for the lockers to be fitted with non-ferrous locker keys, enabling patients to take them into the scanning room.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The service should ensure that there is appropriate equipment available to enable staff to cannulate patients safely.
- The service should monitor that all information displayed refers to the latest IR(ME)R regulations.