Haywards Heath MRI Unit

Quality Report

Nuffield Health Haywards Heath Hospital
Burrell Road
Haywards Heath
West Sussex
RH16 1UD
Tel: 01293534043
Website: www.medicalimaging.org.uk/locations/nuffield-hospital-haywards-heath

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

Ratings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Haywards Heath MRI Unit is operated by Medical Imaging Partnership Limited. The service provides magnetic resonance imaging (MRI) diagnostic scans on an outpatient basis. Facilities include a scanning room, a control room, a patient preparation area, one patient changing room, a disabled toilet and an office. The service also shares some facilities with a host hospital, including a patient waiting area.

The service provides diagnostic facilities to young people from 13 years of age and above. However, the service reported they had not scanned any person under the age of 16 since opening.

We inspected the service under our independent single speciality diagnostic imaging framework, using our comprehensive inspection methodology. We carried out an announced inspection on 19 February 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.

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

Nigel Acheson
Deputy Chief Inspector of Hospitals

Overall summary

Services we rate

We rated this service as **good** overall.

We found good practice in relation to diagnostic imaging:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient.
- 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 kept detailed records of patients' care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Summary of findings

- Patients were treated with dignity and respect. The interactions we observed showed staff being professional and compassionate. We heard staff speak to patients in a friendly yet professional manner.
- Referrals were responded to rapidly. Patients could be offered immediate appointments in case of an emergency.
- Timely reporting was monitored and facilitated with IT systems allowing results to pass quickly to referrers. Urgent or unexpected findings triggered an immediate process, ensuring results were seen promptly by consultants.
- Company values had been reviewed and refreshed with staff involvement. Corporate functions supported clinical activity at site level with policies, procedures, resource and effective communication cascaded to ensure that provision met objectives for patient care.
- We found an open and candid approach to incident and complaint management. Staff we talked with understood their role to ensure candour was routinely applied.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

We found areas of practice that require improvement in diagnostic imaging:

- Not all staff working in the clinical area were bare below the elbow.
- Some policies were outdated and in need of review.
- There was no local risk oversight to make sure that there was adequate responsibility, accountability and effective management of current risks at a local level, except for the fire and MRI risk assessments.
- The service was in the process of embedding a formalised staff appraisal programme but this fell below the expected standard of 100% completion.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	The provision of MRI scanning services, which is classified under the diagnostic imaging and endoscopy core service was the only core service provided at this service. We rated this core service as good overall.

Summary of findings

Contents

Good

Location name here

Services we looked at:
Diagnostic imaging

Summary of this inspection

Background to Haywards Heath MRI Unit

Haywards Heath MRI Unit is operated by Medical Imaging Partnership Limited. A mobile MRI unit has been in operation since 2012 under a service level agreement with Nuffield Health Haywards Heath Hospital. Medical Imaging Partnership Limited built a MRI unit within Nuffield Health Haywards Heath Hospital, which opened in December 2015.

The service provides diagnostic MRI scans for patients referred under NHS contract, which includes a local musculoskeletal service and local NHS trusts. The service also carries out insurance and self- pay scans. The service case mix is varied, predominantly musculoskeletal, neurological, gynaecological and abdominal conditions with some use of contrast agents' injections. Contrast agents are used to improve pictures of the inside of the body produced by the MRI scanner.

The unit has had a Registered Manager in post since May 2015. We inspected this service on 19 February 2019. This was the first inspection since Registration in 2015.

Our inspection team

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

Information about Haywards Heath MRI Unit

The Haywards Heath MRI unit is a magnetic resonance imaging (MRI) diagnostic service which undertakes scans on patients to diagnose disease, disorder and injury. The service has a fixed scanner and is located within Nuffield Health Haywards Heath Hospital.

Haywards Heath MRI unit is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

There were two patient pathways operating in the MRI unit; either through the host hospital or through Medical Imaging Partnership Limited. All patients received the same treatment by the same staff regardless of their pathway.

We spoke with six staff including radiographers, a radiographic department assistant, reception staff and senior managers. We spoke with one patient.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the first time the service was inspected since registration with CQC. We found that the service was good for safe, caring, response and well led. We do not rate the effective domain for this core service.

Activity (November 2017 to October 2018):

- The service undertook 3,523 scans during the reporting period. Of these 34% were NHS-funded and 66% 'other' funded.
- The service employed a lead radiographer, a radiographer, a radiographic department assistant and an administrator.

Track record on safety

- No never events
- Clinical incidents: six 'no harm', four 'low harm', no 'moderate harm', no 'severe harm' and no deaths
- No serious injuries
- No incidents relating to duty of candour
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA)

Summary of this inspection

- No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (c.diff)
- No incidences of hospital acquired E-Coli
- Three complaints

Services accredited by a national body:

- The Royal College of Radiologists and College of Radiographers 'Imaging Services Accreditation Scheme'- February 2015 to February 2019

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Maintenance of MRI equipment
- Pathology
- Residential medical officer provision
- Confidential waste removal
- IT services
- Provision of medical equipment
- Pharmacy
- Fire safety
- Meet and greet service
- Hard facilities maintenance

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **Good** because:

- The service provided mandatory training in key skills to all staff and actions were in place to ensure staff compliance.
- Staff were trained and understood what to do if a safeguarding concern was identified.
- Equipment was maintained and serviced appropriately, and the environment was visibly clean.
- Risks to patient were identified and assessed effectively. This was supported by robust safety processes.
- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times.

However:

- Not all staff were bare below the elbows while in the clinical area.

Are services effective?

We do not rate effective, but we found:

- Care and treatment was delivered in line with current legislation and nationally recognised evidence-based guidelines. Policies and guidelines were developed in line with national guidelines and legislation.
- The service paid due care to patients' pain and provided adequate refreshments for the time they used the service.
- The service worked well with internal colleagues, and external stakeholders such as GPs, NHS hospitals and the host hospital.
- Staff had the skills and experience to safely perform scans on patients. Staff were encouraged and given opportunities to develop.
- Staff were aware of how to seek consent from patients and consent was sought during the patient safety questionnaire for all patients.
- The MRI unit was open weekdays between 7.30am to 6.30pm. There were plans to extend opening hours by one hour daily and to open on Saturdays as per demand.

However:

- Not all staff had received a yearly appraisal.

Are services caring?

Good

We rated caring as **Good** because:

Summary of this inspection

- People were treated with dignity, respect and kindness during all interactions with staff. Patients told us their relationships with staff were positive. The service made sure that staff had the time, information and support they need to provide care and support in a compassionate and caring way.
- The service provided sufficient time for staff to develop trusting relationships with people, their families, friends and other carers. Staff noticed when people were in discomfort or distress and took swift action to provide care and support.

Are services responsive?

Good

We rated responsive as **Good** because:

- People's needs were met through the way services were organised and delivered.
- People's individual needs were identified and their choices and preferences were provided for.
- Patients had timely access to diagnostic imaging scanning. The service was responsive to urgent referrals.
- The service used the learning from complaints and concerns as an opportunity for improvement. Staff could give examples of how they incorporated learning into daily practice.

Are services well-led?

Good

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

- Leaders had the skills, knowledge and experience to manage the service.
- The provider had a clear vision and a set of values, with quality and safety as the top priorities.
- The service had a positive culture that was person-centred, open, inclusive and empowering. Leaders, managers and staff had a well-developed understanding of how they prioritised safe, high-quality, compassionate care.
- There were governance frameworks that supported the delivery of good quality care. The service undertook quality audits, and information from these assisted in driving improvement and giving all staff ownership of things that had gone well. Action plans were identified on how to address things that needed to be improved.
- Management systems could identify and manage risks to the quality of the service. The service used the information to drive improvement within the service.
- Electronic patient records were kept secure to prevent unauthorised access to data. Authorised staff demonstrated they could be easily accessed when required.

Summary of this inspection

- There was a strong focus on continuous learning and innovation. Leaders, managers and staff considered information about the service's performance and how it could be used to make improvements and improve innovation within the service.

However:

- We found policies that were outdated and in need of review.
- There was no local risk oversight that was reviewed regularly and assured adequate responsibility, accountability and an effective management of risks at a local level, except for the fire and MRI risk assessments.
- The service was in the process of embedding a formalised staff appraisal programme, but this fell below the expected standard of 100% completion.

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

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We rated safe as **good.**

Mandatory training

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

- The provider had a corporate 'Service and Workforce' policy which was overdue for review in August 2018. The policy stated staff must remain up to date with mandatory training and the quality & compliance manager took overall responsibility for this.
- Training and development included face-to-face and e-learning modules. Staff training records were kept up to date centrally, in a spreadsheet which was accessible to all staff in a read-only format.
- Staff completed 18 mandatory training modules, which included: fire safety, equality and diversity, health and safety, infection prevention and control, safeguarding level one and two (both children and adults), moving and handling, information governance, lone working, basic life support and conflict resolution.
- Two out of four staff had completed all mandatory training modules. One staff member had six training modules which had expired within the past two months. We saw evidence to show face-to-face training was booked. The other staff member had three modules outstanding, but had only commenced employment two weeks prior to inspection.

Safeguarding

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

- There were two safeguarding policies in place for safeguarding vulnerable adults and safeguarding children and young people. If patients were referred by the host hospital, staff followed the host hospital's safeguarding policy. If patients were referred to Medical Imaging Partnership Limited directly, staff followed their own policy (which was overdue for review in October 2018). Both policies were easily accessible to staff.
- The unit had made no safeguarding referrals to the local authority in the 12 months prior to inspection.
- Staff we spoke with demonstrated a good understanding around safeguarding and knew how to contact the safeguarding leads at the host hospital and within Medical Imaging Partnership Limited. Both leads were trained to level three in children and vulnerable adults safeguarding. Advice could be sought by telephone or email.
- We saw 100% of staff had completed their safeguarding training level one and level two in both children and adults.
- The unit did not treat patients under the age of 13 years of age. However, staff had received and completed level two for children and young people. This met intercollegiate guidance: 'Safeguarding children and young people: roles and competencies

for health care workers'. The guidance states all non-clinical staff and clinical staff who have contact with children and young people should be trained to level two.

- Staff demonstrated a good understanding around the Department of Health guidance for the mandatory reporting of female genital mutilation. Staff told us clear guidance was provided within the safeguarding policy.

Cleanliness, infection control and hygiene

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

- The provider had infection prevention and control policies and procedures in place and we found staff were aware of this policy. Staff also received mandatory training in this subject. We saw three out of four staff had completed this training.
- The unit reported no healthcare related infections between November 2017 and October 2018.
- During our inspection we observed all areas within the unit to be visibly clean, tidy and free from clutter. Staff completed daily and weekly cleaning regimes, which included medical devices such as MRI coils. We saw evidence of these cleaning records. If staff noted cleaning had not been recorded, they escalated this to the lead radiographer.
- We observed staff cleaning equipment and the MRI machine after each patient use.
- Staff audited compliance to the infection, prevention and control policies. Sharps audits, infection control audits and hand hygiene audits demonstrated 100% compliance for January and February 2019. The hand hygiene audits measured compliance with the World Health Organisation (WHO) of 'five moments for hand hygiene'. These guidelines are for all staff working within healthcare environments and to define key moments when staff should be performing hand washing, to reduce risk of cross contamination between each patient.
- Staff cleansed their hands appropriately between every episode of direct contact and care. This included before and after the insertion of an intravenous device. However, two out of four members of staff were not bare below the elbow whilst providing direct care to the patient, which could increase the risk of spreading of germs.
- There was access to hand washing facilities, hand sanitiser and a supply of personal protective equipment (PPE), which included aprons and gloves. We observed all staff using PPE appropriately.
- Staff told us patients with a suspected or known infection were scheduled to be scanned at the end of the day. Staff wore PPE, segregated used linen in red bags and used specific disinfectant wipes to clean equipment after patient use. The actions taken by staff prevented the spread of germs.

Environment and equipment

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

- Signage to the waiting room for the MRI unit on the ground floor was clear and easy to follow. All patients reported to main reception and were directed to the waiting room.
- Parking for the unit was suitable and within a short distance from the reception of the host hospital.
- The unit was accessible to patients in a wheelchair or with limited mobility.
- There were appropriate warning notices to advise about the risks of the MRI scanner.
- The unit undertook a risk assessment of the MRI scanner yearly. The latest risk assessment completed in August 2018, showed ongoing risks and how the unit managed these risks. This included mitigations such as ensuring there was always a sliding sheet on the scanner table, in case of an emergency, whereby staff needed to reposition the patient.
- The design and layout of the facilities was sufficient to keep people safe. There was key code access into the MRI unit and the door to the MRI unit was kept locked to prevent unauthorised access. There was a procedure in place to ensure hospital maintenance staff could obtain the code to the door in exceptional circumstances.

- Access to the scanner room was by a locked door and the key was kept by main reception overnight. Staff showed their identification badge and signed when they removed or returned the keys to main reception.
- The scanning observation room allowed visibility of the patient during scanning. There was sufficient space around the scanner for staff to be able to move and for scans to be carried out safely.
- During scanning all patients had access to an emergency call bell, ear plugs and defenders. Music facilities were available. We observed staff speaking to patients through a microphone, which allowed patients to have continuous contact with the radiographer throughout the scan. The scanning room also had a camera that enabled radiographers to have both visual and audible contact to promote patient safety.
- The scanning room had a monitor for room oxygen levels and emergency switches to turn off the mains and magnetic field. These switches were very clearly labelled.
- The environment and equipment were well maintained. Equipment was serviced and maintained in line with manufacturer's guidance on a regular basis and records were kept up to date.
- There was one patient changing room which contained lockers for patients to store their valuables when they were being scanned.
- The unit had a service level agreement in place with the host hospital who had responsibility for managing the building. We were advised that any issues with the physical environment were reported to and dealt with quickly by the host hospital.
- The unit used the emergency trolley provided by the host hospital which was stored a few metres away from the entrance into the MRI unit. Staff from the host hospital took responsibility for checking this daily.
- All relevant MRI equipment was labelled in line with the Medicines and Healthcare Products Regulatory Agency recommendations, which states equipment must be labelled either magnetic resonance safe, magnetic resonance conditional or magnetic resonance unsafe.
- Staff reported if they became aware of a fault with the scanner, they would contact the manufacturer immediately who could access the data remotely and provide advice.
- Fire doors were kept closed and were clearly signposted throughout the unit.Fire escapes were kept clear. Staff told us they had arranged for the local fire brigade to visit recently for a familiarisation tour. We saw a completed fire risk assessment for the MRI unit, dated December 2018. There was one action for completion in March 2019, which related to additional signage of fire exits.

Assessing and responding to patient risk

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

- The MRI unit was located next to the host hospital's radiology department and had access to an on-call radiologist for advice when required.
- The MRI unit had access to the emergency resuscitation team based in the host hospital who would attend in the event of an emergency. The service could telephone an emergency number, and this would facilitate emergency bleep holders in the hospital to respond immediately.
- The MRI unit had access to the resident medical officer from the host hospital who was present on site and available to attend if required.
- Screening procedures were robust and screening questionnaires were scrutinised appropriately by radiographers. Patients referred by the host hospital completed a safety questionnaire once on site. Patients referred directly to the service received this in the post and completed it prior to the appointment.
- The radiographer reviewed the referral form and safety questionnaire before conducting a risk assessment to ensure the patient was safe to enter the scan and understood the safety precautions. We saw evidence of when scans were not commenced due to incomplete details on the referral form.
- Emergency protocols were in place if a scan revealed something requiring urgent medical intervention. Staff gave an example of when a mass was found on a scan,

so the radiographer called the referrer immediately and the patient attended the local NHS hospital following the scan. The service audited their compliance to flagging of radiology reports. Reports were colour coded on the Picture Archiving and Communication System (PACS). Each colour indicated the action required by the radiographer such as red (24 hours to alert referrer), amber (three days to alert the referrer), yellow (call the patient) or green (no action). The audit completed in September 2018 showed 100% compliance.

- There were processes in place to ensure the right person got the right radiological scan at the right time. We saw on display in the unit 'Society of Radiographers' posters to remind staff to carry out their checks.
- There was a standard operating procedure for the management of cardiac arrest in the MRI unit. Staff were aware of this procedure and a mock cardiac arrest scenario was undertaken by the team in October 2018.

Radiographer 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.

- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times. We reviewed the rotas between 26 November and 9 December 2018, which demonstrated actual staffing levels met planned staffing levels.
- There were always two members of staff allocated to the scanner when a list was in progress. This was either two radiographers, or a radiographer and radiographic department assistant. Shifts were 11 hours and staff worked weekdays, from 7.30am to 6.30pm. A lead radiographer, if not on duty, was always available to provide telephone advice.
- The service employed one whole time equivalent (WTE) lead radiographer, a 0.9 WTE radiographer, one WTE radiographic department assistant and one WTE administrator.
- The service reported no vacancies at the time of the inspection.
- The service reported no sickness leave in three months prior to inspection.
- The service reported no use of bank or agency staff in the 12 months prior to the inspection. Planned or short notice absences were covered by the provider's staff pool which prevented the use of bank or agency staff.

Medical staffing

- The MRI unit did not employ medical staff. However, staff had access to the resident medical officer (RMO) provided by the host hospital who was present on site and available to attend if required.
- Staff reported they contacted the RMO for difficult cannulations or when patients became unwell. They could also contact the host hospital's anaesthetist and did this for patients on long term chemotherapy.
- The provider's medical director was a consultant radiologist and staff told us he was available by telephone and email to support them if required. In addition to this, the staff had access to a variety of consultant radiologists and hospital consultants who could advise by speciality such as neurology or orthopaedics.

Records

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

- Patients' individual care records were well managed and stored appropriately. Paper patient referrals, safety questionnaires and prescription charts were scanned and stored electronically with the other patient records.
- Scanned images were all available immediately online. An email was generated to alert the referrers that the report was available. Radiologists in the host hospital and neighbouring NHS trust could access electronic image results instantly.
- The service audited 20 completed patient safety questionnaires yearly. The results of the 2018 audit showed good compliance with patient signature

(95%), staff signature (95%), scanning staff signature (95%) and patient name (95%). However, completion of the patient date of birth (75%), patient's body weight (60%) and positive answers explained (65%) required attention. Recommendations from the audit included: encouraging staff to over report positive answers, introduction of patient detail stickers and a copy of questionnaire was now to be scanned into the PACS. An action plan with clear ownership of each action was in place.

- The service carried out a yearly audit on the referral forms of 20 patients who had undergone a scan. The results of the 2018 audit showed 100% compliance. This meant staff checked to ensure all patient details were available to enable the radiographer to make an accurate risk assessment.

Medicines

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

- Specialist pharmacy support and advice was available through a service level agreement with the host hospital.
- The unit used only a small amount of medicines, such as medication to relax bowels and improve the quality of pelvic scans and contrast agents, which were found to be stored appropriately and were all in date.
- Emergency medicines were available in the control room and on the resuscitation trolley in the event of an anaphylactic reaction.
- Medicines were administered using patient group directions (PGDs). This provides 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 managed in accordance with the Health and Care Professions Council standards of proficiency for radiographers. PGDs were in place for Buscopan and Gadolinium intravenous contrast. There were protocols in place for both medicines. Staff told us appropriately 10% of scanned patients require Gadolinium contrast.
- There were no controlled drugs used or kept by the service.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

- The service had a 'Management of clinical risks' policy which outlined the identification, management and reporting of clinical risks, including individual staff responsibilities.This policy was aligned to national guidance; however, it was overdue for review since October 2018.
- Staff we spoke with understood their responsibilities on how to raise concerns, and how to record safety incidents and near misses using the provider's electronic reporting system.
- The service reported 10 clinical incidents between November 2017 and October 2018; of these, six resulted in no patient harm and four resulted in low patient harm.
- We reviewed two incident reports for the MRI unit and found these to contain comprehensive information. They were fully investigated and appropriate actions were documented. Staff we spoke with knew about these incidents and told us they discussed incidents at team meetings.
- Between November 2017 and October 2018, Medical Imaging Partnership Limited reported nonever events. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systematic protective barriers, which are available at national level and should have been implemented by all healthcare providers.
- The service had a 'Complaints Management' policy, that outlined the duty of candour.Staff were familiar with this. There had been no notifiable safety incidents that met the requirements of the duty of candour between November 2017 and October 2018. The duty of candour is a regulatory duty that relates to

openness and transparency and requires providers of health and social care services to notify patients or other relevant persons of certain notifiable safety incidents and provide reasonable support to that person.

Are diagnostic imaging services effective?

We do not rate effective for this core service. However, we found:

Evidence-based care and treatment

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

- Radiographers followed evidence-based protocols for scanning of individual areas or parts of the body. For example, we saw how slight variations to protocol were introduced based on the NICE guideline [NG65], 'Spondyloarthritis in over 16s: diagnosis and management'. We saw examples of patient pathways, and the most up-to-date guidelines and policies on display in clinical areas and available electronically.
- All new staff signed to confirm they had read and understood the policies relating to their clinical practice. The registered manager was responsible for updating staff with any changes to guidance that may impact on the unit. Prospective changes were also shared at a corporate level.

Nutrition and hydration

Staff gave patients drink to meet their needs.

- Patients had access to a water dispenser and hot drinks machine in the main waiting area. Within the unit, bottled water and biscuits were available to patients.
- Staff reported the host hospital's kitchen could provide food upon request in theory, but they had not had to use this service.
- There were processes in place to support vulnerable patients and consider particular characteristics of patients. For example, staff told us patients with diabetes were scheduled first on the list and their diabetic nurse or GP were informed of their need to fast before the scan. Additionally, elderly patients were booked at the end of the day so they were not required to fast for long periods of time.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

- We observed staff throughout our inspection reassuring and checking if patients were comfortable or in pain during their scans. They were advised to alert the radiographer if they had any concerns. If necessary, their scan could be abandoned or postponed if they were unable to continue. Staff reported this rarely occurred.
- Patients were individually responsible for their own medication. Staff would ask before the scan if they had taken any medication.
- Staff reported if a patient was in pain they could use faster scanning sequences. However, these produced a poorer quality image. For example, a scan of the back could be reduced down from 15 minutes to eight minutes.

Patient outcomes

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

- Audits of the quality of images were undertaken at a corporate level. Any issues were fed back to local services and to individual radiographers for learning and improvement. In November 2018, the unit audited 10 images, which all met the required standard.
- All images were reported through an electronic system within which was an automated retrospective auditing programme called 'Peer Review'. All reporting radiologists had 5% of their workload reviewed and graded through this process. This is in line with The Royal College of Radiologists recommendations. All discrepancies were reviewed by the medical director and learning was shared across the organisation.

Good

Diagnostic imaging

- The service reported to their national accredited governing body. The Royal College of Radiologists and College of Radiographers 'Imaging Services Accreditation Scheme' (ISAS) - February 2015 to February 2019.
- Managers told us audit results were accessible to staff in the internal drive and were discussed at team meetings. Local staff took responsibility to implement recommendations and drive improvement.

Competent staff

The service made sure staff were competent for their roles.

- All radiographers were registered with Health and Care Professional Council (HCPC) and met standards to ensure they were delivering and providing safe and effective service to the public. All clinical staff were required to re-register every two years in accordance with HCPC, meaning staff were expected to maintain their own continuing professional development (CPD). Staff told us professional registration was checked prior to employment, and then quarterly.
- Medical Imaging Partnership Limited provided all staff with two-week corporate induction programme. Staff at Haywards Heath MRI unit also completed the host hospital's corporate induction. Progress against the induction was monitored at six and 12 weeks to ensure staff had completed the necessary modules such as fire safety, emergency alarms, internal systems and policies.
- Staff from the provider's other locations who came to work there were given a local induction of Haywards Heath MRI unit. Staff were given a site guide which included useful contact numbers, process on arrival to the hospital, outline of equipment checks and troubleshooting.
- New staff to the unit undertook a probationary period of three months, whereby they worked alongside a radiographer on every shift. Staff were expected to complete specific core competencies within three months of employment and advanced competencies within nine months of employment. All staff completed this, regardless of their previous experience.
- Only 33% of clinical staff had received an appraisal within the 12 months prior to inspection. Management told us the appraisal process had recently been reviewed, changed and implemented and had no concerns about obtaining 100% compliance within the next 12 months.
- Radiographers reported they had regular contact with consultant radiologists and referrers to discuss cases, monitor image quality and discuss any cases requiring recalls.
- Medical Imaging Partnership Limited rotated staff through other locations to expose radiographers to a wide range of practices in imaging techniques. This supported the radiographer's professional development.
- Staff told us they had the opportunity to attend relevant courses to their role and felt very supported by the organisation and managers to attend the courses. One member of staff was being sponsored to undertake a course to become a radiographer.

Multidisciplinary working

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

- The service had good relationships with other external partners and undertook some scans for local NHS providers. We saw good communication between services and there were opportunities for staff to contact refers for advice and support.
- The service worked closely with the host hospital and felt supported when they needed additional advice. Staff told us they all worked well as a team and ensured patients journey went smoothly between the service.
- Staff we spoke with said they felt they could contact anyone from the host hospital anytime when they required advice.
- The service had access the to host trusts resuscitation team who would assist with patient care if there was a medical emergency.
- Staff could also contact the host's hospital safeguarding lead or infection, prevention and control lead for advice.

Good

Diagnostic imaging

Seven-day services

- Appointments were flexible to meet the needs of patients. They were available at short notice. Patients were also able to call the unit and request a time and date to suit their availability, which the unit tried to accommodate.
- The was opened five days a week, Monday to Friday 7.30am to 6.30pm. Management reported there were plans to increase the opening hours by one hour a day and to open on Saturdays to meet demand as necessary.

Health promotion

- Patients who may need extra support were identified during the safety questionnaire and family members or carers were permitted to accompany them in the scanning room.
- The MRI information folder in the waiting room had limited information for patients. It contained the provider's statement of purpose and one leaflet outlining the what the scan would entail.
- Information and advice leaflets was also sent out to the patients through the post, along with their MRI checklist and appointment details.

Consent and Mental Capacity Act

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

- The service provided staff with training on the Mental Capacity Act which staff completed every three years. Two out of four staff had completed this training, however of these one member of staff was booked onto the training in the near future and one member of staff was due to complete this training during their induction.
- The service correctly used a MRI safety consent form to record patients' consent, which also contained their answers to safety screening. A consent policy with national guidance was available for all staff on the intranet.
- We observed staff obtaining consent to treatment and re-reviewing the MRI checklist to ensure the patient had understood the questions and the answers were accurate.
- Staff reported issues around patient's capacity were normally escalated upon booking the patient and additional information obtained from the patient's consultant or GP. If a patient was unable to consent, staff reported they would not go ahead with the scan and seek advice from the lead radiographer.

Are diagnostic imaging services caring?

Good

We rated this service as **good.**

Compassionate care

People were treated with dignity, respect and kindness during all interactions with staff. Their relationships with staff were positive.

- Staff took the time, where possible to interact with patients and those close to them in a respectful and considerate manner. Staff were encouraging, sensitive and supportive to patients and those close to them. They understood and respected patient's personal, cultural, social and religious needs, and took these into account. We saw staff explain how each sequence would have intervals, say how long the process would last and reassure patients.
- Staff made sure that patients' privacy and dignity was respected. For example, staff would ask patients to change in a dressing room and highlighted that if they needed any help they could call for support. Staff also made patients aware that they would be watched during their examination.
- We heard examples of when staff had gone out of their way to support patients who were distressed or felt overwhelmed by their experience. We also saw an example where a member of staff stood by the patient and reassured them until they felt comfortable in the MRI machine. Staff maintained constant communication and reassurance during the scanning

process to reduce distress. This met NICE QS15 Statement 2: 'Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills'

- We spoke with three patients and one relative and all said they had been very happy with the service they had received. One person described the service as "brilliant" and as "having a quick turnaround". None of the patients we spoke with raised concerns about their treatment. All people said they had been treated with care, compassion and respect.
- Patients referred through the Medical Imaging Partnership Limited pathway had the opportunity to complete feedback through a survey tool and indicate their likelihood to recommend the service. The feedback tool used an electronic based form. However, results had not been collated for the past three months as the service had changed their feedback form and was undergoing a roll-out process.
- Patients referred through the local hospital did not have a direct method to feedback to this service. The feedback process was offered as a part of the local hospital's general satisfaction questionnaire, of which there was an item that indicated the level of patient satisfaction received from the diagnostic services. The service assured themselves of patient satisfaction by monitoring complaint and compliment trends, as well as through informal feedback pathways. These included 'thank you' cards and asking patients if they had a positive experience. If the patient was not happy with the service offered, staff would support patients in raising a complaint.

Emotional support

The service made sure that staff had the time, information and support they need to provide care and support in a compassionate and person centred way.

- Staff were sensitive to the impact that a patient's care, treatment or condition had on their wellbeing and on their relatives, both emotionally and socially. Staff were aware patients attending the service were often feeling nervous and anxious and explained how they could support them by listening to their concerns and trying to facilitate the diagnostic procedure. This met NICE QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and addressed.
- Patients felt secure and safe by the way staff provided answers to their questions and demonstrated a calm and reassuring approach. One patient described how they were supported by staff. The patient was very anxious prior to attending their appointment and described how the member of staff had spoken to them with compassion and ensured that they had understood information to lessen their concerns.
- Staff were supportive to patients who suffered from claustrophobia. Staff took the time to support patients emotionally, as well as being by their side during practice runs. This allowed patients to experience what it was like to undergo the procedure. We heard examples of staff teaching patients to focus on their breathing and supporting them emotionally during procedures.
- Staff told us, if a patient or family member became distressed, rather than provide support to them in an open environment, staff could take them in to a private room to talk to them to assist them to maintain their privacy and dignity.

Understanding and involvement of patients and those close to them

The service provided sufficient time for staff to develop trusting relationships with people, their families, friends and other carers. Staff understood the importance of involving partners in care and took swift action to provide care and support.

- Staff communicated with patients to ensure that they understood their care, treatment and condition. Staff took the time to explain the procedure and what would happen during their appointment to both the patient and anyone accompanying them.
- We heard how staff would involve carers and external agencies such as care homes when planning and preparing the scan. Staff explained the process and safe procedures for the scan to go smoothly.
- Staff recognised when patients and their relatives needed additional support to help them understand

and be involved in their care and to enable access. This included explaining procedures and reassuring both patients and their families of the processes that would occur during their stay at the service. This met NICE QS15 statement 5: Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.

- Staff made sure that patients and their relatives could find further information or ask questions about their care and treatment. There were leaflets available about the scans offered.
- Relatives or carers were permitted to remain with the patient for their appointment if this was necessary. We saw how the service ensured patients felt comfortable and emotionally well by having their carers and partners with them.

Are diagnostic imaging services responsive?

Good

We rated this service as **good**

Service delivery to meet the needs of local people

People's needs were met through the way services were organised and delivered.

- Information about the needs of the local population was used to inform how services were planned and delivered. The service provided diagnostic MRI scans for patients referred under NHS contracts which included a local musculoskeletal (MSK) service and local NHS trusts. The service also carried out insurance and self-pay scans. The service case mix was varied with predominantly MSK, neurological, gynaecological and abdominal conditions.
- The service was accessible. It was located near established public transport routes and there was accessible car parking for patients who wished to travel in their vehicles.
- The facilities and premises were appropriate for the services that were planned and delivered. Facilities included a scanning room, a control room, a patient preparation area, one patient changing room, a disabled toilet and an office. The service also shared some facilities with a host hospital, including a patient waiting area. There was sufficient comfortable seating, disabled access toilets and coffee and tea services.
- Patients were provided with information in accessible formats before appointments. Appointment letters contained information required by the patient such as contact details, a map and directions. The letter also informed patients about the diagnostic screening procedure, including any preparation and contraindications. The appointment letter asked patients to call in if they had any queries.
- All appointments were confirmed prior to the patient's appointment by telephone. This helped reduce the number of 'did not attend' (DNA) and provided an opportunity for the patient to ask any questions they may have. Should a patient not be verbally contacted prior to their appointment, for example where a message had been left for the patient on an answer machine, the patient was asked to call the service to confirm their intention to attend the appointment.
- We were told that the referral process facilitated the service's preparations should the patient have any communication or disability needs, and helped identify best ways to support patients' needs in cases of ill mental health. A note was added to the patient's file so that when the patient attended, staff were aware of their needs. For example, there was a flagging system for patients with dementia and work was being done to further develop this system using the butterfly scheme.
- Staff were confident and competent assisting patients who required assistance with their mobility. We heard how patients who had identified mobility concerns were provided with mobility chairs and how staff assisted patients in safe transfers to and from the scanner.
- The changing room was assessed for suitability prior to its use and provided privacy and dignity. There was sufficient space in the changing room for individuals accompanying the patient.

Meeting people's individual needs

Good

Diagnostic imaging

People's needs were identified, including needs on the grounds of protected equality characteristics, and their choices and preferences and how these were met. These activities were regularly reviewed and drove service development.

- Patients' individual needs were accounted for. Staff delivered care in a way that took account of the needs of different patients on the grounds of age, disability, gender, race, religion or belief and sexual orientation. Staff had received training in equality and diversity. They had a good understanding of cultural, social and religious needs of the patient and demonstrated these values in their work.
  - The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss. The main reception area had a low-level reception desk and the facilities provided hearing loop technology.
  - Reasonable adjustments were made so disabled patients could access and use services on an equal basis to others. All patients were encouraged to contact the unit if they had any needs, concerns or questions about their examination. The referral process also identified patients who could not access this service if they were unable to transfer from a chair to a bed with minimal assistance. The Medical Imaging Partnership Limited (MIP) central referral centre would be advised if this happened and a location that could accommodate the patient would be found. If this was not possible, the referrer would be contacted and a suggestion of an alternate diagnostic screen would be arranged.
  - The service had a system in place for managing the needs of patients living with dementia or learning disability. This allowed staff enough time to encourage and engage with the patient, as well as support the people who came with them. Staff making the referral could add an alert which related to a patient's medical condition. This was in line with NICE QS15 Statement 9: Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.
  - Patients had access to interpreters if the service was informed prior to the appointment. In a clinical emergency, the service enabled staff to use a family member to translate at the radiographer's discretion.
  - We were told how Medical Imaging Partnership Limited provided support and training to clerical staff to communicate with patients, or assisted if they had questions or concerns. Communication training was also offered to the clinical staff.
  - Staff listened to patient's individual needs and made them comfortable during the MRI scan. Patients were given an emergency call buzzer to allow them to communicate with staff should they wish. Microphones were built into the scanner to enable two-way conversation between the radiographer and the patient. Patients were also provided with 90-degree glasses and eye masks to reduce the feeling of claustrophobia, and could listen to the music or radio station they would like to hear during the scan.

Access and flow

Patients had timely access to diagnostic imaging scanning.

- The service worked closely with Medical Imaging Partnership Limited and the host hospital to improve the quality of the service provided. The service could access other MIP MRI units, with the objective of reducing the turnaround times for patients, as well as providing flexibility to patients' location preferences.
- Referrals from the host hospital were booked through their booking system and then transferred onto Medical Imaging Partnership Limited systems. All other referrals were processed via the Medical Imaging Partnership Limited online referral portal to the central MIP referrals management team or via telephone, fax or email. Referrals were checked to ensure contact could be made with the patient and then the referrals management team contacted the patient to offer the earliest appointment on a date and location that suited them.
- Referral to appointment times were 100% in July 2018, 77% in August 2018 and 100% in Sept 2018. Targets set by the service were identified as two working days for private patients referred by the host hospital. There was also a walk in service for some clinics at the host

hospital and patient choice was respected should a patient choose a date beyond the two days. For musculoskeletal patients, the contractual requirement was to arrange an appointment within two weeks of the referral for routine patients and within 5 days for urgent scans.

- Referrals were prioritised by clinical urgency. Urgent appointments were accommodated as quickly as possible and arrangements made for expeditious reporting. However, slots were not held for clinically urgent referrals and were offered on the first available appointment.
- Should the need arise to add an urgent referral into the waiting list when no appointments were available, the unit manager would assess appointments filled by routine, not urgent, examinations and rebook patients to make room for the clinically urgent case. The rebooked patient would be given the next available appointment to suit them.
- There were 88 planned procedures cancelled or delayed for non-clinical reasons between November 2017 and October 2018. The most frequent reason for cancellation was due to equipment failure, such as scanner break down.
- Appointments ran to time. Reception staff would advise patients of any delays as they signed in. Staff would keep patients informed of any ongoing delays.
- Reporting on scans was carried out within expected timeframes. The service had an overall reporting time for scans within five days of 90.64% in 2018 (against a target of 90%). This was a reduction from 93% in 2017, and represented a 0.84 day increase in average reporting time in 2018. The service had identified this as an improvement point and recommended a re-audit in September 2019.
- The service's average reporting time in days for speciality of scan was 2.05 days for musculoskeletal (MSK) patients and 4.75 days for severely injured/ neurological patients (2018). Compared to 2017, this represented an improvement in reporting time for MSK patients of 1.2 days, and a decrease of 2.87 days reporting time for severely injured/ neurological patients. Additionally, staff told us all urgent scans were reported within 24 hours.
- Timely reporting was monitored and facilitated with IT systems allowing results to pass quickly to referrers. Urgent or unexpected findings triggered an immediate process, ensuring results were seen promptly by consultants, or within five days if not urgent.

Learning from complaints and concerns

The service used the learning from complaints and concerns as an opportunity for improvement. Staff could give examples of how they incorporated learning into daily practice.

- Patients we spoke with told us they knew how to make a complaint or raise concerns about the service. Additionally, a patients' guide to making comments, compliments and concerns was available in the main waiting room. Staff would also provide these to patients upon request or when staff recognised its need.
- MIP had an effective complaints and management policy and procedure. This policy covered topics such as roles and responsibilities, complaints management, duty of candour, investigation and learning outcomes. Staff were trained to acknowledge and comply with this process.
- Patients referred through the host hospital were advised to raise concerns or complaints with the host hospital. We were assured Haywards Heath MRI unit had oversight of any complaints raised with the host site, as the lead radiographers met regularly to discuss service performance and any concerns. We also heard how both sites worked together to provide a response to a patient's concern and reviewed processes so that it would not happen again.
- The service received three complaints between November 2017 and October 2018. The service did not formally record any compliments during this period of time. However, we saw 'thank you' letters from both patients and referrers complementing the service.
- All three complaints were managed under the formal complaints process, with two complaints being upheld. We saw evidence of learning and changes to the service following the complaints.
- The registered manager was responsible for overseeing the management of complaints at the service. Complaints and trends were reviewed through

the MIP governance framework and reported to the executive management team and board on a regular basis. We saw evidence in the team meeting minutes that learning from complaint investigations was discussed and recorded, and learning was shared both from on-site complaints, as well as organisation wide complaints.

Are diagnostic imaging services well-led?

Good

We rated this service as **good.**

Leadership

Leaders had the skills, knowledge, experience and integrity to manage the service.

- Medical Imaging Partnership Limited was a provider of diagnostic radiology services to both NHS and private patients. The company was formed by experienced operators of clinical services and continued to have a wide range of clinical, financial and operational expertise at board level.
- The executive team of Medical Imaging Partnership Limited comprised a Chief Executive Officer, Finance Director, Medical Director and Heads of Operations for three geographic locations divided into Sussex, London and Stockport and a Chief Information Officer. All team members had experience in the imaging sector. The combined experience contained within the executive team provided assurances of knowledge, skills and experience necessary to manage the service.
- The service employed a part-time (0.5 whole time equivalent) unit manager. The manager, who was also the registered manager for the location, was also the lead radiographer for the service.
- The manager was knowledgeable in leading the service. They had a clinical background which enabled them to understand the clinical aspects of the service, as well as being familiar with Medical Imaging Partnership Limited policies, procedures and governance. They understood the challenges to quality and sustainability that the service faced, and together with the senior leadership team, had pro-active ongoing action plans in place to address them.
- The registered manager was fully aware of the scope and limitations of the service, based on the size, numbers and type of staff, and type of work booked. All staff told us leaders were keen to develop the service to ensure the patients received a quality service.
- Staff we spoke with found the registered manager to be approachable, supportive, and effective in their role.
- We saw there was succession planning that assured the continuity of services and sustained compassionate, inclusive and effective leadership. There was a clear identification of who was responsible for the service in the absence of the manager and how the service continued to operate in this case.
- Company strategy was to ensure a safe, high quality sustainable service. The organisation had recently restructured, after individual consultation with staff, to ensure its ability to offer best value to clients. They used the following as their values:
- We care – for patients, colleagues & customers, about every step of the journey
- We work as one – we can rely on each other and deliver on time
- We want to be the best – we always strive for excellence and highest quality
- We trust each other and you can trust us
- We deliver value for patients, stakeholders and customers
- Happiness matters – for patients, staff and customers
- Staff were still not fully aware of the vision and values but understood the strategy and their role in achieving them.

- The manager also identified the need to continue to grow the services they provided. We saw how the service had invested in their teams, infrastructure and approach to quality, to ensure they could continue to deliver on their key quality goals.
- Corporate functions aimed to support clinical activity at site level with relevant policies, procedures, resources and effective communication. Messages were cascaded to ensure that service provision met the objectives for patient care.
- Medical Imaging Partnership Limited operated a collaborative approach to diagnostic imaging, working with host site clinicians, local NHS providers and independent providers to keep the patient at the heart of their service. The collaborative approach to imaging services was designed to future proof the service and support local pathways of care. The strategy was monitored through the integrated clinical governance meeting.

Culture

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

- The registered manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with told us they felt well looked after, safe and enjoyed working in the service.
- Staff told us Medical Imaging Partnership Limited management were visible and approachable. Due to the small size of the team and shift patterns, innovative ways of communicating had been introduced, including the use social media for general communication and interest groups.
- The service's culture was centred on the needs and experience of patients. This attitude was clearly reflected in staff we spoke with on inspection.
- Equality and diversity was promoted. We saw this highlighted through the equality impact statement and workforce policy. Inclusive, non-discriminatory practices were part of usual working.
- The provider had a whistle blowing policy and duty of candour policy which supported staff to be open and honest. Staff described the principles of duty of candour to us and how they attended duty of candour training. Staff were aware how they could raise concerns both informally and through the Medical Imaging Partnership Limited Freedom to Speak Up Guardian.
- Staff had regular informal meetings with their manager. However, the annual appraisals process had recently been reviewed to identify continuous professional development and personal development plans. None of the members of staff had yet completed an annual appraisal.

Governance

There were governance frameworks to support the delivery of good quality care. The service undertook quality audits, and information from these assisted in driving improvement and giving staff ownership of things that had gone well and action plans on how to address things that needed to be improved.

- We saw how relationships with the host hospital and third- party referrers were governed and managed effectively to promote person centred care. This was evidenced through the integrated governance committee (IGC) meeting minutes and through the service level agreement with the host hospital.
- The IGC was led by a clinical and operational lead, a governance lead, an information technology lead and the financial lead. Additionally, it was attended by a range of healthcare professionals with expertise in the safe provision and delivery of imaging services. The radiology clinical manager of this service was a part of, and regularly attended, this meeting.
- The IGC structure allowed for effective monitoring, review and shared learning. Feedback and actions from performance and discussion of local incidents were fed into processes at a corporate level. We saw evidence of this process in the IGC meeting minutes.
- IGC meetings were held every month, had a standardised agenda and were in-line with the agreed terms of reference. There was a standardised approach to these meetings and the minutes we looked at showed actions were reviewed appropriately and in a timely manner.

- Staff were clear about their roles and understood what they were accountable for. All clinical staff were professionally accountable for the service and care that was delivered within the unit. We heard examples of staff accountability through the action points identified in the monthly team meeting minutes.
- Working arrangements with partners and third-party providers were managed effectively. For example, there was a service level agreement with the host hospital. Monthly quality and contract meetings supported a close and good working partnership between both sites.
- The registered manager participated in these meetings and was the governance and quality monitoring lead for the service.
- There were processes in place to ensure staff were fit for practice. For example, they were required to be competent and hold appropriate indemnity insurance in accordance with The Health Care and Associated Professions (Indemnity Arrangements) Order 2014.
- The service had five policies that were out of date. The policies we saw were out of date were: the 'Service and Workforce' Policy, Management of Clinical Risk Policy, Complaints Management Policy, Protection of Adults at Risk Policy and Major Incident and Business Continuity Policy. Two policies were due for review in August 2018, two in October 2018 and one in November 2018. However, we were told how Medical Imaging Partnership Limited lost core staff in December 2017 and that during the summer period of 2018, there was a change to the senior management structure. This had an impact on governance arrangements such as policy reviews. We were told, and saw evidence in the November 2018 IGC meeting minutes, that the (now established) senior management structure would support the review and update of these policies.

Managing risks, issues and performance

Management systems could identify and manage risks to the quality of the service. The service used the information to drive improvement within the service.

- We saw evidence of a local risk assessment system in place, with a process of escalation onto the corporate risk register. However, there was no ongoing local risk management. Monitoring of local risk was done based on the local risk assessment tool, which was reviewed every year and covered fire risk and MRI risk. This tool was last reviewed in August 2018 and was due for review in August 2019. This system was not robust enough and reviewed often enough to ensure adequate responsibility, accountability and an effective management of current risks at a local level.
- The registered manager and staff were all aware of patient risk related matters, such as safeguarding, reporting of incidents, policies for safe practice and safe capacity. These documents were all readily available for consultation through the site file, as well as through the Medical Imaging Partnership Limited intranet page.
- Performance was monitored at both a local and corporate level. Performance dashboards and reports were produced, which enabled comparisons and benchmarking against other services. Information on turnaround times, 'did not attend' rates, patient engagement scores, incidents, complaints and mandatory training levels were monitored.
- We reviewed the corporate risk register but there was not sufficiently robust to ensure the senior leadership team were aware of the risks, mitigations and timely resolution to the issues raised at each locality.

Managing information

Electronic patient records and policies were kept secure to prevent unauthorised access to data. Authorised staff demonstrated they could be easily accessed when required.

- The service was aware of the requirements of managing a patient's personal information in accordance with relevant legislation and regulations. The Clinical and Administrative Records Management Policy, ratified in July 2018, reflected the change in laws surrounding the updated General Data Protection Regulation (GDPR) 2018.
- Staff viewed breaches of patient personal information as a serious incident and would therefore manage this as a serious incident and escalate to the appropriate bodies.
- We were assured that the service correctly managed data and sustained data information to prevent breaches of data or information misuse. Processes

ensured that information used to monitor, manage and report on quality and performance was accurate, valid, reliable, timely and relevant. The picture archiving and communication system was included in this process.

- Staff had access to Medical Imaging Partnership Limited policies and resource material through the internal computer system. This included training modules on information governance, as well as access to policies such as the Clinical and Administrative Records Management Policy and Privacy, Respect and Dignity Policy.
- The registered manager knew and identified effective arrangements to ensure data and notifications were submitted to external bodies as required.
- There were sufficient computers available to enable staff to access the system when they needed to.

Engagement

The service involved people, their family, friends and other supporters in a meaningful way. The service collaborated with partner organisations effectively.

- Engagement with project groups, regular one-to-one meetings, company days and team meetings were used to obtain feedback and steer changes.
- Regular meaningful communication with commissioners on contract performance ensured service delivery met patient need.
- There was regular engagement with commissioners and the host hospital to understand the service they required and how this could be improved. This produced an effective pathway for patients. The service had a good relationship with the local hospital and NHS partner.
- Patients' views and experiences were gathered. Patient surveys were in use and the questions were sufficiently open ended to allow patients to express themselves. However, the service had not compiled data for the latest feedback comments to identify drivers for improvement.
- Employee engagement was measured through an annual employee survey. In response to the survey, action plans were developed and progress against the plans was measured on a regular basis.
- The service had access to a Medical Imaging Partnership Limited Freedom to Speak Up Guardian. The role was independent and reported directly to the CEO, and they attended quarterly information governance meetings.

Learning, continuous improvement and innovation

There was a focus on continuous learning at the organisation. Leaders, managers and staff considered information about the service's performance and how it could be used to make improvements and drive innovation.

- The team had monthly meetings to discuss governance requirements which applied to all units, including: incidents, complaints, scan reports, health and safety issues, delivery against the business plan, information governance issues, what went well and what didn't go so well. Issues relevant to the service were discussed and actioned as a team.
- Staff could provide examples of improvements and changes made to processes based on patient feedback, incidents and staff suggestions. For example, following an incident where a patient complained about burns to his arm during a procedure, the team strengthened its communication and expectations of pain tolerance during MRI scans.
- The service had a five-year operational development plan to improve cancer care. We heard of two initiatives involving private partners that were aimed at developing new treatment pathways for cancer patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The service should review and update all out of date policies.
- The service should consider a strategy for local risk oversight that is reviewed regularly and assures adequate responsibility, accountability and an effective management of all current risks at a local level.
- The service should provide all staff with a yearly appraisal.
- The service should compile and use data from their formal patient feedback forms to identify drivers for improvement.