

# Eastbourne Imaging Centre





## Quality Report

Eastbourne District Hospital  
Kings Drive  
Eastbourne  
BN21 2UD  
Tel: 01323 435780  
Website: [www.inhealthgroup.com](http://www.inhealthgroup.com)

Date of inspection visit: 9 April 2019  
Date of publication: 21/06/2019

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

### Ratings

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Eastbourne Imaging Centre is operated by InHealth Limited. The unit provides magnetic resonance imaging (MRI) services on an outpatient basis to children, young people and adults. Facilities include two MRI scanners and their associated control rooms, changing rooms, a disabled toilet, a waiting room and a general anaesthetic bay.

We inspected the service under our independent single speciality diagnostic imaging framework, using our comprehensive inspection methodology. We carried out an unannounced inspection on 9 April 2019.

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

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

### Services we rate

We rated it as **Good** overall.

- The service provided mandatory training in key skills to all staff and overall staff were compliant with most of their training.
- Staff understood their responsibilities to raise concerns, record incidents and report them.
- Equipment was regularly serviced, cleaned and staff conducted daily quality assurance checks.
- The service managed patient safety incidents well. Staff recognised incidents and reported them for investigations. Learning from incidents was shared within the team and across the organisation to improve the service.
- Staff understood their responsibilities under the Mental Capacity Act 2005. They knew how to support patients who lacked capacity to make decisions and their care. Consent was recorded in line with national guidance.
- Policies and procedures were up to date and reflected best practice and national guidance.
- Patients received care from all relevant professionals. The service's staff worked closely with the host trust staff to provide good care in a timely way.
- Staff involved patients and those close to them in decisions about their care.
- Patients could access the service when they needed it. Appointments were flexible to meet the needs of patients who were working or had other responsibilities.
- The service had effective systems for identifying and managing risks.
- The views and experience of patients and staff were gathered and acted on to improve the service and culture.
- Senior leaders and staff strived for continuous learning, service improvement and innovation.

We saw areas of outstanding practice including:

- The service provided emotional support to children in a range of ways including MRI leaflets adapted for children, giving children teddy bears before undergoing general anaesthetic, the use of cartoon characters on the ceiling as a distraction technique and awarding children with bravery certificates for successfully undergoing an MRI scan.
- There was an activity box containing children's books, sudoku, toys and items for colouring while they waited.

# Summary of findings

- The service ran a fortnightly general anaesthetic clinic for children. However, staff first attempted to scan babies without general anaesthetic by using the feed and wrap technique.

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

- The service should consider having suitable changing room facilities for patients with limited mobility.
- The service should work with the host trust to improve signage to the relocatable scanner.

**Dr. Nigel Acheson**

**Deputy Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

**Diagnostic  
imaging**

### Rating

**Good**



### Summary of each main service

We rated this service good because it was safe, caring, responsive and well led. We do not rate effective for this type of service.

# Summary of findings

## Contents

### Summary of this inspection

|                                                            |        |
|------------------------------------------------------------|--------|
| Background to Eastbourne Imaging Centre                    | Page 7 |
| Our inspection team                                        | 7      |
| Information about Eastbourne Imaging Centre                | 7      |
| The five questions we ask about services and what we found | 9      |

### Detailed findings from this inspection

|                       |    |
|-----------------------|----|
| Overview of ratings   | 11 |
| Outstanding practice  | 27 |
| Areas for improvement | 27 |

Good



# Eastbourne Imaging Centre

**Services we looked at**

Diagnostic imaging

# Summary of this inspection

## Background to Eastbourne Imaging Centre

Eastbourne Imaging Centre is operated by InHealth Limited. The service opened in June 2000 and is located within the grounds of Eastbourne District General Hospital. The service provides a wide range of magnetic resonance imaging (MRI) services predominantly to the host hospital, local GP services and receives a small number of private patients' referrals directly from InHealth.

The service has had a registered manager in post since January 2014.

We last inspected the service in February 2014 and the service met all the standards it was inspected against.

## Our inspection team

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

## Information about Eastbourne Imaging Centre

The service registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited both MRI scanning areas. We spoke with nine staff including the unit manager, radiographers, clinical and administrative assistants. We spoke with five patients and one relative. During our inspection, we reviewed four sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service has been previously inspected two times in February 2013 and February 2014.

Activity (March 2018 to March 2019)

- In the reporting period, Eastbourne Imaging Centre provided approximately 18,000 MRI scans to patients. Most patients were NHS-funded and referred from the host trust.

- The service scanned 117 children and young people aged up to 17 years old in the three months prior to our inspection.

Track record on safety

- No Never events, serious injuries, Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) reportable incidents or deaths.
- 50 Clinical incidents 45 no harm, four low harm, one moderate harm, no severe harm.
- There were no incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.diff), and E-Coli.
- The service had received six complaints.

### Services accredited by a national body:

- Investors in People (Gold award) December 2019 - whole organisation
- ISO 9001:2015 December 2019 - Whole organisation
- ISO 27001:2013 December 2019 - Whole organisation

# Summary of this inspection

- IQIPS Adult and paediatric audiology July 2021

## **Services provided at the service under service level agreement:**

- Clinical and or non-clinical waste removal
- Interpreting services
- Confidential waste removal
- IT services
- Pharmacy
- Laundry
- Grounds Maintenance
- Security
- Medical provisions



# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated it as **Good** because:

- The service provided mandatory training in to all staff in key skills and the service manager ensured staff were compliant.
- Staff were trained to recognise and report safeguarding concerns.
- Equipment was maintained and serviced in accordance to manufacturers guidance, and the environment was visibly clean.
- The service had enough staff with the right qualifications, skills, training and experience to provide care.
- Records were safely stored and kept confidential.

**Good**



### Are services effective?

We did not rate effective for this service, however we found that:

- We observed good multidisciplinary team working with colleagues within the service and host trust staff.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance annually.
- The service was open seven days a week and provided a minimum of 12 hours of scanning each day.
- Staff understood the need to gain consent and were aware of what actions to take in the event a patient lacked capacity.

### Are services caring?

We rated it as **Good** because:

- Staff emotionally supported patients to minimise their scan related anxieties.
- All patients we spoke with gave positive accounts of their experience with the service and its staff.
- All patients were given information in a way they understood. The service had leaflets adapted especially for children for them to have a good understanding of the procedure.

However:

- Patient privacy and dignity was not always maintained throughout the patient appointment.

**Good**



### Are services responsive?

We rated it as **Good** because:

**Good**



# Summary of this inspection

- Patients were provided with enough information about the service and the procedure before attending.
- The service planned and offered MRI services in a way that met the needs of the local people. Waiting times for MRI services were in line with good practice.
- The service used the 'feed and wrap' technique to help babies sleep through the procedure, minimising movement.

## Are services well-led?

We rated it as **Good** because:

- Staff told us they felt well supported by their colleagues and leaders of the service.
- The service engaged with patients and stakeholders to receive feedback on their overall performance.
- There were governance processes which provided oversight of the quality of the service provided.
- The service had systems to document and demonstrate risks had been identified, with mitigating actions that they monitored regularly.

**Good**







# 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    |

# Diagnostic imaging

|            |                                                                                          |
|------------|------------------------------------------------------------------------------------------|
| Safe       | Good  |
| Effective  |                                                                                          |
| Caring     | Good  |
| Responsive | Good  |
| Well-led   | Good  |

## Are diagnostic imaging services safe?

Good 

We rated it as **good**.

### Mandatory training

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

- InHealth provided all staff with a comprehensive statutory and mandatory programme. Staff told us courses were delivered using a combination of online and face to face training.
- Courses included, but were not limited to, moving and handling patients, basic life support, infection prevention and control, data security awareness, fire safety and evacuation, customer care and complaints. In addition to the statutory courses, staff also received modality specific training in magnetic resonance (MR) safety led by an MR safety expert and MRI clinical lead.
- At the time of our inspection, the service's mandatory training compliance rate was 99%. Mandatory training compliance was closely monitored by the service manager, who reminded staff when their training was due to expire. Staff we spoke with confirmed this and told us they were given enough time to complete training.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**

- Safeguarding vulnerable adults and safeguarding children were core elements of the mandatory training programme. The courses focussed on preventing people suffering from all forms of abuse and avoidable harm within the service.
- Data showed all staff had received training in safeguarding children and young people level two. This met intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014). Guidance states all non-clinical and clinical staff who have any contact with children, young people and/or parents/carers should be trained to level two.
- All staff had received training in safeguarding vulnerable adults level one and level two.
- Staff had access to a level four trained, safeguarding lead and a deputy within InHealth, who were offsite but were contactable via email or telephone. Onsite, staff at the service had access to the host trust's adult and child safeguarding leads.
- Staff we spoke with told us what constituted abuse and explained to us what actions they would take if they had any concerns. We saw a safeguarding flow chart displayed in the control rooms and in the reception area of what action to take and who to contact, which reflected what the staff told us.
- There were no safeguarding concerns reported to the CQC in the last 12 months.

### Cleanliness, infection control and hygiene

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

# Diagnostic imaging

- Infection prevention and control for the service was supported by policy, procedure, and an annual audit. The service manager was the infection control lead for the service and was responsible for ensuring standards were maintained and provided infection prevention and control support.
- The host trust's infection prevention and control team carried out a review of the service in October 2018 and identified 34 areas requiring improvement. We reviewed an action plan to address the concerns. Concerns included damage to walls, waste bins and carpet on the floor in the waiting room. During our inspection we noted the service had completed the actions and concerns were resolved.
- We observed that the MRI services were provided in an environment that appeared visibly clean, tidy and clutter free. Cleaning schedules for premises and equipment were completed daily. Staff cleaned equipment appropriately between cases using disinfectant wipes in line with the service's decontamination procedure.
- Staff demonstrated good infection control practices. All staff were bare below the elbow. The service completed monthly hand hygiene audits to measure compliance with the World Health Organisation (WHO) 'five moments for hand hygiene'. Data provided by the service for January and February 2019 showed a compliance rate of 90% and 82% respectively. Areas of improvement were noted and shared with staff, for example in the January 2019 audit, staff were only washing their hands once, instead of before and after cannulation. On the day of our inspection we saw staff washing their hand twice, before and after cannulation in accordance with the WHO guidelines.
- Hand gel dispensers were available in prominent area of the service including at the entrance to main service and reception desk. There was clear signage asking staff, patients, and visitors to use the gel when entering or exiting the service. We saw staff using hand sanitiser in line with best practice.
- Personal protective equipment (PPE) such as disposable aprons and latex free gloves in a range of sizes were easily accessible for staff throughout the service. We observed staff wearing them when delivering personal care for example, when performing cannulation on a patient to give contrast medium.
- The general anaesthetic bay had a sharps bin. The bin was clearly labelled, dated and was not overflowing, ensuring safe use and traceability.
- The service had a procedure for managing infectious patients. Staff told us patients with an infection were asked to attend at the end of an imaging list, for staff to clean equipment and clinical areas following their scans. However, this was not always possible therefore staff barrier nursed patients, which is when a patient is kept in a bay and extra precautions are taken to prevent the spread of infections.
- Staff adhered to the standards outlined by the Department of Health Technical Memorandum 07-01, in relation to standards of waste disposal. Clinical waste was separated in colour -coded bags and stored securely. The host trust was responsible for collecting and disposing of waste material as part of the service level agreement with InHealth.
- There were no reported incidents of healthcare associated infections reported against this service in the 12 months before our inspection.

## Environment and equipment

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

- The service had two MRI scanners, a static scanner and a relocatable scanner. The static scanner was housed in the main hospital building and had internal thoroughfares linking it to other departments in the host hospital such as the emergency department and the radiology department. The static scanner had a reception and waiting area where all patients were welcomed and registered for both scanners.
- The relocatable scanner was located in the host hospital's car park. The service had two changing cubicles, a control room, scan room and a technician's room. Due to the limited space on the relocatable scanner, the service ensured patients with limited

# Diagnostic imaging

mobility or complex needs were scanned on the static scanner. The static scanner had more room for manoeuvre and there was additional equipment such as a hoist to assist with patient transfer if necessary.

- The service managed access to restricted areas well. In the static scanner, access was gained by entering a code into the keypad. The code was kept on file and was available to all staff that needed to access the area. The service manager told us and staff we spoke with confirmed that the code was changed every two months. Similarly, the door at the rear end of the unit linking the service to other departments was always kept locked with access gained using the key code. Unauthorised visitors or patients requiring access to restricted areas rang a bell to gain the attention of a member of staff.
- Keys to various rooms were kept in a locked key safe in the service managers office. On the relocatable scanner, the key to the unit was kept in a key safe outside the scanner however, the key to operate the MRI control panel was left in the unit overnight. We were not assured that this was a safe place to store the key and addressed our concern with the service manager. Following our inspection, the service manager informed us a digital key safe had been installed on the scanner for secure storage and all staff had been notified of this.
- The static scanner had a fully equipped general anaesthetic bay maintained by the host trust's staff. Records confirmed checks were completed daily with no gaps.
- Both units were equipped with emergency resuscitation equipment. Staff were aware of where the equipment was located and had been trained to use it in the event of an emergency. Staff routinely checked that the equipment and consumables were available. The emergency equipment was always kept locked. We checked the equipment which included oxygen masks in a range of sizes for children and adults and consumables which were in date.
- All relevant MRI equipment was labelled in line with the Medicines and Healthcare products Regulatory Agency (MHRA) guidelines, which state equipment must be labelled MR safe, MR conditional or MR unsafe.
- Patient weighing scales were available in the unit and we saw where they had been appropriately service tested. Staff told us, in the event the weigh scales developed a fault or were unfit for use, a replacement set was available, and the fault was reported.
- Emergency pull cords were available in areas where patients were left alone, such as toilets and changing areas. Call bells were available within the MRI scanner which patients could press if they wanted the scan to stop.
- Equipment was well maintained. Daily quality assurance tests on the MRI machines were carried out and documented by the radiographers. The test assured the MRI equipment was in working order, safe to use and ensured that the MRI images were of good quality. We saw up to date records of servicing.
- Staff reported if they became aware of a fault with the scanner, they contacted the manufacturer immediately who could access the software remotely and provide advice. MRI engineers were quick to respond, and this was confirmed by staff.
- Safety and warning notices were displayed in the controlled areas. Notices detailed contact information for the MRI safety expert, MRI safety officer and MR responsible person.
- Evacuation plans were available and evacuation routes were kept clear. All staff had undertaken fire safety training. All fire exits were clearly marked, and fire action notices displayed throughout the service stated the designated meeting points. Fire alarms were tested weekly and we saw the last check prior to our inspection had been completed on 3 April 2019.
- We raised concerns regarding the proximity of the emergency trolley and a clinical waste bin to the entrance of the static scanner. Both the bin and the emergency trolley were correctly labelled MRI unsafe in accordance with the MHRA and both the bin and emergency trolley were not within the fringe field diagram. However, we were concerned they could be unintentionally moved into the fringe field. The bin was moved further from the fringe field during the inspection and we received confirmation post inspection of the relocation of the emergency trolley. Both pieces of equipment were still within reach but several feet away from the door.

# Diagnostic imaging

## Assessing and responding to patient risk

### Staff completed and updated risk assessments for each patient.

- The referrer and radiographers carried out risk assessments to determine if the patient was fit for the planned MRI scan. All patients, relatives and visitors entering the scanning room were asked to complete an MRI safety questionnaire. The radiographer reviewed the questionnaire and verbally checked the questions again with the patient or relative as an additional safety check. Questions included asking if they had a cardiac pacemaker, and for females of a childbearing age, whether they were pregnant.
- Patients with pacemakers were assessed by the trust cardiologists, radiologist and InHealth's radiographers. Checks were carried out on the associated leads and redundant implants. An appointment was booked if the pacemaker and other implants were reported to be MR conditional (posed no known hazard under MRI conditions). On the day of the appointment the cardiologist attended to the patient making the necessary changes to the pacemaker and the radiographer completed their final checks before proceeding with the scan. Patients with a non-compatible pacemaker or other implants were referred to the referrer to be placed on a suitable and safe diagnostic pathway.
- Patients renal function was checked before the administration of contrast medium, where contrast medium was needed to ensure effective scans.
- The service had adopted the Society and College of Radiographers 'Pause and Check' and we saw posters displayed in the control areas of each MRI scanner as a reminder for clinical staff. The Pause and Check is a six-point checklist the radiographer must carry out before an image is taken. We observed the radiographers using the checklist before each procedure, ensuring they had correctly identified the patient, checked the side or site to be imaged and that the correct imaging protocol had been selected for use.
- Eastbourne Imaging Centre had a clear pathway to follow in the event of a medical emergency or an unexpected finding on a scan, which was supported by the host trust. If a medical emergency occurred

staff confirmed, they raised the alarm by dialling the host trust's emergency system which incorporated both cardiac arrest and collapse teams depending on the situation.

- There was a protocol for unexpected scan findings. Staff had access to the trust radiologists during core working hours and A&E doctors out of hours. The host hospital's radiologists were available to advise if additional imaging, contrast administration was required and supported the staff if hospital admission was advised.
- Children were looked after by appropriately trained staff. Training records showed all staff were basic life support trained and the course covered paediatrics. The service manager told us paediatric nurses from the host trust accompanied all children having a general anaesthetic to the department.

## Radiography 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.

- Staff in the service consisted of one registered manager, one superintendent radiographer, eight radiographers, three clinical assistants four patient administrators, and one administration manager. Staff were employed on full time and part time contracts.
- All staff had completed a local induction, which included meeting the team, a tour of the department and surrounding areas. We reviewed a new member of staff's induction folder and saw they had been shown the location of the emergency trolley and use of the trust's phone system for patient emergencies, fire, and security issues, policies, eLearning and competency documents. New staff had three months to complete the requirements of the induction with the support of a mentor.
- All staff we spoke with told us that there were enough staff with the right skills to maintain patient safety and rotas were managed fittingly.
- A senior radiographer was responsible for creating a staff rota and was approved by the service manager. Rotas considered skill mix, competencies, expected activities, patient complexity, and operational hours.



# Diagnostic imaging

The superintendent radiographer and the service manager routinely monitored the allocation of shifts to ensure all staff had adequate rest periods, whilst enabling the business needs to be met.

- Administrative staffing requirements were set following extensive working time studies, analysing average task time requirements. This system ensured there were enough staff to support patient and staff needs.
- Sickness rates for the service were low. In the three months before our inspection the average sickness rate for radiographers was less than 1%.
- There was a lone working policy and risk assessment process to ensure safe service provision. Furthermore, there was a business continuity plan detailing mitigation plans in the event of unexpected staff shortages or unavailability.
- At the time of our inspection there was one vacancy for a full-time radiographer.
- In the 3 months before our inspection, the service reported 9 patient administrator shifts covered by bank staff. There was no use bank or agency for clinical roles in the same period.

## Medical staffing

- The service did not employ any medical staff, however they had access to the host hospital's radiologists who were present on-site during core working hours and available to attend if required.

## Records

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

- Eastbourne Imaging Centre received MRI requests from the host trust in paper form or electronically from the InHealth patient referral centre.
- Referral management incorporated triage processes aligned with the Royal College of Radiologists iRefer guidance and local trust and commissioning pathways. The host trust's radiologists vetted and

authorised all trust referrals prior to submitting them to the service. Patient data was entered to the trust clinical radiological information system (CRIS) and onto InHealth radiological information system (IRIS).

- Images were forwarded to the trust picture archiving and communication system (PACS) immediately following completion of the scan. The correct destination folder was identified using an accession number generated by the trust CRIS system which appeared as part of the patient record on the scanner work list. The images were then reported by trust radiologists.
- Non-trust patients referred to the service were booked directly onto an InHealth IT system. The images were sent to InHealth's PACS system and reported by an external reporting company.
- During our inspection we reviewed four sets of patient records and found them to be fully completed, accurate and legible. Records included, patient identity details, consent forms and medical history.
- Patient records were easily accessible to those who needed them, such as the radiographers and administrative staff. We saw the clinical radiology information system and picture archiving and communication system were secure and password protected. Each staff member had their own personally identifiable password.

## Medicines

**The service had systems for prescribing, administered, recording and storing medicines.**

- Management and oversight of all aspects of medicines management were overseen by the InHealth's multi-disciplinary medicines management group which met on a quarterly basis. InHealth had an organisational pharmacist advisor who provided support and guidance. Locally, staff told us the host trust's pharmacy department were happy to assist with any queries.
- The service used patient group directions (PGDs). PGDs allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription.



# Diagnostic imaging

- Medicines covered in the PGDs included gadolinium, saline, adrenaline and oxygen. Staff were assessed to ensure they were competent to administer these medicines. We reviewed a sample of PGDs and saw they were in date and in line with National Institute for Health Care Excellence guidance. These were reviewed by the radiographers and their understanding documented.
- We checked the medicines fridges and we saw records in all areas, which showed staff had checked the fridge temperatures daily. All temperatures recorded were within the expected ranges.
- We saw allergies were documented on referral forms. Patients were asked about their allergies, as part of the safety questionnaire in line with best practice guidance, prior to medicines or contrast being administered.
- The service did not use controlled drugs.

## Incidents

### The service managed patient safety incidents well.

Staff recognised incidents and reported them appropriately.

- All staff we spoke with knew how to report an incident and said they were confident in using the electronic system. Staff has access to the reporting system via InHealth's intranet as well as the host trust's reporting system.
- There were no never events reported by the service from March 2018 to March 2019. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic barriers, are available at a national level, and should be implemented by all healthcare providers.
- There was a positive reporting culture. The service reported 50 clinical incidents in the reporting period. Of these, 45 were classified as no harm, four were low harm and one moderate harm. There were no serious injuries, Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) reportable incidents or deaths.
- Incidents were reviewed weekly at the clinical governance complaints, litigation, incidents and

compliments (CLIC) meeting. The team reviewed incidents, identified themes and shared learning to prevent the reoccurrence at a local and organisational level.

- Staff were familiar with the principles of the duty of candour regulation and the need to offer an apology where necessary. Incidents involving patient or service user harm were assessed with the 'notifiable safety incident' criteria as defined within regulation 20 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Incidents meeting this threshold were managed under the organisations 'adverse events (incident) reporting and management policy' and 'Duty of Candour, procedure for the notification of a notifiable safety incident' standard operating procedure.

## Are diagnostic imaging services effective?

We did not rate effective for this service.

## Evidence-based care and treatment

### The service provided care and treatment based on national guidance and evidence of its effectiveness.

- The service followed guidance and policies developed in line with the Health and Care Professions Council (HCPC), National Institute for Health and Care Excellence (NICE) guidelines for diagnostic procedures and Medicines and Healthcare products Regulatory Agency (MHRA). For example, the service followed NICE guidelines in relation to minimising the risk of contrast induced acute kidney failure by ensuring blood test results were available within the desired range before proceeding with the scan.
- Staff had access to policies and guidelines and we were shown how to locate the relevant guidance online. All guidelines we reviewed were up to date. We also reviewed paper copies of local protocols and these were in line with national guidance, up to date and easily accessible to staff.
- InHealth had processes for regularly reviewing and updating guidelines and distributing updates and new guidance across the organisation. Staff said updates were shared via email and through the weekly

# Diagnostic imaging

newsletter. The service manager was responsible for ensuring all staff had read these. All current protocols had a signature sheet to confirm that staff had read and signed the latest guidance.

## Nutrition and hydration

- Patients were provided with instructions about fasting before the scan.
- The service requested patients with diabetes to contact the service before their appointment, so staff were aware and could advise patients as needed. During their appointment, staff monitored the patients ensuring they maintained a normal blood glucose level if they needed to be nil by mouth prior to their scan.
- The service had a water dispenser in the main waiting room for patients and visitors to use.

## Pain relief

- The service did not provide pain relief to patients. Staff told us they encouraged patients to bring their own medication and throughout the procedure ensured the patient was as comfortable as possible. For inpatients, the staff arranged with ward staff for the patient to have their medication shortly before the procedure.

## Patient outcomes

### Managers monitored the effectiveness of care and treatment and used the findings to improve them.

- An external company undertook monthly image quality audits for the service. Any issues were fed back to the service and to individual radiographers for learning and improvement. In the November 2018 audit, eight images were audited. All images met the required standard and the feedback stated there were no major discrepancies and or issues with the image quality.
- Capacity and demand were monitored monthly by the service manager to ensure safety and quality were not compromised by increased activity or staffing shortages. From October 2018 to March 2019, the service had completed an average of 1, 213 each month.

- As the service was a scan only service, they did not conduct peer reviews. However, any concerns with the image quality were reported to the service manager, who addressed these with the radiographers.
- The host trust's radiologists were responsible for timely radiology reporting.

## Competent staff

### The service made sure staff were competent for their roles.

- Clinical staff were supported by a comprehensive competency assessment toolkit which covered key areas applicable across all roles, and clinical competency skills relevant to their job role and experience. For staff joining with experience this was completed within the probation period, whilst for those new to MRI, this was completed as competency was acquired. Within MRI, InHealth had developed a comprehensive internal training programme for MRI aimed at developing MRI specific competence following qualification as a radiographer. This was led by InHealth's MRI clinical lead and supported by external experts in physics and patient experience.
- Assurance of staff competence to perform their role within InHealth was assessed as part of the recruitment process, at induction, through probation, and then ongoing as part of staff performance management and the InHealth appraisal and personal development processes. Other key attributes to ensure staff suitability were assessed as part of the interview process which was based on predetermined questioning aligned with InHealth's core values.
- All radiographers were registered with Health and Care Professional Council (HCPC). They were required to complete continuous professional development (CPD) to meet the professional body requirements and meet the standards to ensure delivery of safe and effective services to patients.
- There was an open approach to learning and development in the service that was extended to all staff regardless of role. InHealth was committed to the continuing development of staff and offered access to

# Diagnostic imaging

both internal and externally funded training programmes and apprenticeships to support staff in developing skills and competencies relevant to their career with InHealth.

- The service had a formal appraisal system. Data received from the service showed 100% appraisal rate for all staff including the manager. We reviewed an example of a completed appraisal and saw objectives set were specific, measurable and relevant to the staff members role or development. Staff we spoke with said they found the appraisals helpful.
- In the event of any aspect of competency falling short of the required standard, the practitioners line manager was responsible for providing necessary support and guidance required to attain the relevant standard.

## Multidisciplinary working

### Staff of different kinds worked together as a team to benefit patients.

- Staff told us there was good teamwork between various professionals within the service. Staff said they worked closely with the host trust and felt supported when they need additional advice from various teams such as the trust radiologists, safeguarding leads and infection and prevention and control team.
- Evidence from interviews and general observations indicated that staff worked well together and had established a sound working relationship. They were able to assess and plan ongoing care in a timely manner. For example, we observed radiographers working together with the radiologist, cardiologist and ward nurses to ensure the safe scanning of a patient with a pacemaker. Patient risks were discussed, and each professional had an input in the discussion or gave written advice on the procedure.

## Seven-day services

- Eastbourne Imaging Centre was open seven days a week providing a minimum of 12 hours of scanning a day. These hours were adjusted to meet demand and waiting lists. At the time of our inspection the static scanner operated 15 hours a day Monday to Thursday and 12 hours a day Friday, Saturday and Sunday. The relocatable scanner was operational 12hrs a day, seven days a 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.

- Staff followed the service's policy and procedures when a patient could not give consent. Staff understood 'Gillick' competencies for patients under the age of 18. To be Gillick competent, a young person (aged 16 or 17) can consent to their own treatments if they are believed to have enough intelligence, competence and understanding to fully appreciate what is involved in their procedure.
- Staff demonstrated an understanding of consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. All staff had completed Mental Capacity Act training as part of the mandatory training programme.
- Staff reported issues relating to lack of capacity were usually highlighted on the referral form and identified upon booking. Administrative staff escalated this to the radiographer to ensure the relevant forms were completed to avoid unnecessary delays.
- We observed this process in action during our inspection. It was clear staff were aware of what actions to take to comply with the Mental Capacity Act and ensure there was a smooth and efficient patient journey. The radiographer was aware of the lack of capacity MRI safety screening form, to be signed by a doctor authorising staff to proceed with the scan.
- Staff understood their responsibility to gain consent from patients before continuing with the scan. They recognised and respected patients' choice, if they chose not to have the scan. The service used the MRI safety questionnaire form to record patient's consent. We observed radiographers explaining the imaging procedure to the patients and obtaining verbal consent before proceeding with the scan.

## Are diagnostic imaging services caring?

Good 

We rated it as **good**.

# Diagnostic imaging

## Compassionate care

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

- We spoke with five patients and a family member during our inspection and the feedback was positive. One patient who had used the service a few times told us “staff are very good and professional”. We were told staff were compassionate and understanding with a “good sense of humour”. Another patient told us that staff were “nice and approachable”.
- Following a scan, patients were invited to complete a paper-based feedback questionnaire. The questionnaire had a quick response (QR) code and weblink for patients who chose to complete it digitally on a personal device. The Friends and family test (FFT) results which was collated by an external provider showed over 97% of patients would recommend the service. However, the response rate for the FFT was low and the result for March 2019 was 9%. The service manager told us, they were aware of this and the local leadership was working with staff to improve this.
- Information about chaperones was displayed throughout the unit and in the waiting rooms for patients to see. There was a chaperone policy in date and patients were informed that they could have a chaperone present for their scan. A chaperone is a person who serves as a witness for both patient and clinical staff as a safeguard for both parties during a medical examination or procedure. All staff we spoke with understood their responsibilities in regard to chaperoning and offering this service to patients.
- During our inspection we noticed that patient’s dignity was not always maintained during the scan. On the relocatable scanner the layout of the unit consisted of a changing room at the back of the viewing room. At the front of the viewing room was a large window separating the two areas and used by staff to observe patients throughout their scan. During busy periods staff told us there could be two patients in the unit, one in the changing room and another on the scanning bed. We noted that there were no blinds or curtains on the window to visually separate the two areas. Staff recognised there was a risk of patients seeing each other in an undignified manner. Staff told

us it was rare to have two patients in the unit at the same time and in such a situation the second patient was quickly directed to the changing room. We raised our concerns with the service manager, who requested for blinds to be fitted in both scanning units. Blinds were to be installed six weeks after our inspection.

## Emotional support

### Staff provided emotional support to patients to minimise their distress.

- The service addressed all patient queries and concerns during the booking stage and throughout their appointment.
- Staff offered patients earplugs and ear defenders to protect their ears from the noise of the MRI scanner. Patients were encouraged to bring their own music or they could choose to listen to a radio station via a digital radio during the MRI scan, which helped minimise distress.
- We reviewed feedback from a patient who suffered from extreme claustrophobia and was anxious about their appointment. The patient was given the opportunity to inspect the scanning room before the day of their appointment. Staff explained emergency procedures such as how to exit the room and building in the event of a fire, what to expect if there was a power cut, and how to stop the procedure if they needed to, which put their mind at ease.
- The patient was allowed to have a family member and a friend on the day of the appointment for emotional support, and staff took time to talk them through the process again. Staff gave the patient a call bell to ring when they felt anxious during the scan. Staff entered the scanning room to reassure the patient and kept the patient informed of how long was left of each scan sequence. The patient described the experience as positive and was thankful for the emotional and professional support they had received.
- Staff supported the emotional needs of children well and used various techniques to minimise the child’s distress. Children having general anaesthetic for their MRI were given a teddy bear before the procedure. This was an initiative in conjunction with the host trust to ease the child’s anxiety.

# Diagnostic imaging

- In the general anaesthetic bay, we saw stickers of cartoon characters stuck to the ceiling as a distraction technique. The cartoon characters were first introduced to the children at the beginning of the MRI journey through information leaflets, and staff used these to preoccupy the child.

## 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.

- We observed that staff communicated with patients and their relatives in a way they understood. Patients were given enough time to ask questions and staff took time to explain the procedure and answer all questions in a calm, friendly and respectful manner.
- Patients and relatives were given clear information verbally and in written form before the appointment. InHealth had various leaflets covering a range of topics including scan related anxiety and what to expect from an MRI scan. Further information was available to patients and relatives on the InHealth website including a short video of the MRI patient journey.

## Are diagnostic imaging services responsive?

Good 

We rated it as **good**.

### Service delivery to meet the needs of local people

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

- Service delivery was a collaboration between InHealth and the NHS trust which allowed local people to have timely access to MRI scanning services. The unit offered a wide range of standard, complex and contrast-based scans for muscular skeletal, urology, gynaecology, abdominal, neurological patients from children, young people and adults.

- To offer an increased choice for patients and referrers, the service offered a seven-day service. Appointments were flexible to meet the needs of patients. They were available at short notice and on some occasions on the same day.
- The service was located about 200 metres from a bus stop with good transport links. There was a visitor's car park adjacent to the statics scanner for patients travelling by car, with ample parking spaces.
- Patients were greeted and registered in the main reception in the main building and directed or accompanied to the relocatable scanner when the staff were ready. Patient feedback often said that the relocatable scanner was difficult to find, and the signage was not very clear. Although staff told us they had installed more signs directing patients to the service, this continued to be an area for improvement.

### Meeting people's individual needs

#### The service took account of patients' individual needs.

- All staff had completed the equality and diversity course as part of their mandatory training. Staff had a sound understanding of the cultural, social and religious needs of the patient and demonstrated this in their work.
- Patients' personal preferences and needs were identified at the booking stage or at the time of the scan. Staff told us reasonable adjustments, such as extending appointment times and allowing relatives or carers into the imaging room were made for patients particularly for those with autism, limited mobility, learning disabilities or living with dementia.
- The service had adopted the host trust's butterfly scheme to identify patients living with dementia. Staff identified patients living with dementia and made reasonable adjustments to support these patients.
- Both scanners had step free access, although patients with limited mobility were only scanned on the static scanner as it had enough space to manoeuvre a wheelchair.



# Diagnostic imaging

- The service had MRI information leaflets adapted for children. The leaflet had a series of cartoon characters explaining what an MRI was and what happens at an MRI appointment, so children were involved and well informed about their care.
- The service had a general anaesthetic list every fortnight to cater for children who were unable to keep still for the duration of the scan. Each case was considered on a patient by patient basis and a discussion held with the carers/guardians. If it was felt a successful scan could be achieved without general anaesthetic, then an appointment was offered. However, if this appointment was unsuccessful, the child would remain on the general anaesthetic list.
- The service used natural alternative to general anaesthesia. For young babies, staff told us they used the 'feed and wrap' technique first before considering general anaesthetic. Parents were asked to wrap the baby up in a sheet and feed them until they fell into a natural sleep. Once the baby was in a deep sleep, staff transferred the baby to the MRI scanner and proceeded with the scan. Due to the noise made by the machine, some babies would at times wake up, so staff stopped the scan and tried again later.
- The service did not have a designated waiting room for children however, there was enough space in the waiting room to create a play area if required. There was an activity box for children which contained children's books, sudoku, toys and items for colouring while they waited. The unit manager acknowledged the need for a separate waiting room for children, but the service was limited by the design and layout of the department.
- After the scan, staff presented young children with a certificate for bravery. We were shown an example of the InHealth bravery award, which was signed and dated by the radiographer.
- The service made attempts to ensure it was accessible to all. The MRI scanners within the service scanned patients weighing up to 200kgs. Bariatric patients and patients suffering from claustrophobia, who could not be safely scanned at this service were referred back to the original consultant. The consultant was given details of the InHealth open scanner for the consultant to make the referral if they felt it was appropriate.
- Patients whose first language was not English had access to an interpretation service. The service had a language line with over 20 languages available. The service provided information leaflets in other formats including braille, large print and easy read format.
- There was a hearing loop in the waiting area to assist those with hearing difficulties.
- There was a disabled toilet and changing room however, the changing room had limited space. Patients were asked at the booking stage to attend in loose clothing that could easily be removed if necessary, without the need for a changing room. Staff told us if wheelchair users needed a changing room, they used the general anaesthetic bay within the controlled area which had a curtain at the entry way to provide privacy.

## Access and flow

**People could access the service when they needed it. Waiting times from referral to scan were in line with good practice.**

- The service had contractual key performance indicators (KPI) agreed with the host trust. The service was compliant with all access and flow KPIs. The service was a scan only service therefore time from scan to reporting KPIs were managed by the trust.
- The MRI centre service was available from 8am to 8pm seven days a week, with extended operating hours from 6.45am to 10.15pm four days a week with flexibility to extend this to five days a week if required. This helped minimise any delays in accessing MRI services and accommodated those patients who were unable to attend during the day due to other commitments. The operating hours could be reduced if demand declined.
- Depending on availability and requirements, patients could have their scan on the same day the referral was made. Staff told us there were free slots reserved throughout the day to accommodate urgent and walk-in patients.
- The service prioritised referrals by clinical urgency. The authorising radiologists specified the urgency of the

# Diagnostic imaging

referral by stating whether it was urgent, routine or blue dots indicating that the patient was on the 62-day cancer pathway and required a scan within 14 days.

- Scanning times were in line with the NHS six weeks diagnostic waiting times. The service had a key performance indicator (KPI) of 41 days. At the time of our inspection the service aimed to scan routine patients within seven to 10 days of receiving a referral and inpatients within 12 hours of referral.
- The service actively monitored 'did not attend' (DNA) rates. Staff reported a low DNA rate of 3%. Administrative staff told us they telephoned patients a day before their appointment to confirm their attendance. Appointments were cancelled after two or three unsuccessful attempts to contact a patient. Records of attempted contact were kept in the patient history record and were placed under 'unconfirmed patient'. If the patient did attend, staff tried to accommodate the patient by fitting them in the reserved slots for urgent patients. When patients were unreachable, staff referred the patient back to the referring clinician, which was in line with host trust policy for handling patients who did not attend their appointment.
- From March 2018 to March 2019 the service reported 37 cancelled appointments out of approximately 18,000 scans. Data provided by the service showed 70% were due to machine breakdown. Staff told us if an appointment was cancelled due to any unexpected issue, patients were rebooked as soon as possible on a date and time of their choosing.

## 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 service used the InHealth complaints policy. The complaints policy was displayed in the waiting rooms for patients and visitors to see. There were information leaflets for patients and visitors on how to contact the InHealth's customer services team if they wished to make a complaint.

- Complaints were acknowledged within three working days of receiving them and a response was sent to the complainant within 20 days of the complaint in line with InHealth's complaints policy.
- Staff were encouraged to deal with complaints, with support from the service manager, as and when they happened. All staff had completed customer care and complaints training as part of their mandatory training. If a patient wished to make a formal complaint or escalate a complaint, staff provided all the necessary support and information to do so.
- Complaints that could not be resolved by staff were reviewed by the internal director. If patients or their family members were not satisfied with the outcome of a complaint, they were able to ask for the complaint to be referred to company's chief executive officer for review.
- The service also referred complaints to external independent reviewers. NHS patients could complain to the Parliamentary and Health Service Ombudsman (PHSO) and self-funding patients could complain to Independent Sector Complaints Advisory Service (ISCAS).
- Patients we spoke to knew how to make a complaint. We reviewed two complaints in their entirety. We saw that responses were provided in a timely way, were clear and thorough
- From March 2018 to March 2019 the unit received six complaints, four of which were upheld. Any learning identified from a complaint was shared with staff. Staff gave us an example of a change to practice that resulted from a complaint. A patient had complained that they were not given the correct information at the booking stage. As a result, the service had developed a script to ensure that the information they gave was accurate, consistent and provided the patient with all the relevant information for their appointment. Staff told us the script was helpful and they were confident that there were no omissions in the information passed on over the phone.

# Diagnostic imaging

## Are diagnostic imaging services well-led?

Good 

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.**

- The service had a management structure consisting of one service manager, supported by a superintendent radiographer and an administration manager. A regional operations manager and the director of clinical quality from InHealth supported the local management team.
- There were clear lines of management responsibility and accountability within service and organisation. Staff had a good awareness of who their line managers were which included their individual roles and responsibilities. Staff told us they all worked well together as a team.
- Staff told us that local leadership was good and the manager was approachable, supportive and took an interest in their welfare. The manager was knowledgeable about the service, the patient's needs, as well as staff needs. Staff were committed to making improvements for patients and felt they could influence change and were encouraged to do so by their local manager and regional manager.

### Vision and strategy

**The service had a vision for what it wanted to achieve and workable plans to turn it into action.**

- InHealth had shared values which described how they behaved towards patients, customers and colleagues. There were four values: 'Care, Trust, Passion and Fresh Thinking'. The organisation's core objective, 'make healthcare better' inspired the values.
- We saw the values and core objective displayed throughout the service and all staff we spoke with could tell us what these were. Staff also told us they

reflected the organisation's value in their work. The appraisal process was aligned to the InHealth values and development objectives discussed at appraisal were linked to the organisation's objectives.

### 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 told us they were happy to work for the service and were positive about working for InHealth. We observed collaborative working between all staff, including clinical, administrative and the host trust staff.
- Staff spoke positively about the culture of the service. A new member of staff told us they had been welcomed into the service and felt part of a team. All staff we spoke with told us the team was supportive of each other.
- Staff told us they felt valued and were comfortable in raising concerns directly with the service manager and senior leaders within InHealth. They were encouraged to be open and honest and raise any issues as soon as possible.
- All independent healthcare organisations with NHS contracts that met a certain threshold, were contractually obliged to take part in the Workforce Race Equality Standard (WRES). Organisations must collect, report, monitor and publish their WRES data and act where needed to improve their workforce race equality. InHealth began reporting this data in October 2017, therefore there was limited data against some requirements before this date.
- InHealth's most recent WRES report, produced in October 2018 was available to review online and included data from September 2017 to September 2018. There was clear ownership of the report within the organisation and an action plan to be reported to the board.
- The WRES report identified that due to the number of respondents (150 respondents; 83% white staff, 10% BME and 7% chose not to say) which equated to less than 10% of the InHealth permanent workforce, InHealth could not form any conclusions. The action plan developed included bi-annual communications



# Diagnostic imaging

to request staff to report ethnicity data and increasing communications on equality and diversity issues in the monthly newsletters, induction and intranet articles.

## Governance

**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 had clear and effective systems of governance and management. There were monthly meetings however, attendance varied from three attendees in December 2018 to eight in March 2019. We were told the timing and date for these was to be changed to enable more staff to attend and to facilitate constructive team meetings.
- The minutes of these meetings were available for all staff to read. We reviewed three sets of minutes which had a set agenda. Agenda items included unit key performance indicators (KPIs), incidents and any other updates or concerns.
- Eastbourne Imaging Centre had service level agreements (SLAs) with the host trust. We reviewed the agreement which stated that the host trust was to produce, provide or supply the service with all the unit's reasonable needs and requirements. Requirements included clinical and domestic disposal, confidential waste removal, IT services, pharmacy provisions, security and medical cover amongst other requirements. The service manager reviewed SLAs on an ongoing basis and discussed with the host trust imaging team as and when issues arose.

## 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.**

- Performance was monitored at local and corporate level. Monthly performance reports were produced which enabled comparison and benchmarking against other services. Information on 'did not attend' rates, patient engagement, incidents, complaints and mandatory training were amongst other subjects charted.

- The manager was aware of the current risks and mitigation actions. Risks were categorised into nine subgroups including finance, health and safety, legal, operations, performance and quality. Risks were reviewed monthly or quarterly depending on the severity and each risk had mitigating actions.
- Eastbourne Imaging Centre had a business continuity policy approved in March 2019 and due for review March 2020. The plan detailed how a business would continue to operate as far as possible in the event of any unexpected disaster, incident or major occurrence which had the potential to de-stabilise the business and severely impact on the short, medium to long term running of the business.

## Managing information

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

- All staff had undertaken data security and awareness as part of the mandatory training programme. Staff we spoke with understood their responsibilities around information governance and risk management.
- Staff at the service had access to the InHealth intranet and IT system for both this service and those relevant to the host trust. There were enough computers to enable staff to access the computer systems when they needed to. Staff had individual login details to access the service's IT systems.
- Staff demonstrated they could locate and easily access the systems and records they needed to complete their day to day tasks.
- Performance data was submitted to the organisation's executive team for review. All data collated from across the organisation was reported in the monthly governance report, which was shared with all locations. These were shared with staff locally at the team meetings. Staff we spoke with said the reports were valuable as they could tell how well the service was performing in comparison to similar services in the organisation.
- InHealth was accredited with ISO 27001 and were audited regularly against the standard on a rolling programme. ISO27001 is an international standard for an information security management system. This

# Diagnostic imaging

demonstrated that the organisation was following information security best practice and provided an independent verification that information security was managed in line with international standards.

## Engagement

**The service engaged well with patients and staff to plan and manage appropriate services and collaborated with partner organisations effectively.**

- The service actively participated in an NHS England's initiative aimed to better understand what matters to patients, their emotional journey and what could be improved. The service acted on patient feedback. For example, patient feedback from the NHS England initiative indicated that the waiting room was not very welcoming. The service had asked patients to choose photographs from a local artist of local scenes to display in the waiting room. At the time of our inspection, we were shown the photographs that were to be displayed in the waiting room.
- InHealth undertook an annual staff satisfaction survey to seek views of all employees within the organisation. Results were shared openly with staff and action plans developed. Eastbourne Imaging Centre provided us with results from the December 2017 survey. Results from this survey found that staff engagement at Eastbourne Imaging Centre was similar to InHealth's average at 72% compared to 71% for the organisation.
- The service manager met with the host trust's imaging lead every fortnight to discuss performance, quality and any associated issues. There was evidence that concerns, and challenges were communicated to the host trust. For example, staff told us they felt pressurised to scan inpatients within 12 hours in accordance to the contractual agreement, which was difficult as the host trust radiologists only provided cover Monday to Friday from 9am to 5pm. Minutes from the March 2019 meeting showed that the service manager had discussed this issue with the host trust, who were planning on extending radiology cover to 8pm.

## 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.**

- InHealth's endeavoured to continually improve patients experience of having an MRI scan. The organisation signed up to develop an NHS England initiative which was piloted at Eastbourne Imaging Centre making it the first independent diagnostic unit to take part. The initiative was based around aspects of a patient's journey that should always happen to provide a positive experience.
- As part of the initiative, the service carried out regular patient surveys to monitor improvements. The surveys measured the patients emotional score at various stages of the patient journey including arrival, scan, post scan and overall. Score ranged from zero to 10 and the target score was 8. From September 2018 to January 2019, results showed an improvement in the emotional score on arrival which increased from 5.5 to 7.5. The overall emotional score for the entire patient journey in the same period had improved from 8 to 9.
- Staff were encouraged to participate in projects to drive change within the service and across the organisation. Staff told us they had been involved in the formulation of patient leaflets including those for children, demonstrating staff commitment to a positive patient experience.
- InHealth were working towards gaining accreditation with the Imaging Services Accreditation Scheme (ISAS). The director of clinical quality was leading the work to prepare the service for the inspection, with the aim to be accredited by 2020.
- InHealth conducted an internal study that showed 14% of MRI scans were not completed due to claustrophobia and other scan related anxieties. The study collated examples of good practice from across the organisation, provided staff with the necessary training and support to manage scan related anxieties. Additionally, InHealth created literature and an informative patient experience video to help prepare patients for the procedure and reduce the number of uncompleted scans.

# Outstanding practice and areas for improvement

## Outstanding practice

- Eastbourne Imaging Centre had an outstanding approach to meeting the needs of children and minimise their distress. The service provided emotional support in a range of ways including MRI leaflets adapted for children, giving children teddy bears before undergoing general anaesthetic, the use of cartoon characters on the ceiling as a distraction technique and awarding children with bravery certificates for successfully undergoing an MRI scan. There was an activity box containing children's books, sudoku, toys and items for colouring while they waited.
- Additionally, the service ran a fortnightly general anaesthetic clinic for children. However, staff first attempted to scan babies without general anaesthetic by using the feed and wrap technique. The service understood the possible difficulties associated with scanning children and were flexible in their approach to achieve this in a safe and efficient way.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The service should consider having suitable changing room facilities for patients with limited mobility.
- The service should work with the host trust to improve signage to the relocatable scanner.