Frimley Park Hospital - Scanning Centre

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Frimley Park Hospital Scanning Centre is an independent health provider which delivers Magnetic Resonance Imaging (MRI) scans to people within the setting of Frimley Park Hospital in Surrey. The unit opened in October 1993 and is currently managed by InHealth Limited in partnership with Frimley Health NHS Foundation Trust.

The service has two permanent MRI scanners. A third mobile scanner located in the grounds of Frimley Park Hospital provides the service with additional MRI support. We did not inspect the mobile MRI scanner, as this was managed separately from the Scanning Centre.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the service on 31 July 2018.

We rated this service as good overall. We rated it good for safe, effective, caring, responsive and well-led.

Our key findings were as follows:

- There was evidence of investigation, learning and dissemination of learning from incidents within the InHealth organisation.
- Infection prevention and control practices were followed and these were regularly monitored by the infection control lead, to reduce the risk of spreading of infections.
- MRI specific equipment was available for patient procedures. Equipment was well maintained and tested annually or in accordance with manufacturer's guidelines.
- Staff had undertaken mandatory training and training specific to their roles. Extended roles were encouraged to ensure staff were well rounded and adaptable to different roles within the service.
- We saw evidence of evidence-based practice, compliance with recommendations from the National Institute for Health and Care Excellence and other national guidelines according to MRI speciality.
- Staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- We observed staff provided care in a compassionate and respectful manner. Staff ensured they listened to and responded to patients' questions.
- Patient feedback forms were frequently positive, with the majority of patients saying they would recommend the service to their friends and family.
- Patients had timely access to appointments. MRI services were provided 14 hours a day, seven days a week.
- Services were planned and delivered in a way which met the needs of patients.
- The service leaders had a good understanding of the risks and the challenges the service faced. These were reflected on the local risk register and submitted to head office for regular review.
- There were suitable governance processes with clear clinical and organisational structure and clear lines of responsibility. Staff were involved in key processes, including performance reviews and quality monitoring.
- Staff described a visible and approachable leadership team and told us they were able to raise concerns or report incidents.
- There was evidence of some innovative practice and plans for additional service development to maintain quality, safety and sustainability.

However, there were areas where the service needs to make improvements.

The provider should:

- Ensure access to clinical areas is restricted to authorised persons.
- The service should ensure sharps are disposed of in line with national guidance.
- The service should ensure floors are kept clear of boxes, ensuring effective cleaning and mitigating moving and handling risks.

Summary of findings

Amanda Stanford
Deputy Chief Inspector

Overall summary

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good	Overall, we rated diagnostic imaging as good because: • Staff had a good understanding of how to report incidents and learning from incidents was shared locally and across the organisation. • There was a clear management structure and clear lines of accountability. Service and organisational leaders were described as visible and approachable. The culture of the service drove improvement and delivery of high quality care. • All patients gave valid informed consent prior to their procedure and staff were aware of their responsibilities under the Mental Capacity Act 2005. • The service followed InHealth Limited's complaints procedure and complaints were discussed at the complaints, litigation, incidents and compliments meetings and shared with staff. • Equipment was well maintained and tested annually or in accordance with manufacturers' guidelines. • Staff were qualified and had the appropriate skills to carry out their roles effectively and in line with best practice. Staff were supported to enhance their skills and extend the roles within the service. • Services were planned and delivered in a way which met the needs of the local population. Waiting times and cancellations were minimal and managed appropriately.

Summary of findings

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Background to Frimley Park Hospital - Scanning Centre

Frimley Park Hospital Scanning Centre is an independent health provider delivering Magnetic Resonance Imaging (MRI) scans. An MRI is a type of scan that uses magnets and radio waves to produce detailed images of the inside of the body. MRI services are provided to self-funded and NHS patients within the setting of Frimley Park Hospital in Surrey.

The Scanning Centre provides 14 hours of MRI services from 7am to 9pm, Monday to Sunday. The unit opened in October 1993 as a managed MRI service by Lister Bestcare (now InHealth), in partnership with Frimley Health NHS Foundation Trust. The service is currently provided by InHealth Limited as a regulated activity independent of Frimley Health Radiology Services.

In 2009, an extension to the operating agreement was required by the trust to manage, increased volumes of patients requiring MRI investigations. A relocatable MRI unit was installed in December 2013 at the rear of Frimley to respond to the increased demands for MRI scans at Frimley Park. This accommodated outpatients with no mobility issues or inpatients who were well enough and physically able to be scanned on the relocatable unit. The MRI service had seen an increased volume of referrals over five years and, in response to this demand InHealth Limited signed an extension of the MRI service with the host site. InHealth plans to add a second relocatable unit in August 2018, and will be providing a replacement machine for the static scanner in October/November 2018. The managed service will be provided by InHealth Limited as an interim solution while the host site builds a new imaging centre on the site of the current unit (estimated completion 2021).

Our inspection team

The team that inspected the service consisted of two CQC inspectors. The inspection was supervised by an inspection manager and overseen by Catherine Campbell, head of hospital inspection.

Why we carried out this inspection

We carried out this inspection as part of a comprehensive diagnostic imaging programme. We gathered information about the service to analyse and make judgements on five key questions.

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well led?

Information about Frimley Park Hospital - Scanning Centre

The centre is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection we visited the static MRI unit, the relocatable MRI unit and their associated waiting areas.

We spoke with 10 members of staff including radiographers, assistant radiographers and administration staff. We spoke with three patients and one relative who gave feedback on their experience of using the service. We looked at six patient records to

Summary of this inspection

support the information provided to us. The service was last inspected in March 2013, which found that the centre was meeting all standards of quality and safety it was inspected against.

The MRI facility employs 33 members of staff including radiographers, assistant radiographers and administration staff. The registered manager has been in post since 2013.

Activity

From September 2016 to October 2017 the service made 22,336 MRI appointments and scanned 20,195 patients.

There were no special reviews or ongoing investigations of the service by CQC in the 12 months before our inspection.

The service received one complaint, which was reviewed in accordance with the In Health's formal complaints process. The complaint was not escalated to an external adjudication service.

Track record on safety (July 2017 - July 2018)

- No reported never events.
- No serious incidents .
- 21 clinical incidents in the same time period. Of these incidents, 42% were reported as resulting in insignificant harm, 52% were minor harm and 5% as moderate harm.
- No duty of candour notifications.
- No incidences of hospital-acquired infections.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

- The service had taken action to mitigate risks to patients. MRI safety screening questionnaires were completed and verbally checked before going ahead with the procedure.
- Mandatory training compliance was monitored and the majority of staff were up-to-date with this.
- The service promoted a culture of reporting and learning from incidents. Staff were familiar with the duty of candour regulation.
- Staff were clear about safeguarding procedures and knew what actions to take if they had concerns.
- Equipment was checked and cleaned and all areas we inspected appeared visibly clean.

Are services effective?

- Practice was evidence-based and complied with recommendations from the National institute for Health and Care Excellence (NICE) and other national guidelines according to MRI speciality.
- Policies and procedures incorporated national guidance and were available to all staff. Staff knew where to access guidance and policies.
- Patients received care from competent staff who had received the necessary training to undertake their respective roles.
- Consent to care was discussed and obtained in line with legislation and guidance.
- Regular audits were carried out to monitor performance against corporate outcomes and to maintain standards.

Are services caring?

Good

- Patient feedback about the service was positive. In the InHealth patient satisfaction survey 85% of patients said they were 'extremely likely to recommend the service'.
- Staff communicated with patients to reduce their anxieties and kept them informed of what was happening during the scan.
- Staff treated patients with compassion and kindness.
- Relatives were encouraged to be involved in the patients care. They were able to ask questions and raise concerns.

Summary of this inspection

Are services responsive?

Good

- Patients were well informed about their procedure and what to expect during the MRI and after their scan.
- Patients had timely access to MRI services. Extended opening hours meant patients could be seen after work or over the weekend.
- Interpreting services were available and there were information leaflets available.
- Staff were aware of the complaints process and information was available for patients. Complaints were discussed at the governance and staff meetings.

Are services well-led?

Good

- Leadership at each level was visible. Staff felt listened to and had confidence in their managers.
- There was staff and patient engagement and managers responded to feedback.
- There was a local risk register which was up to date with actions to mitigate risks recorded.
- There were sound governance processes with monthly meetings where the quality and safety of care was discussed and actions taken.
- Staff described an open culture and they felt comfortable raising concerns.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Notes

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are outpatients and diagnostic imaging services safe?

Good

Mandatory training

InHealth operated a comprehensive mandatory and statutory training programme which ensured relevant knowledge and competence was maintained and updated throughout the lifespan of employment. Mandatory training was offered by both the host trust and InHealth. Staff told us training was delivered using a combination of online and face to face learning. Mandatory training provided by InHealth included of infection control, MRI safety module 1, 2 and 2b, key policy document review and basic life support. These were conducted via e-learning. Further clinical training was done via practical assessment and included MRI specific competency assessments and intravenous cannulation. The host trust covered topics including patient transfer, fire and health and safety training.

There were arrangements to monitor training compliance. A superintendent radiographer oversaw training compliance and at the time of our inspection 98% of staff were up to date with their mandatory training. This met the organisation's target of 81%. The superintendent showed us an electronic database used to monitor compliance. Non-compliant staff were booked to attend training in September 2018.

Staff we spoke with said e-learning was easy to access. The training superintendent and staff were proactive in ensuring their training was up to date or booked in advance.

Safeguarding

Staff understood how to protect patients from abuse and the service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The director of clinical quality and the clinical governance lead for InHealth were the location's leads for both adult and children safeguarding. The service also had access to the host site's designated individuals, who were lead nurses for safeguarding adults and children. Both the trust and InHealth's safeguarding leads had completed level four safeguarding training in line with national guidance.

Staff had access to the organisation's safeguarding policy and procedures on the intranet. Safeguarding training was part of the Scanning Centre's mandatory training programme. Data provided by the service showed that 100% of both clinical and administration staff had completed level one and level two safeguarding training for both adults and children. This met the organisations target of 100%.

Staff demonstrated a good knowledge of their role with regards to protecting patients from harm or abuse and reporting any issues. This included identifying any risks to the patient's family, such as children and vulnerable adults whose main carer may be a patient. Staff were clear about who the safeguarding leads were and how to escalate their concerns in line with the safeguarding policy. Staff we spoke had not had any concerns that required them to raise a safeguarding referral within the reporting period of June 2017 to June 2018. There were no safeguarding concerns reported to CQC in the reporting in the same period.

Cleanliness, infection control and hygiene

The MRI environments we visited were visibly clean. Daily cleaning of the MRI scanning rooms and

environments was undertaken by MRI staff for safety reasons. This was completed between patients and there were records of daily deep cleaning undertaken at the end of each day. The host trust conducted monthly infection prevention and control audits. We reviewed the feedback form completed in July 2018 which showed an overall score of 95% for the general environment and 88% for patient equipment. In the last 12 months prior to our inspection, there were no incidences of healthcare acquired infections. Infection risks were minimised in day to day practice. The service had an infection control lead and access to the host trust's infection control lead. InHealth staff liaised with the trust's infection prevention and control team to decide when it was safe to undertake an MRI scan for infectious patients. Patients of higher infection risk were scanned as the last case of the day. Additionally, housekeeping staff conducted a deep clean of the scanning room and other clinical areas to reduce the risk of cross infection immediately after an infectious patient had been scanned.

There were effective systems for segregation and disposal of waste materials such as domestic and clinical waste that reflected national guidance. Clinical and domestic waste was correctly segregated and disposed of.

We selected three random sharps containers and found that they were assembled and labelled correctly which ensured safe use and traceability. This was in accordance with the health and safety (sharp instruments in healthcare) regulation 2013. However, one of the sharps bins in the bay area which was shared with the trust's computerised tomography (CT) department was overflowing with sharps. This had been highlighted in the monthly infection prevention and control audit for July 2017 where compliance with sharps management was 60% and met minimal compliance. We raised this with the service manager who told us this was the responsibility of the CT department. However, following our inspection, the MRI unit took action by reminding all staff to ensure sharps bins were checked and replaced if necessary on a daily basis. Clinical managers were also instructed to conduct daily spot checks to ensure compliance with sharps bin management.

There were alcohol hand gel dispensers available for use in all clinical areas. We saw staff decontaminating their hands with gel before and after providing care. There were dedicated hand washing sinks for each clinical area available for staff to use. The hand hygiene audit scored 92% in July 2018, which met the host trust's compliance target. We observed all staff were 'bare below the elbows' in clinical areas. This reduced the risk of infections to staff and patients and was in line with good practice

Personal protective equipment, including latex free gloves were available in all clinical areas. We observed one member of staff in the relocatable unit removing an intravenous cannula. The staff member wore gloves however, no apron was used to protect their uniform from contamination with bodily fluids. Disposable curtains were in use in the clinical areas, these had an installation date of 21 June 2018 recorded on each curtain. The curtains were visibly clean and were due to be changed six months from the date of installation in line with manufacturer's guidance.

The centre used single-use equipment, including eye masks and ear plugs, which were disposed of in the domestic waste bins. We observed staff wiping reusable equipment such as immobilisation foams and radiofrequency coils (radiofrequency coils are essential for producing high quality images) using disinfectant wipes after every use.

Equipment and environment

There were two MRI machines. There was one static MRI scanner, which shared a waiting room and two bays with the host trust's CT department. The second MRI machine was located in the car park on a relocatable unit. This had a small patient waiting area, a staff room and a reception desk, a changing cubicle, one bay and a toilet.

The environment MRI services were delivered in was cramped and cluttered due to a lack of physical space. Boxes with supplies were stacked on the floor in both MRI scanning rooms but did not obstruct or restrict entry and exit routes. However, they created a moving and handling risk for staff and hindered effective cleaning.

Emergency equipment was available to staff in both the static and the relocatable unit. Staff in the static unit shared the emergency equipment with the CT department. The CT department oversaw the daily checking of resuscitation equipment in this area. We conducted a random check of the equipment and

consumables on both units and found the equipment in the top drawer had been checked daily. The rest of the drawers were checked once a month in accordance with the host trust's policy.

On the relocatable unit, we found two sterile swab packets open on the resuscitation trolley. The label stated, 'do not use if product sterilisation barrier or packing is compromised'. We raised this with the assistant radiographer who advised that the swabs were only used for cleaning spillages. However, swabs are designed for collecting or transferring bacteria, so there was a risk of staff using the open swabs on patients, increasing the risk of cross infection. There were other sealed swabs available in the trolley.

We found three high pressure tubes which had passed their expiry date in August 2017, present on the emergency trolley. We reported this to the radiographer who immediately removed the tubing from the trolley.

The scanning centre environment was not designed to meet the needs of children due to the lack of space. Children and young people shared the same waiting room and clinical areas as adults. Staff told us children and young people were only seen on the static unit, which was part of the main hospital building for safety purposes, including easy access to emergency services from the host trust.

There was an effective system for recording faulty equipment. All machine faults were recorded on a spreadsheet to identify trends. Faults included those that were resolved by the radiographers and those that were shared with the engineers to be addressed when they were on site. Staff told us breakdowns were more frequent on the static machine as this was the oldest and due for replacement later this year. We observed that there had been 41 hours of downtime as a result of machine breakdown in June 2018. This was equivalent to three days of the machine being out of use. When unexpected machine breakdowns occurred, the manufacturers provided a same day response by remotely accessing the software or sending an engineer to the site.

The MRI scanners were scheduled to have an eight-hour safety and maintenance update twice a year by the equipment manufacturer. We observed that both machines had been serviced in the last 12 months as scheduled.

Daily quality assurance tests on the MRI machines were routinely completed and documented by the radiographers. The tests assured staff that the MRI equipment was in working order, safe to use and ensured that MRI images were of good quality.

The service used equipment provided by the manufacturer which was classed as magnetic resonance (MR) safe (a piece of equipment that has no known hazards in all MRI environments). Additional equipment that was not provided by the manufacturer and used within the MRI environment was risk assessed and labelled as MR safe, MR conditional or MR unsafe in line with medicines and healthcare products regulatory agency (MHRA) safety guidelines for magnetic resonance imaging equipment in clinical use (2015). For example, there was a wheelchair stored in the control area labelled MR conditional. Staff explained that the wheel chair could be used in the MRI scanning room as long as it was kept a certain distance away from the bore of the machine. The service had an MRI compatible trolley labelled MR safe which was used to transfer patient who were scanned under general anaesthetic.

Equipment, such as the fire extinguishers were kept out of the scanning room and clearly labelled as MR unsafe.

Records showed that staff were trained in MRI safety level 1, 2 and 2b. Staff we spoke with understood their responsibilities relating to the use of all equipment in an MR environment.

Access to restricted areas was not always controlled. Staff had access to the static MRI unit using a swipe card. This restricted unauthorised access. However, during our inspection we noted that the door was left open on multiple occasions which allowed access to the clinical areas. We reported this concern to the service manager who provided us with an action plan to resolve the issue. Actions included displaying signs on the door stating 'Please keep doors closed at all times' and the installation of a tension barrier in front of the main MRI door to prevent unauthorised access. This was to be

completed by 14 August 2018. Additionally, staff and management were to regularly check that doors remained closed and leaders would challenge staff found to be leaving the doors open.

Staff had undertaken fire safety and evacuation training. They were able to explain the evacuation procedure and were aware of where the fire extinguishers and quench buttons were located. We observed that fire extinguishers had been serviced within the last 12 months.

Generator tests were conducted on the first Tuesday of every month. This was to ensure that in the event of a power cut, the service would still be able to operate with limited disruption.

Assessing and responding to patient risk

The service displayed the MRI responsible person in all staff areas. The responsible person was one of the superintendent radiographers and staff were aware of who this was and how to contact them. The responsible person had day to day responsibility for MRI safety in the centre.

When patients became unwell in the MRI unit, staff used the host trust's escalation procedure. This was the national early warning score (NEWS), used for monitoring deteriorating patients. Staff told us they would assess the patient first by checking their observations before seeking medical assistance. Staff were able to explain the escalation policy and informed us that they had successfully used it recently. They said the NEWS team had responded quickly and the patient had received timely treatment.

Patients given a contrast injection as part of their MRI procedure were instructed to stay within the unit for 15-20 minutes and monitored for any delayed reaction. Staff provided patients with post injection information detailing what agent had been administered and how to seek medical advice should a delayed reaction occur.

The service had an effective process for identifying pregnant women. On the day of our inspection, we observed this process in action. A flag appeared next to the patient's name on the electronic clinic list alerting staff of the potential risk. Patients were asked to complete an additional MRI safety screening form. Staff reviewed the patients' documentation which included the pregnancy risk benefit justification form. This form was used when the clinical risk to the patient was greater than the risk to the unborn foetus and was completed by a radiologist before proceeding with the MRI. This form had to be completed for staff to continue with the scan. We reviewed previous records were a patient's procedure was postponed because the service had not received the pregnancy risk benefit justification form.

All patients, visitors and staff (who did not work in the MRI unit) were asked to complete an MRI safety screening form before entering the scanning room. Questions included asking whether the patient or visitor had a cardiac pacemaker, if they were pregnant or if they had shrapnel or bomb blast injuries. Staff were observed reviewing the screening form after completion and verbally checking the questions again with the patient as an additional safety check.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Frimley Park Hospital Scanning Centre employed 33 members of staff, which included administration staff, radiographers and assistant radiographers. A superintendent radiographer ensured that the site operated safely and effectively in line with requirements set by InHealth. There were no national guidelines for staffing MRI units. InHealth used a purpose-built staffing calculator, which considered expected and unexpected absences, ensuring sufficient staff were available across all operational periods. Each unit was staffed with two radiographers and one assistant radiographer, in line with InHealth's staffing guidelines.

Radiographers were employed both full and part-time and worked flexibly to cover the shifts.

At the time of our inspection, the service had one full time equivalent vacancy for an assistant radiographer and three full time equivalent (FTE) vacancies for administration staff. There were no vacancies for radiographers.

From April 2018 to July 2018 the service reported an average rate of sickness of 5% for administrations staff. The average rate of sickness amongst clinical staff was better, at 1% for the same period.

From April 2018 to July 2018 the service had used bank staff to cover two clinical shifts. A further 14 shifts were filled by agency staff in the same period. Bank staff

underwent a three-month induction and training process similar to permanent staff. InHealth provided all new staff with an induction pack and job specific competency checklist to be completed in the three months with assistance from the named mentor.

Agency staff were selected from InHealth's preferred supplier list. Induction for agency staff consisted of an orientation and the completion of an induction checklist outlining the requirements to adhere to guidelines and protocols for health and safety, fire safety, infection control, resuscitation, patient transfer training and medicine management. All agency staff provided the service with a list of training records which we reviewed during our inspection.

The service had recently lost three members of the administration staff. This had resulted in an increase in bank staff usage. From April 2018 to July 2018, 30 administration shifts had been filled by bank staff.

Staff were flexible with their shifts and taking on extra hours to ensure safe staffing was maintained, particularly with the administration staff. This meant that the way the service was staffed might not be sustainable in the long term. The service had identified that this could result in a breach of the working time directive. Superintendent radiographers routinely monitored the allocation of shifts to ensure all staff had adequate rest periods, whilst enabling business needs to be met.

Medical staffing

The service did not employ medical staff. Medical staff were directly employed by the host trust. However, we saw that the radiologists were based in the reporting room adjacent to the static MRI unit if needed and they were accessible to the MRI unit at all times.

Records

Patient records were managed in a way that kept patients safe and prevented confidential and sensitive information from being shared incorrectly. Staff used electronic patient records to record patients' needs and care plans. All patients who used the service were referred through Frimley Health NHS Foundation Trust so all data and medical notes were documented via the patient admission service, integrated clinical environment and the trust's radiology information service.

We reviewed six sets of records and found that they contained all required information. This included completed consent forms and, once the MRI scan had been reviewed by the radiologist, an MRI report. All records were accurate, complete, legible, up-to-date and stored securely.

Referrals were accepted from a list of authorised referrers, which included Frimley Health NHS Foundation Trust's radiologists, three GP services within the community and extended scope practitioners. GP referrals were sent electronically to the service and were processed by the administration team. Paper referral forms were scanned and attached to the patient's electronic record. Paper records were immediately disposed of in the confidential waste bag. Staff told us this was collected every day by the host site's confidential waste team. A confidential waste bag was kept in the control area where a member of staff was always present. Out of hours the bin was kept in a locked room door and keys were stored in a coded safe.

Patient records were accessible to staff who were authorised to access patient data. Radiology results were automatically uploaded and could be viewed immediately by the consultant and GP's caring for the patient. There were no reporting key performance indicators associated with InHealth as the responsibility for reporting fell on the trust's radiologists. Staff told us urgent referrals were prioritised for reporting. We observed urgent referrals were reported and uploaded to the system on the same day as the scan. Routine reports were completed within a week of the scan.

IT faults were reported to Frimley Health NHS Foundation Trust's IT support team. Staff said the team were responsive and easy to access by telephone. All records were backed up on a separate system.

Medicines

Medicines, including contrast media and/or muscle relaxant required for MRI examination, were administered using a patient group direction (PDG). PGDs provide a legal framework that allows registered health professionals to supply and administer specific medicines to a predefined group of patients without them seeing a prescriber. PGDs were in accordance with

nursing and midwifery council (NMC) guidelines for administration of medicine and the health and care professions council (HCPC) standards of proficiency for radiographers.

The service used PGDs for a number of medicines, including but not limited to gadovist, primovist, sodium chloride, anti-spasmodic and oxygen. We reviewed all the PGDs and saw they were in date and in line with NICE guidance. Each one had a list signatures from all staff who were trained to administer the medicine.

There were no controlled medicines used or kept in the MRI unit.

Medicines and contrast media were kept in a lockable wall-mounted cabinet in the scanning rooms. We checked 15 bottles of contrast which were within their use by date and stored correctly. We found excess boxes of sodium chloride 0.9% stored in an unlockable cupboard in the bay area. This was easily accessible to anyone being cared for in the patient bay area. We reported this to the service manager who provided us with an action plan post inspection to manage the storage of consumables. The sodium chloride ampoules were moved into the controlled access MRI room while they waited for a locked cupboard to be installed in the bay area.

Allergies were clearly documented on the referral forms and on the electronic patient records. Allergies were verbally checked during the MRI safety checklist.

There was a clear pathway to replenish consumables and avoid stock depletion. Consumables such as saline and contrast media were supplied directly by InHealth procurement. Supplies were replenished every two weeks and staff told us they could request additional supplies if they were low before the next restock.

InHealth routinely monitored their medicine management through the healthcare quality audit, medicines management group (MMG) quarterly meeting. We reviewed minutes showing discussions included drug errors and adverse events relating to drug administration. Meetings were held centrally by the clinical quality team at InHealth headquarters and shared with the Scanning Centre to address action points.

Incidents

Frimley Park Hospital Scanning Centre did not report any never events in the 12 months prior to our inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

The service did not report any serious incidents in the 12 months prior our inspection. Serious incidents were defined in accordance with the Serious Incident Framework 2015.

Staff reported all incidents via the host trust's incident reporting system as well as the organisations electronic risk management system. Incidents were reviewed every week at the complaints, litigation, incidents and compliments meetings by a multi professional team of governance and operational managers.

A service manager told us that incidents involving patients were assessed against 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 InHealth's adverse events reporting and management policy and duty of candour and the procedure for the notification of a notifiable safety incident' standard operating procedure.

The service had an overview of the impact of the incidents. We reviewed the service's incident record. There were 38 incidents reported between July 2017 and June 2018. Incidents were categorised by type, given a risk score and severity of risk. All incidents had been investigated and closed within 20 days of being reported. This was in line with InHealth's adverse reporting and management policy. All incidents had closure details and key learning points recorded.

Patient safety was promoted by the sharing of incidents from other services within the provider group. These were discussed and fed back to staff across all hospital sites at staff meetings and through the electronic newsletters.

The service complied with the duty of candour. The duty of candour is a legal duty on healthcare providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

Good

Diagnostic imaging

During our inspection, we found all staff were open and transparent with patients. We spoke with three members of staff who told us when things went wrong with care and treatment, patients were informed of the incident and were given the relevant information and support.

Are outpatients and diagnostic imaging services effective?

Evidence based care and treatment

Care and treatment was delivered in line with current legislation and nationally recognised evidence-based guidance. Policies and guidelines were developed in line with the health and care professions council (HCPC) standards, medicines and healthcare products regulatory agency (MHRA) safety guidelines for magnetic resonance imaging equipment in clinical use (2015) and National Institute for Health and Care Excellence (NICE) guidelines for diagnostic procedures. For example, staff in the MRI unit followed the NICE guidelines to minimise the risk of contrast induced acute kidney failure by ensuring blood test results were available within the desired criteria before proceeding the scan.

Staff were kept up-to-date with changes in policies ensuring practice was based on evidence based practice. Staff we spoke with said changes to practice and polices were highlighted by the service leaders and they received emails from InHealth's audit lead. There were records showing that staff had read updated policies. Staff said they were reminded to read and sign the update log as proof.

Staff told us of a recent MHRA update relating to the risk of skin heating or burns developing during an MRI scan. Recent studies had shown that there was a risk of skin heating when patients were scanned wearing sports antibacterial clothing containing silver fibres. As a result, staff were advised to ask patients to change into a hospital gown for their scan.

InHealth were proactive about pursing accreditation opportunities. InHealth was accredited within ISO 9001: 2015 and were audited every six months against the standard on a rolling programme. ISO 9001:2015 is an international standard that specifies requirements for quality management system. This demonstrated the organisations ability to consistently provide services that met customer and regulatory requirements.

Nutrition and hydration

There was a drinking water dispenser on both MRI units, which was accessible to patients and visitors. The host trust had an on-site catering facility available for all patients and visitors.

Special attention was paid to patients who were insulin-dependent to ensure their treatment time was coordinated to maintain a normal blood glucose level, should they need to be nil by mouth prior to their investigation.

Pain relief

Staff said patients attending the centre usually brought their own pain relief medicines.

Patients were not routinely asked about pain, but if patients were in pain, staff told us they would inform the radiologist present in the department. Pharmacy staff also offered support and advice to patients if it was needed.

Patient outcomes

The Scanning Centre had an audit programme which monitored patient outcomes and the effectiveness of policies and procedures. Benchmarks were set against other providers of similar services within the InHealth provider group. The service did not participate in national audits, therefore could not benchmark themselves against other MRI services nationally.

We were told the Scanning Centre conducted a recall audit to find out the number and reason for patients' having additional MRI scans. The study was conducted over a six-month period and the outcome showed a low recall rate of 0.25%. The majority of recalls were due to radiographer error in choosing the wrong sequence or missing anatomy particularly for knees and rectum at certain angles. As a result of the audit, teaching sessions were introduced with the aim to reduce the recall rate in these areas.

Service utilisation was monitored each month by the service manager to ensure safety and quality was not compromised by an increase in MRI activity.

We were told private patient reports and image quality audits were reviewed monthly. Staff randomly selected 10% of reports each month which was a minimum of five cases for each reporter. The selected cases were submitted for audit to an external auditor contracted by

Good

Diagnostic imaging

InHealth, along with the original referral, images and report. Results were categorised in five types with category five meaning the auditor agreed with the report. Category three showed clinical significance of difference was debatable or there was likelihood of low harm. Category one was described as having definite omission or misinterpretation with unequivocal potential for serious morbidity or threat to life. Results from the May and June 2018 reports showed a 100% agreement with findings in all reports audited. We reviewed results from March 2018. Out of 42 reports audited, 40 reports (95%) achieved category five status. Two of the reports were classified as category three. There was a summary and action plan for errors identified and the name of the person responsible for the error. This allowed the service manager to address the issue directly with the reporter and when trends were identified additional training was offered.

Competent staff

The recruitment and induction processes ensured staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment. Key attributes to ensure staff suitability was assessed were part of the interview process and these were based on predetermined questions that aligned with InHealth's core values. Further assurance of staff competence to perform their role was assessed as part of the induction, during probation and then ongoing as part of staff performance management. InHealth also used appraisal and personal development processes to assure competencies.

Site orientation for all staff ensured their competency to perform their required role within their specified local area. For clinical staff, this was supported by a comprehensive competency assessment toolkit which covered key areas applicable across all roles and then clinical competency skills relevant to their job role and experience. We reviewed three staff files which evidenced induction, training and competencies they had undertaken. For staff joining with previous MRI experience this was completed within the probation period, whilst for staff who were new to the modality training, this was completed as competency was acquired.

Learning needs were identified at regular reviews against discipline specific competencies. Opportunities for staff development were discussed throughout the year and formalised during annual appraisal reviews. At the time of our inspection 100% of staff had had an appraisal meeting with their line manager. Staff we spoke with told us the organisation supported and offered access to 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 manager had been supported to complete a post graduate certificate in MRI and InHealth's leadership courses.

InHealth developed a comprehensive internal training programme for MRI, aimed at developing MRI-specific competence following qualification as a radiographer. Structured learning was also arranged during the year to refresh discipline-specific competencies. Records of competencies were stored with each member of staff's training records.

Extended roles were encouraged to ensure staff were well rounded and adaptable to different roles within the service. For example, one member of staff had attended a workshop at InHealth's headquarters to learn about improving the patient experience.

In the event of any aspect of competency falling short of the required standard, the practitioner's line manager was responsible for providing necessary support and guidance required to attain the relevant standard. In Health had a set process for this however the service manager told us this had not been used at this service.

All radiographers were registered with the Health and Care Professional Council (HCPC) and met the standards to ensure delivery of safe and effective services to patients. Clinical staff were required to complete continuous practice development (CPD) to meet their professional body requirements. We reviewed the organisational electronic record of professional registration which showed that all radiographers employed by the service had successfully registered or renewed their membership with the HCPC in March 2018. The next membership renewal date was March 2020.

Multidisciplinary working

InHealth staff worked closely with staff from the trust to care for in-patients that were referred to the service. The daily liaison radiographer was responsible for

coordinating the transfer of care between the ward and MRI unit. We reviewed records of handovers of in-patients to staff on the next shift. We observed that records ensured safe and effective care was provided at all times.

All staff we spoke with said they had access to medical staff and could discuss patient-related concerns with them.

Multidisciplinary team meetings were held each week between the consultant radiologists and clinicians to discuss procedure outcomes and onward referral of care.

Seven-day service

The Scanning Centre operated between the hours of 7am to 9pm, seven days a week.

Emergency MRI scanning was available out of hours. MRI staff were rostered to be on call and were supported by the trust's on call radiologists.

Health promotion

Patients wishing to stop smoking were referred to the host trust's stop smoking service. Stop smoking leaflets were displaying in patient waiting areas.

Consent, mental capacity act, deprivation of liberty safeguards

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Consent, mental capacity act and deprivation of liberty safeguards was covered as part of safeguarding training. All staff we spoke with could describe the Mental Capacity Act (MCA) 2005, which was important for patients living with dementia or suffering a temporary loss of capacity. Staff were familiar with Deprivation of Liberty Safeguards (DoLS). These safeguards aim to ensure that those who lack capacity and are in a hospital setting are not subjected to excessive restrictions.

Staff we spoke with could describe how mental capacity was assessed and could identify when it would be appropriate to test a patient's capacity.

Consent for MRI patients was taken on the day of the procedure. Part of the consent included asking women for their pregnancy status and checking that the procedure had been justified for women who were past the first trimester in accordance with medicines and healthcare products regulatory agency (MHRA) safety guidelines for magnetic resonance imaging equipment in clinical use (2015).

Staff told us they understood the principle of assessing capacity and best interest decisions but they had not had to apply this knowledge.

Are outpatients and diagnostic imaging services caring?

Good

Compassionate Care

Staff cared for patients with compassion. We observed staff speaking with patients who used the service and those close to them in a friendly and caring manner. For example, we overheard an assistant radiographer asking a patient whether they wanted their chair position altered during their cannulation to make them more comfortable.

The first point of contact for patients was with the reception staff who welcomed them and directed them to the chairs in the waiting area. Reception staff were also available to escort patients to the relocatable unit, which was located a considerable distance away, so they did not get lost.

All staff wore 'Hello my name is…' badges, and we observed an assistant radiographer introducing herself and showing the patient her name badge. She continued to explain her role and why the safety checklist needed to be completed.

Patients were encouraged to complete a feedback form. The service reviewed patient feedback at the monthly user group and shared results with staff at the team meetings. We reviewed the results of the feedback forms from July 2017 to May 2018. The results were consistently positive, with 85% of the 3,829 responses stated they were 'extremely likely to recommend the service'. A relative of a patient we spoke with said they had had an MRI scan at the unit previously and staff were nice and explained the procedure well.

Emotional Support

Staff provided emotional support to patients to minimise their distress. Patients were booked for an MRI scan, either by the telephone, allowing for queries and concerns to be addressed at the time, or via appointment letter, which offered patients contact details of the unit to raise any queries and concerns.

Good

Diagnostic imaging

Staff spent time with patients before the MRI scan, to check on their wellbeing. Staff supported and reassured patients about their scan and continued communicating with patients during the scanning process.

Staff were consistently courteous and compassionate towards all patients, including those who suffered from claustrophobia. Patients suffering from claustrophobia were invited to the centre for a 'dry run' of the procedure. Staff spent time with patients, building a rapport, explaining the process and showing them the scanning room to decrease their anxiety. Staff reminded patients they could communicate with staff if needed and there was a call bell to use if they wanted to stop the procedure. On the day of the procedure, anxious patients were given longer appointment slots.

Staff offered patients eye masks and ear plugs or ear defenders to help ease their anxiety. Ear plugs or ear defenders were also to patients to protect their ears from the noise of the MRI scanner.

Patients who were unable to go proceed with the scan were advised to return to their GP to get a prescription for oral sedation and return for another appointment. Staff told us they spent time reassuring patients and making sure they were relaxed and comfortable before conducting the scan.

Understanding and involvement of patients and those close to them

Staff involved patients and those close to them in decisions about their care and treatment. Patients told us they had received clear information before the appointment by letter or by phone.

Staff communicated with patients and their relatives in a way that they could understand. Patients were given sufficient time to ask questions and we observed this.

Patients undergoing an MRI procedure in pregnancy were given an information leaflet to read before their appointment. Staff took time to explain the process and answer any questions they had related to the risks to the foetus.

Are outpatients and diagnostic imaging services responsive?

Good

Service delivery to meet the needs of local people

The planning and delivery of the service provided at the unit were in line with the requirements of the trust and the catchment area that it served. This was a collaborative service between the NHS and InHealth which ensured local people had access to timely MRI scanning services.

Patients triaged and placed on either a routine or urgent care pathway for MRI scanning. This minimised any delays in MRI procedures for NHS patients.

The service allocated daily appointment slots for the transient ischaemic attack (TIA) clinic. This was part of a local agreement between InHealth and the trust and ensured patients experiencing a TIA could access urgent scans to inform their treatment.

Signage directing patients to the MRI units was clear, visible and easy to follow. We followed the signs from the main reception to the relocatable unit with ease, although it was a considerable distance away. Patients were provided with appropriate information about their visit, including directions to the relocatable unit if needed.

There was a private changing cubicle in the static unit and lockers for patients to store their clothes and valuables. The relocatable unit had a small changing cubicle with a curtain for privacy. This was located next to the staff room. This offered very little privacy for patients. Staff used the curtains to create a barrier, however it was still possible to hear discussions between staff and patients. We highlighted our concern around patients' privacy and dignity. The service manager agreed and explained that due to the location of the service it was difficult to maintain privacy and dignity at all times. This factor had been considered when designing the MRI units for the new scanner to provide an enhanced patient experience. As a result of our concern, the service displayed posters informing patients to request a private room if required.

Good

Diagnostic imaging

Meeting people's individual needs

The Scanning Centre took account of patients' individual needs. Cultural and specific needs were identified at the booking stage or at the time of the scan. The service had a general anaesthetic list scheduled weekly to cater for children between the ages of six months to six years and for patients with severe learning disabilities or extreme claustrophobia (where other methods of conscious sedation or use of the open magnet referral pathways had failed to provide a diagnostic solution).

Staff confirmed that reasonable adjustments, such as extending appointment times and allowing relatives or carers into the imaging room were made for patients living with a learning disability or dementia.

We observed staff making suitable arrangements to ensure a patient with learning disabilities was accompanied by their carer. During our inspection we observed a carer speaking to a member of staff about the lack of available parking. The carer was due to chaperone the patient for their appointment; however, as they were unable to find a parking space and the appointment time was fast approaching, they were worried they would not be able to perform their duties as a carer. Staff immediately moved some traffic cones obstructing a parking space next to the relocatable unit to allow the carer to park and ensure they were able to attend the appointment to support the patient.

Parents were advised not to bring children under the age of 12 to the centre, unless they were accompanied by another responsible adult. When the patient was a child, the parents or carers were asked to bring the child's favourite toy to keep them occupied and relaxed.

Patients who were to be sedated for their procedure, were advised to make arrangements for a responsible adult to take them home as they were not allowed to leave alone or drive themselves home. Patient information leaflets highlighted activities which patients should not undertake for 12 hours after sedation, including but not limited to driving or operating large machinery, drinking alcohol, exercise and making important personal or business decisions.

Access for disabled people to the service was managed well. Patients were screened during the booking stage to ensure wheelchair users and patients with walking difficulties were booked for a scan in the static unit.

However, when disabled patients were booked on the relocatable unit as a result of an oversight, the service had two allocated parking spaces next to the unit. There was a ramp which allowed wheelchair access to the unit.

Staff offered a wheelchair and a chaperone to patients who presented in the static unit but scheduled for an MRI in the relocatable unit. The units were a considerable distance away from each other.

An interpreting service was accessible at all times for patients who required this. The service used the host trust's interpretation services. The service also had access to a telephone translation service and a British Sign Language interpreter if the host trust language interpretation service was not available.

The service tried to ensure that the service was accessible to all. Although they did not have MRI machines specifically for bariatric patients the scanner could take a patient weighing up to 200kgs. In the event the patient could not be safely scanned, the service referred them to an open MRI scanner within the InHealth organisation located in Croydon.

The service provided verbal information at the booking stage about cost and payment procedures for self-funded patients, so they were aware of the costs before undergoing the procedure.

Access and flow

Patients had timely access to the diagnostic service. Patients with the most urgent needs had their scans prioritised at the radiologist's request for example, patients with symptoms associated with metastatic spinal cord compression. The Scanning Centre had contractual key performance indicators agreed with the trust. The contract was in line with the NHS six weeks diagnostic waiting times. Routine patients were to be scanned within two weeks of the referral being made. We observed that the service aimed to scan routine patients within eight days of the referral being made. From March 2018 to June 2018, 91% of routine patients were scanned within the two-week referral time scale.

The InHealth booking team scheduled appointments for all patients undergoing procedures in the MRI facility. The service manager reviewed the waiting list daily to ensure capacity was adequately available and utilised and patients were booked within the required time scale to avoid breaches. Additional mobile visits were requested

for patients that were approaching their procedure breach date that could not be scheduled into existing availability. During our inspection a mobile MRI unit was present on site to accommodate such patients. Staff told us that the mobile unit was currently operating four days a week in response to increased activity.

Frimley Park Hospital Scanning Centre consistently met the two week wait referral standard agreed with Frimley Health NHS Foundation Trust. The service manager told us the service was meeting the target for scanning urgent patients. The contract agreement was to scan urgent patients within five days of receiving the referral. The service manager said urgent patients were scanned within five days of receiving the referral form. All in-patients were scanned as either urgent referrals, within a four-hour time limit or as routine within 24 hours. Data provided by the service showed that from April 2018 to June 2018, 86% of urgent patients were scanned within seven days of referral.

Appointment cancellations were rare. Staff offered procedure slots to accommodate patient availability and based on key performance indicators. However, when cancellations occurred due to operational issues, such as staff sickness or equipment failure, patients were informed in a timely manner and re-booked to ensure waiting times were not breached. Staff told us the service ran on time and any disruptions were communicated effectively with patients.

From May 2017 to June 2018 the service cancelled 478 procedures for non-clinical reasons. There were 185 cancellations relating to breakdown or equipment failure. This was less than 1% of the total appointments made between June 2017 to July 2018.The most frequent reason for cancellation was machine breakdown.

MRI activity in June 2017 had been affected by 41 hours of machine breakdown and the service had breached its key performance indicators. The service manager had ordered a mobile MRI unit from InHealth. This provided additional MRI services for the months of July and August 2017, helping the service to reduce patient waiting times and meet their key performance indicators in September 2017.

The service also monitored “did not attend” rates on a monthly basis. We observed the did not attend rate was reported to have improved over a three-month period from 5% to 3% in May 2018. This had been as a result of the administration team making additional calls to confirm appointments with patients.

Outpatients were offered a choice of appointment times. Patients we spoke with told us they have been given appointment times that suited them. The service planned to scan outpatients in the morning and inpatients in the afternoons with free slots to accommodate emergency patients and those who wished to have their scans in the afternoon.

Patients were asked if they had a preference for appointment times. Two patients we spoke with said they were pleased with the time they had been given and were offered appointments over the weekend if the weekday was not suitable

Learning from complaints

There were processes to ensure patients and their relatives were made aware of how to make a complaint or raise concerns. There was a poster displayed on the notice board in the main reception area, which explained how to raise concerns.

Patients were encouraged to send written complaints to the Frimley Health NHS Foundation Trust’s Patient Advice and Liaison Service (PALS). Complaints relating to Frimley Park Hospital Scanning Centre were sent to the service manager who was responsible for overseeing the management of service specific complaints. Patients were encouraged to send complaints directly to InHealth’s complaints team as stated within the complaints leaflet.The complaints policy stated that a written response should be sent to the complainant within 20 working days when the outcome of the investigation was known.

From July 2017 to July 2018, the service received one formal complaint which was managed under the formal complaints procedure. The complaint related to the cost of an MRI procedure. A full response from the service was sent to the complainant within 11 days and this was in line with the organisation’s policy. Staff said informal complaints were addressed verbally, as they were reported and if necessary they were escalated to the service manager.

Staff said all complaints were treated seriously and we observed that they were responded to appropriately, in

line with the corporate policy. Lessons learned from concerns and complaints were shared across the organisation via the complaints, litigation, incident and compliments (CLIC) forum and shared with staff at staff meetings. This provided the MRI service with the opportunity to examine the service provided and evaluate clinical practice. Ensuring that a culture of quality improvement and risk reduction existed in line with the overall clinical governance framework. Staff told us patients who were scanned on the relocatable unit had raised concerns about the lack of outdoor lighting in the evenings and through the winter months. The service had taken action and lights had been installed outside the unit to address this concern.

Are outpatients and diagnostic imaging services well-led?

Good

Leadership

The organisation had managers at all levels with the right skills and abilities to run a service providing high-quality, sustainable care. The Scanning Centre had a clear organisational structure with a service manager and three superintendent radiographers. The service manager reported directly to InHealth's operations manager for the south region.

The service manager and operations manager had undertaken a development programme in professional development to enhance their leadership and mentorship skills to better support staff.

Local leaders were knowledgeable about issues and priorities relating to quality and future development. They understood the challenges the service faced, including an increase in demand for MRI scans over the last five years. This issue was being addressed and there were plans to accommodate more patients, with the addition of a second relocatable MRI unit, as well as replacing the static MRI unit with a new one. This was an interim solution, while the Frimley Health NHS Foundation Trust built a new imaging centre, which was due for completion in 2021.

Leaders at all levels were visible and approachable. Staff told us organisational leaders had been more visible on site recently due to the development of the interim unit.

Staff were complimentary of the service manager and said the manager had a holistic knowledge of the service. They said the manager and the superintendent radiographers knew the service well and could answer or resolve most issues.

Vision and strategy

The service had a vision for what it wanted to achieve. The vision was 'to make healthcare better' and was delivered through a set of four values which were: trust, care, passion and fresh thinking.

The values that were used by InHealth staff were called 'the deal' which were an agreement between the employer and employee. We saw this displayed in staff areas for staff to read. 'The deal' stated the organisations commitment to 'personal development, opportunity to do what you love, great place to work, fair compensation and recognition'. It also set out InHealth's expectations, which included 'accountability for your career, commitment and effort; contribution to the organisation, collaboration and teamwork'.

Staff told us their yearly objectives were set against the service values and they incorporated the organisational vision and values in their daily work.

Culture

Managers across the service promoted a positive culture that supported and valued staff. All staff we spoke with told us they could raise concerns and were encouraged and supported by their managers to do so. They felt confident that concerns would be addressed immediately.

Staff told us they were proud to work for the service and the team felt "like a family". We observed positive working relationships between InHealth staff and staff from the host trust.

The service manager reported that there was a clear, open, 'no blame' culture and felt it was supported by InHealth's organisational leaders.

Local leaders addressed behaviour and performance that was inconsistent with the vision and values of the organisation. The service manager told us, there was a process of addressing poor performance. This included

offering additional support in the form of mentoring and training. Performance was to be reviewed over a period of time in relation to the specific needs of the member of staff.

All independent healthcare organisations with NHS contracts worth £200,000 or more are contractually obliged to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data and take action where needed to improve their workforce race equality. A WRES report was produced for this provider September 2017 including data from June 2016 - June 2017.

There was clear ownership of the WRES report within the provider management and governance arrangements, this included the WRES action plan reported to and considered by the Board.

Governance

The service had a comprehensive governance framework that ensured clear lines of responsibilities and that quality and performance were understood and managed. The framework drew upon examples of good practice developed by clinical commissioning groups (CCGs), the Department of Health and the Imaging Services Accreditation Scheme (ISAS).

There were monthly meetings for administration staff and clinical meetings, as well as a joint clinical and administration meeting every three months. There was a set agenda that included updates to national guidelines, local policy and procedures, financial performance and risks. We reviewed minutes from the joint team meeting in May 2018. There was evidence of trend analysis and documentation of actions following a rise in poor performance. For example, MRI activity and 'did not attend' rates were monitored and discussed at the monthly team meetings.

Managing risk, issues and performance

The service had effective processes to identify, understand, monitor and address current and future risks. There was a risk register, which included 42 open risks. Risks were categorised into quality, operations, human resources, health and safety, finance, legal, information governance, IT systems and procurement. We reviewed the risk register and noted that all risks had been reviewed within the last month. All risks were reviewed and updated on a monthly basis. This was in line with InHealth's policy. We saw that all risks had controls in place to mitigate the risks.

Risks were submitted to the head office every quarter for review. Organisational leads had oversight of each centre's risks and performance. The service manager told us when risks were significant and could not be covered by the service's budget, head office could assess the risk, liaise with the service and make arrangements for additional funds to be offered to the service. For example, the outdoor lighting for the relocatable unit had been approved by head office to mitigate risk of compromising patient safety.

The service manager had a clear understanding of risks for the service. The manager was able to confidently describe what was on the service's risk register and how the department was mitigating risk. There was also alignment between the recorded risks and what staff said was on their 'worry list'

Information management

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

InHealth was accredited with ISO 27001 and were audited every six months against the standard on a rolling programme. ISO 27001 is an international standard for an information security management system. This 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.

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

The service manager said the service was paper light with a few referrals made on paper. This meant the service could easily collate and audit the data and use this information to improve the quality of care delivered.

We saw that information from performance and patient outcomes from all InHealth sites were submitted for review by the organisations executive team. All data collated was reported in the monthly governance report,

which was shared with all locations. These were shared with staff locally at the monthly team meetings. Staff said the reports were valuable as they could tell how well the service and the organisation was performing against set targets.

Engagement

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

All staff received a weekly newsletter via email. The newsletter included information about developments at other sites, incidents, risks, and performance information.

The InHealth employee wellbeing and assistance programme offered staff support during times of crisis and ill-health.

An annual staff survey was undertaken to seek views of all employees within the organisation. The survey consisted of 24 questions and included questions such as 'I have the right equipment to do my job' and 'give one improvement we could make to make InHealth a better employer'. Service managers met quarterly at the organisation's head office. This was an opportunity to share recent experiences and best practice. At the last meeting the service manager for the Scanning Centre had planned a site visit to a similar location to observe how the service was run and what good practice they could learn from or share with the other service.

Feedback was received from patients regarding the care that had been delivered through the completion of InHealth's friends and family test (FFT) patient satisfaction surveys. All feedback was reviewed and actions taken to address any suggestions of improvement. This process allowed for a continuous review of the service and to support the implementation of required improvements. An example of a change to the service that was implemented in response to patient feedback, was the adjustment of parking arrangements for patients attending the relocatable unit. The service manager liaised with host trust's estates department to facilitate a review of the parking arrangements to provide two designated parking spaces outside the unit. This benefited patients with mobility issues as the service was based on a large campus and car parking spaces could be some distance from services.

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The centre made use of internal reviews of incidents and complaints. Learning from these reviews was shared with staff at this location and across the organisation to make improvements.

In response to an increase in demand of MRI services, InHealth had entered into a 2.5-year contract with Frimley Health NHS Foundation Trust to provide a second relocatable MRI unit. The unit had been approved to be installed in August 2018 and a replacement of static scanner by October/November 2018 as an interim solution to meet the current and future demand of MRI services.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The service should ensure access to clinical areas is restricted to authorised persons.

The service should ensure sharps are disposed of in line with national guidance.

The service should ensure floors are kept clear of boxes, ensuring effective cleaning and mitigating moving and handling risks.