InHealth

QUALITY ACCOUNT

2022 / 2023

InHealth | MAKING HEALTHCARE BETTER

Contents

Part 1

Statement on quality from the Chief Executive of InHealth

Introduction from Geoff Searle, Chief Executive

During 2022-23, InHealth has continued to experience strong growth and expand the services and locations where we deliver healthcare, with our focus remaining firmly on delivering high quality care to all our service users throughout the UK.

This year's Quality Account gives the opportunity to highlight the quality improvement and patient safety activity across the year and I am very pleased to say that the last 12 months have been productive and aligned with the core NHS initiatives of Learning from Patient Safety Events and Patient Safety Incident Response Framework.

Our clinical governance framework aligns our patient safety policies and processes with the fundamental standards of our primary regulator, the Care Quality Commission. They continue with their independent sector diagnostic inspection programme, and we welcome their scrutiny to enable us to demonstrate the quality of our services and the staff who deliver them. The CQC have undertaken unannounced or short notice inspections of several of our services across the year.

In summary, across 11 CQC inspections, 91% have been awarded an overall rating of at least GOOD, with the remainder highlighting clear areas of focus for the coming year and several services rated as OUTSTANDING in a single domain. I am very proud of these results and the well-trained and committed staff who have delivered them.

With our ongoing, strong partnership with the NHS, we have successfully rolled out a nationwide programme of Targeted Lung Health Checks, delivered through state-of-the-art mobile facilities, which are already supporting patients with early diagnosis of lung cancer that means access to earlier intervention and improved outcomes.

We have also expanded AAA screening services, delivering community events that have enabled local populations to access this important service closer to home.

We have expanded our scope within the Quality Standard for Imaging accreditation to include our MRI services in Community Diagnostic Centres and have built a comprehensive audit programme that will ensure we achieve compliance with the standard.

Once more, over the course of 12 months, our ability to invest in new capital equipment and building programmes has continued and we have not only expanded our fleet of mobile imaging services but made significant progress with our ambitious programme of building and staffing Community Diagnostic Centres across the country.

This year, we also announced the creation of a new organisation, TAC Healthcare, which brings together two like-minded and complimentary businesses, both passionate about; providing excellent patient care, investing in technology and innovation to improve patient experiences, improving accessibility and creating value for money, while helping the NHS to reduce waiting lists.

Considering these achievements, and many more across our range of services, in 2022/23 we were providing a test, scan or treatment for more than 4 million people from over 850 sites across the UK, the majority of these to NHS patients and service users.

Having also carried out our annual InHealth Staff Survey in 2022, which saw a 71% response rate and an overall staff engagement score of 78% - we recorded the highest engagement score that InHealth has ever received.

This year, the annual Quality Account has given me the opportunity to look back on the previous year and reflect on the fantastic work and effort that our 3,500 staff have put in to delivering quality services for patients. I am pleased to report on our progress against our priorities in this Quality Account, which incorporates and takes account of all the requirements of the Quality Account regulations where relevant. I declare that to the best of my knowledge, the information in this document is accurate.

Geoff Searle
Chief Executive Officer

Quality Accounts: Definition and Purpose

As required under the Health Act 2009 (legislation.gov.uk) and subsequent Health and Social Care Act 2012: fact sheets - GOV.UK (www.gov.uk), providers of services under an NHS standard contract that meet the necessary staff number and turnover thresholds are required to publish a Quality Account for the NHS 2022-23 financial year.

Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of services they deliver.

The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare provider organisations to give a detailed statement about the quality of their services.

It allows leaders, clinicians and staff to demonstrate their commitment to continuous, evidence-based quality improvement, and to explain their progress to the public.

InHealth's Quality Account aims to be both retrospective, commenting on the progress made during the previous year and forward looking, detailing our commitments and plans for improvement during 2023/24.

InHealth is committed to being open and honest in our reporting and where applicable compliant with NHS reporting requirements and guidance. The InHealth Clinical Quality Team have participated in training and review sessions with the NHS England » National Quality Board in 2022-23 as they undertake a review of Quality Accounts to determine how they could be improved and updated. This activity underpins the readiness of the team for the anticipated changes to Quality Account requirements that may come into effect for 2023-24.

Part 1

Glossary of Terms

AMRC	Academy of Medical Royal Colleges
BCIS	British Cardiovascular Intervention Society
BIR	British Institute of Radiology
CDC	Community Diagnostic Centre
CHIS	Child Health Information System
CMO	Chief Medical Officer
CoRIPS	College of Radiographers Industry Partnership Scheme
CT	Computed Tomography
CQC	Care Quality Commission
CQC IRMER	CQC team responsible for overseeing ionising radiation incidents
CQSC	Clinical Quality Sub-Committee
DESP	Diabetic Eye Screening Programme
DoC	Duty of Candour
DSP	Data Security and Protection Toolkit
ECG	Electrocardiogram
eGFR	Estimated glomerular filtration rate (kidney function)
ELfH	E-learning for Health
ENT	Ear, Nose and Throat

FSUG	Freedom to Speak Up Guardian
GMC	General Medical Council
HCPC	Health and Care Professions Council
HIS	Healthcare Improvement Scotland
HIW	Healthcare Inspectorate Wales
HPA	Health Protection Agency
HSE	Health and Safety Executive
IHR	InHealth Reporting
IPC	Infection Prevention and Control
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
IRR	Ionising Radiation Regulations
ISCAS	Independent Sector Complaints Adjudication Service
ISO	International Standards Organisation
LFPSE	Learn From Patient Safety Events
LRMS	Local Reporting Management Software
MAC	Medical Advisory Committee
MAG	Medical Advisory Group
MHRA	Medicines and Healthcare Products Regulatory Authority

MMG	Medicines Management Group
MPE	Medical Physics Expert
MRI	Magnetic Resonance Imaging
MRP	Magnet Responsible Person
MRSE	Magnetic Resonance Safety Expert
NHS	National Health Service
NHSE	National Health Service England
NMC	Nursing and Midwifery Council
NRLS	National Reporting and learning System
OCT	Optical Coherence Tomography
OEM	Original Equipment Manufacturer
PACS	Picture Archiving and Communication System
PET-CT	Positron Emission Tomography and Computed Tomography
PGD	Patient Group Direction
PHSO	Parliamentary and Health Service ombudsman
POCT	Point of Care Test
PSD	Patient Specific Direction
PSII	Patient Safety Incident Investigation

PSIRF	Patient Safety Incident Response Framework
QQR	Quarterly Quality Report
QRR	Quarterly Risk Report
QSI	Quality Standard for Imaging
RCA	Root Cause Analysis
RIDDOR	Reporting of Injuries, Disease and Dangerous Occurrences Regulations
RPA	Radiation Protection Advisor
RPG	Radiation Protection Group
RPS	Radiation Protection Supervisor
RWA	Radioactive Waste Advisor
SI	Serious Incident
SOP	Standard Operating Procedure
SUS	Secondary Uses Service – NHS Digital
TLHC	Targeted Lung Health Check
UK	United Kingdom
XRM2	InHealth Patient Administration and Booking System

Part 2

Priorities for improvement and statements of assurance from the Board

2.1 Priorities for improvement 2023/24

InHealth's Clinical Governance Framework is the foundation of our clinical quality, patient safety and assurance programme. We continue this strong foundation with the aim of ensuring that the best possible standards of care and service are provided to those who access our services.

Our framework ensures that there is an effective bidirectional flow of information related to clinical quality, patient safety and continuous quality improvement between our board and clinical frontline teams.

We have identified 5 key priorities for improvement during 2023/24, which are all aligned with this framework and CQC's fundamental standards and are set out opposite:

Safe

We will review our Patient Group Directives to align with the Specialist Pharmacy Services template issued by NHSE.

Responsive

We will ensure that reasonable adjustment requirements are captured at the point of referral, and these will be visible to healthcare staff so that they can support patients, enhance their experience of care and be responsive to their needs.

Effective

We will undertake a project to upgrade our primary patient administration system (PAS). Our improved PAS will utilise the latest technology to significantly improve the booking process for our staff and for our patients.

Well-Led

We will introduce a digital risk register system so that we have better oversight of clinical risk management across the organisation and can more effectively understand each risk and develop consistent mitigation to enhance patient safety across all our services.

Caring

We will introduce autism training and awareness for all applicable staff. We will introduce a patient advocate role into our Patient Referral Centre to enhance our ability to meet all reasonable needs of our patients and service users.

Part 2

2.2 Progress against 2021/22 priorities

Progress against the priorities committed to within our 2021/22 Quality Account is set out below. This includes our performance in 2021/22 against each priority and where relevant our performance in previous years:

Safe

Priority – Learn From Patient Safety Events (LFPSE)

This is the plan for improvement set out in our previous Quality Account:

The NHS Learn From Patient Safety Events (LFPSE) NHS England » Learn from patient safety events (LFPSE) service is part of the NHS Patient Safety Strategy NHS England » The NHS Patient Safety Strategy and its primary function is to serve as national incident reporting portal for NHS England.

It is being introduced to offer better support to staff in recording, and learning from, patient safety events across healthcare. Recording safety events provides vital insight into what can go wrong in healthcare and the reasons why.

As a provider of NHS funded care, InHealth is required to submit patient safety event reports to LFPSE by Spring 2023. InHealth is therefore working to ensure its LRMS (Local Risk Management Software) is LFPSE compliant by this date.

As a provider of services across all the devolved nations we will also take in account our management of patient safety events across the UK so that our new system is an effective safety reporting and learning system for all our staff wherever they are located.

Progress

InHealth has benefitted from the Sentinel system from Data Management Software | Secure Platform | Vantage Technologies (vantage-technologies.co.uk) for 15 years and it has been our primary tool for managing incidents, complaints, compliments and audit. However, the introduction of the NHS Learn From Patient Safety Events (LFPSE) service encouraged us to look at alternative systems that would support our aspiration to be compliant with LFPSE by Spring 2023. We undertook a procurement exercise to look at all the Local Risk Management Software in the market that was compliant with LFPSE and able to manage the demands of a growing organisation that recorded 10,000 patient safety events annually. We selected InPhase Oversight following a detailed review of the three most suitable systems on the market and have successfully begun implementation, staff training and roll out across all our services.

The InPhase system will give us a single, integrated view of quality compliance and assurance across InHealth. Our staff will find it easier to use and they will be able to drill down to the detail they require for oversight in their service whilst the clinical quality team can aggregate up to provide data and assurance for our senior managers and board.

The cloud based system will enable excellent triangulation of incidents, complaints, compliments, risks, audit lifecycle and audit reports, clinical safety alerts and support our programme of CQC readiness. The latest guidance from NICE is loaded and configured on the system for early access to evidence based best practice. Staff can track and report on progress of quality improvement plans.

The system has a modern user interface and will be easier for staff to use in all locations as it incorporates ‘single sign on’ via any device including desk top, smartphone, tablet and offline thus lending itself to the myriad ways of working of InHealth staff across our diverse range of locations and services.

Part 2

2.2 Progress against 2021/22 priorities

Effective

Priority – Audit

This is the plan for improvement set out in our previous Quality Account:

Clinical Audit provides the framework to improve the quality of patient care in a collaborative and systematic way.

When clinical audit is conducted well it enables the quality of care to be reviewed objectively within an approach which is supportive, developmental and focused on improvement

InHealth is committed to embedding Clinical Audit into its Clinical Governance Framework throughout 2022/23. We will aim to achieve this by revising the Corporate Audit schedule so that a consistent set of standards are audited across the organisation and that learning from audit is shared amongst teams to increase organisation-wide performance.

Progress

We have successfully revised the Corporate Audit schedule during the year. The updated schedule has given staff more clarity on the audit schedule with audits divided by functional area e.g.

- Infection prevention control
- Health and safety
- Imaging report quality
- Clinical quality (across the various modalities and services)
- Compliance
- Patient experience.

Each audit then has clear inclusion criteria, a formal audit title, audit sample and frequency of occurrence.

A particular focus has been on the development of additional audits for MRI which is our largest modality.

The new MRI clinical audit schedule aligns with the standards within the Quality Standard for Imaging.

The audit programme demonstrates our compliance with each QSI quality statement across the five quality domains: -

1. Leadership and management
2. Clinical – rapid and accurate diagnosis
3. Patient experience
4. Facilities, resource and workforce
5. Safety – ensuring the highest level of patient and staff safety at all times.

As a result, we can assess if we have achieved the necessary outcome measure at the quality required. Where there is a gap in compliance an action plan is developed so we can continuously improve our services against the standard.

Additional audits have been formalised across the following areas in MRI:

Functional Area	Inclusion criteria	Audit Title	Audit Sample	Frequency
Report Quality	MRI - Third Party Reported	External reporting house quality assurance audit	5% of work reported	Monthly
Report Quality	MRI Units scanning private patients where reports are completed by InHealth Practising Privileges Holders	MRI Private patient reporting quality audit	5% of reports	Monthly
Report Quality	MRI – IHR	Internal reporting house quality assurance audit	5% of work reported	Monthly
Clinical Quality	All MRI Services	Image quality audit	Locally agreed – 2-5% or body area specific	Quarterly
Compliance	All MRI Services	Paperwork completion – safety questionnaire	Random selection of 10 patient records	Monthly
Compliance	All MRI services	Paperwork completion – drug records	Random selection of 10 patient records	Monthly
Compliance	All MRI Services	Image transfer and checking on PACS	Random selection of 10 patient records	Monthly
Clinical Quality	All MRI Services	Radiographer flagged urgent cases	All flagged for urgent report	Quarterly
MRI safety	All MRI Services	MRI safety review	All sites / MRPs	Annual
Patient Experience	All MRI Services	Patient Experience	Observations and feedback	Quarterly
Compliance	All MRI Services	Facilities assessment		Annual
Clinical Quality	All imaging modalities	Triage audit - NHS		Quarterly
Clinical Quality	All imaging modalities	Triage audit – Private patients		Quarterly
Clinical Quality	All MRI Services	Boxer scan protocol audit		Quarterly
Compliance	Services using POCT	POCT audit		Quarterly

Part 2

2.2 Progress against 2021/22 priorities

Caring

Priority – Patient Safety Incident Response Framework (PSIRF)

This is the plan for improvement set out in our previous Quality Account:

One of the four key aims of PSIRF is compassionate engagement and involvement of those affected by patient safety incidents.

In 2022/23 we will source NHS approved external training for the Clinical Quality team and key operational staff involved in risk and governance activities within their role.

We will focus on training that delivers effectively on the 'compassionate engagement' element of PSIRF as we believe that this an important difference between the NHS patient Safety Strategy NHS England » The NHS Patient Safety Strategy and the NHS Serious Incident Framework NHS England » Serious Incident framework.

Whilst we are keen to develop our knowledge, skills and experience in relation to the new tools that PSIRF offers us we believe that the 'compassionate engagement' element will lead to the most positive change for patients and their families and our staff.

Progress

In November and December 2022 members of the clinical quality team and other colleagues involved in the governance and assurance of our clinical services attended PSIRF training. The training was led by the team from Home / MedLed (med-led.co.uk). The MedLed Patient Safety Incident Investigation training is approved by NHSE. The education incorporated human factors for healthcare and provided an unparalleled programme to empower our team to integrate best practice, influence change and positively impact our everyday work to deliver high quality healthcare with robust assurance and oversight.

Our training programme covered: -

- Systems approach to Patient Safety Incident Investigations (PSII)
- Creating a just and learning culture
- Patient, family and staff involvement in learning from Patient Safety incidents
- Oversight training – systems approach to Patient Safety Incident Investigations

In line with our plan for improvement we spent a full day on an introduction to the principles of restorative justice.

Our facilitator, Joanne Hughes / MedLed (med-led.co.uk) is a trainer and healthcare harm specialist with direct experience of the loss of a child due to a medical error. Our training focussed on:

- Reflecting upon the needs of patients, families and carers following an incident ,and how an investigation can meet some of those needs.
- Reviewing the Duty of Candour regulation and it's practical application.
- Addressing sharing findings effectively to facilitate wider learning.
- Discussing complex cases where there is more than one investigation.
- Preparing for conflict and difficult conversations, including how to ensure any staff involved or affected by the incident are involved and supported.

The feedback on the training was universally positive and the content had a profound impact on all participants and will support our progress with compassionate engagement with all those involved in patient safety incidents.

Part 2

2.2 Progress against 2021/22 priorities

Responsive

Priority – NHS Complaint Standards – Parliamentary and Health Service Ombudsman (PHSO)

This is the plan for improvement set out in our previous Quality Account:

InHealth will be formally launching its pilot of the new NHS Complaint Standards during 2022/23 before fully embedding the standards into organisational policy. The new standards will support improvements to the complaint handling process and will help to establish a direct and positive connection between those who provide services and the people who use them.

Through the pilot, we will:

- promote a just and learning culture, in which complaints are welcomed and handled well.
- equip staff with the skills and experience they need to be confident in handling complaints.
- ensure people using our services know how to give feedback or make a complaint, can get support when they need it, and are confident their concerns are taken seriously and addressed.
- ensure people making complaints about services get a consistent, positive experience each time.
- ensure staff being complained about are supported and involved throughout the process.

Progress

The Head of Clinical Governance and Risk with support from the Complaints and Compliance Facilitator InHealth launched the InHealth pilot of the NHS Complaints Standard in Autumn 2022. This followed 4 training sessions delivered by the PHSO team on all aspects of the standard. Regular updates were provided to the PHSO team and the Independent Sector Complaints Adjudication Service (ISCAS) team on pilot progress. The pilot incorporated evaluation questionnaires to elicit feedback from all involved stake holders i.e., 1) complainants 2) Managers handling complaints 3) Staff involved in the complaint. The pilot focussed on a more proactive approach to verbal contact with complainants, removed the traditional stage one and two approach and allowed for bespoke timescales depending on the complexity of the complaint and the issues it generated. It also encouraged more support for staff who had been the subject of a complaint about the quality of care that they had delivered.

These were the key learning points from the pilot: -

- For most complaints resolved using the new standards, complaint handlers felt this approach supported patients.
- Implementation requires dedicated resource to allocate the appropriate time to handle complaints using this method.
- Whilst the training sessions provided were useful, a more targeted approach with a select group may have proven more successful to include the practical aspects of the model complaints handling procedure.
- Difficult to reap the benefits of the new standards if unable to obtain verbal or face to face contact with complainants.
- Giving managers full responsibility for all communications with the complainant reduced the usual oversight by the complaints team.

These points have been included in the PHSO final report on the system wide pilot and InHealth look forward to implementing the new standard in the future.

Part 2

2.2 Progress against 2021/22 priorities

Well-Led

Priority – Medical Advisory Committee (MAC)

This is the plan for improvement set out in our previous Quality Account:

InHealth will introduce a Medical Advisory Committee led by the Chief Medical Officer.

Each area of our organisation benefits from medical leadership and these voices have been brought together at our Clinical Quality Sub Committee

Following significant further growth, we now know we will benefit from bringing our medical and clinical leaders together to discuss key topics including ethics, research, and new services on a regular basis.

We will develop a terms of reference document and consult with our medical and clinical leaders to ensure the MAC is a positive forum to take forward our patient safety and continuous improvement plans.

Progress

We have made significant progress on our plan for improvement. The Chief Medical Officer brought together our medical and clinical leaders to for our InHealth Medical Advisory Group. The following terms of reference for were shared with members for review and comment and were approved. We believe the MAG will enhance our relentless focus on patient safety and quality improvement throughout the organisation.

Membership – The MAG shall comprise: Chief Medical Officer (CMO), Director of Clinical Quality and Clinical Leads/Directors representing each speciality.
The chair of meetings of the MAG will be the CMO or nominated Deputy.

Quorum – The quorum for the meeting of the Medical Advisory Group (MAG) shall be 50% of its membership, including the CMO. The members of the MAG can participate in the meetings from separate locations by means of Teams or conference call which allow effective participation to hear each other and shall be entitled to vote or be counted in the quorum accordingly.

Purpose – The overall purpose of the MAG is to:

- Ensure clinical leaders have an overview of key activities in the group and horizon scanning.
- Optimise management and care of doctors across the InHealth.
- Support research and learning and development.
- Share learning across clinical areas and collaborate where possible.
- Work together to improve outcomes.
- Provide a forum to discuss and implement innovation.

Resolutions – The MAG shall reach decision by a simple majority of those voting on the issue in questions. If numbers of votes for and against a certain proposal are equal, the meeting's Chair will have the casting vote.

Meetings – The MAG will meet as required, which is expected to be every 3-6 months. Additionally, members of the MAG may request the CMO convene additional meetings if necessary. Meetings will typically be during the working day at a date and time agreed in advance with members. The days will rotate if required to allow ease of attendance for all members. The meeting will be timed to ensure that there is time to prepare and read relevant reports required.

Confidentiality – The agenda and papers will not be shared beyond the membership of the MAG unless agreed in advance with the CMO.

Part 2

2.3 Statements of assurance from the Board

1 During 2022-23, InHealth provided and/or sub-contracted 273 relevant health services.

1.1 InHealth has reviewed all the data available to the organisation on the quality of care in all these relevant health services.

1.2 The income generated by the relevant health services reviewed in 2022-23 represents 100% of the total income generated from the provision of relevant health services by InHealth for 2022-23.

2 During 2022-23 two National Clinical Audits and no National Confidential Enquiries covered relevant health services which InHealth provides.

2.1 During 2022-23 InHealth participated in 100% of the National Clinical Audits and National Confidential Enquiries which it was eligible to participate in.

2.2 The National Clinical Audits and National Confidential Enquiries that InHealth was eligible to participate in during 2022-23 are as follows:

- British Cardiovascular Intervention Society (BCIS) National Audit of Percutaneous Coronary Intervention Public Report.
- National Institute for Cardiovascular Outcomes Research.

2.3 The National Clinical Audits and National Confidential Enquiries that InHealth participated in during 2022-23 are as follows:

- British Cardiovascular Intervention Society (BCIS) National Audit of Percutaneous Coronary Intervention.
- Public Report National Institute for Cardiovascular Outcomes Research.

2.4 The National Clinical Audits and National Confidential Enquiries that InHealth participated in, and for which data collection was completed during 2022-23, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit	Number of cases submitted	% of eligible cases
BCIS National Audit of Percutaneous Coronary Intervention Public Report	736	100%
National Institute for Cardiovascular Outcomes Research	627	100%

2.5 - 2.8 The reports of two National Clinical Audits were reviewed by the provider in 2022-23. InHealth plans to take actions to improve the quality of healthcare provided.

3 No patients receiving relevant health services provided or sub-contracted by InHealth in 2022-23 were recruited during that period to participate in research approved by a research ethics committee.

4 - 4.2 Less than 1% of InHealth's income in 2022-23 was conditional on achieving quality improvement and innovation goals agreed between InHealth and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services through the Commissioning for Quality and Innovation payment framework.

5 - 5.1 A significant proportion of InHealth services are required to register with the Care Quality Commission and its current registration status is as follows:

InHealth has no conditions on its registration.

Whilst InHealth has continued to participate in the CQC's Direct Monitoring Approach, CQC also resumed its on-site inspection programme. InHealth is pleased to note that most locations achieved an overall rating of "Good" with "Outstanding" in some individual domains and within the report commentary. InHealth is committed to continuous improvement and development of services and views CQC inspection as an opportunity to further enhance care provision. Following inspections, action plans are generated to address any areas for improvement identified. Further details of CQC inspection outcomes are covered in detail later in this Quality Account.

6 - 6.1 InHealth has not participated in any special reviews or investigations by the CQC during the reporting period.

7 - 7.1 InHealth submitted records during 2022-23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

8 As NHS Business Partners, InHealth completes and submits the annual Data Security and Protection (DSP) Toolkit. In this year's assessment InHealth Group has continued to achieve the "Standards Met" qualification.

9 - 9.1 InHealth was not subject to the Payment by Results clinical coding audit during 2022-23 by the Audit Commission.

10 InHealth's SUS submissions are assessed against the national data quality index, and we achieve good scores for completion of mandatory data items such as NHS Number. We are revising our portfolio of clinical and operational systems aligned around a new digital strategy for the organisation. This will simplify our overall records and data management approach and increase our ability to provide universal patient index across the enterprise.

Part 2

2.4 Care Quality Commission (CQC) Inspection programme

The Care Quality Commission (CQC) is the primary regulator of Health and Social Care Services in England. As a provider of Health and Social Care Services, InHealth is obliged to register with the CQC, all services meeting the scope of registration.

As a large independent sector provider of diagnostic, screening and other pre-hospital services, InHealth has more than 50 locations registered with the CQC, many of which have been subject to inspection and rating as part of the regulator's Independent Sector single speciality programme of inspections which commenced in Summer 2018.

InHealth is extremely proud that of those locations which have been inspected and rated in 2022-23, 91% have been awarded an overall rating of at least GOOD with 2 individual domains noted as OUTSTANDING across the inspection programme.

Below is a summary of the 11 inspections that took place during this period:

Location: Peterborough Community Endoscopy Clinic

GOOD overall

Overall Sumary

Our rating of this location stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

Location: InHealth Vascular Ultrasound – University College London Hospital

GOOD overall

Overall Sumary

We had not previously rated this service.
We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it and staff worked to reduce waiting times.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- The service did not have a documented audit program to monitor the effectiveness of care and treatment.
- Printed scan protocols stored in a file were out of date for review.

Part 2

2.4 Care Quality Commission (CQC) Inspection programme

Location: InHealth Waterloo

GOOD overall

Overall Sumary

Our rating of this location stayed the same.
We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risks well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
  The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The provider engaged with patients to plan and manage services. All staff were committed to continuously improving the service.

Location: InHealth MRI – Eastbourne District General Hospital

Overall Sumary

Our rating of this location stayed the same.
We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

Part 2

2.4 Care Quality Commission (CQC) Inspection programme

REQUIRES IMPROVEMENT

Location: InHealth Reporting

Overall Sumary

This was the first inspection for InHealth Reporting. We rated it as requires improvement because:

- The service did not have enough staff to provide a safe service.*
- The referring organisations did not always receive their reports within the agreed time frame.**
- The mitigations in place regarding risk to the service were not always effective.***
- Development of the service's governance process was required to ensure they were safe and effective.****

However:

- Staff had training in key skills, understood how to identify abuse, and managed safety well. Staff assessed risks, acted on them and kept good records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- The provider had systems to ensure reporting radiologists who provided services had appropriate equipment installed.
- Managers monitored the effectiveness of the service and made sure clinical staff were competent. There were escalation processes for unexpected and significant findings. Staff worked well together for the benefit of patients and had access to good information.
- Referring organisations could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work.

Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities. The service engaged well with their referring organisations and all staff were committed to improving services continually.

ACTION

*The service has recruited significant numbers of additional consultant radiologists and reporting radiographers to support the service. In addition, the service has contracted additional reporting resource from other reporting houses to provide contingency and cover for periods of high demand e.g., peak holiday periods.

**The additional reporting resource enabled the service to bring all reporting turnaround times back to agreed time frames with referring organisations. All backlogs have been eliminated. The service now manages its turnaround times affectively even during periods of high demand.

***The risks to the service were identified accurately in the service risk register , however, the mitigations were weak at the time of the inspection. The mitigation of each risk is not effectively described and consistent with the standards set by the service.As a result, the post mitigation risk scores have been reduced for some key risks within a service of this type. This demonstrates that this service is now safer overall.

****The governance structure of the service has been strengthened with additional experienced resource and effective leadership.

Location: InHealth MRI Wansbeck

Overall Sumary

Our rating of this location stayed the same.
We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not always managed safety well.*

ACTION

*Medicines for the service were supplied by Northumbria Healthcare NHS Trust. InHealth staff collected stock from the Trust storage area but relied on historic knowledge of the location of items. This resulted in the wrong medicines being collected from the store. This error did not result in patient harm but underpinned the importance of checking medicines carefully before adding to stock.

At the next staff meeting the manager led a discussion on the dangers of making assumptions about medicines because many drugs have very similar styles of packaging and vigilance is always required. At the point of administration, the drug name, dose, route of administration and suitability for the individual patient must be checked against the patient specific direction (PSD or prescription) or patient group direction (PGD) and confirmed with a second checker.

Part 2

2.4 Care Quality Commission (CQC) Inspection programme

GOOD

Location: Braintree Community Hospital

Overall Sumary

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, their families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

Location: Diagnostic World Ltd – Chantry House

GOOD

Overall Sumary

We have not previously inspected or rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service had systems to manage safety incidents.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their referral.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's values and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Part 2

2.4 Care Quality Commission (CQC) Inspection programme

Location: InHealth Hexham MRI Centre

GOOD

Overall Sumary

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service should complete their own daily checks for the resuscitation equipment.*

ACTION

*This service is run in collaboration with Northumbria Healthcare NHS Trust and specifically the local staff at the Hexham General Hospital. This point related to the checking of resuscitation equipment that was used by both teams. Whilst the responsibility for checking at the time of the inspection sat with the Trust team and there was evidence of a missed check, the CQC inspector assessed that the InHealth team relied on the provision of this equipment in the event of a patient collapse. As a result, the Trust and InHealth teams met and agreed an updated process of checking which included InHealth staff. These checks were documented and visible to both team and as a result, gave both teams the assurance that checks were being completed and met with the CQC's satisfaction.

Location: The London Upright MRI Centre

GOOD

Overall Sumary

This was the first time we have rated The London Upright MRI Centre. The London Upright MRI Centre is operated by InHealth Group and was registered by the Care Quality Commission (CQC) to provide Diagnostic and Screening Procedures in April 2011. We inspected this service in 2013 but did not rate it as at this time the CQC did not rate services providing diagnostic and screening procedures.

We rated it as good because:

- The service had enough staff to care for service users and keep them safe. Staff had training in key skills, understood how to protect people from abuse and managed safety well.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of the service users.
- Staff treated service users with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- Managers had the skills and abilities to run the service and were visible and approachable. Staff felt respected, supported and valued.

Staff were clear about their roles and accountabilities.

However:

- Furniture in the waiting area was not easily wipeable to maintain cleanliness and prevent cross infection.*
- Not all staff had completed their mandatory training for basic life support.**

ACTION

*Furniture in the waiting area has been replaced with chairs that are easily wipeable to support maintenance of cleanliness and prevent cross infection.

**The staff that had not completed their mandatory training for basic life support were InHealth staff co-located in the building but under a different CQC registration and a different registered manager. These staff have had their mandatory training gaps addressed. The staff under the London Upright registration were all up to date with BLS training at the time of the inspection.

Part 2

2.4 Care Quality Commission (CQC) Inspection programme

Report awaited

Location: Health Intelligence Ltd
Unity House Diabetic Eye Screening

Overall Sumary

The Health Intelligence senior management team undertook legal advice when the service was first CQC registered as it was not entirely clear if the Diabetic Eye Screening Programme (DESP) was in scope. The team followed the advice to register for the regulated activity of diagnostic screening procedures.

The CQC undertook an inspection in January 2023 and initial feedback was very positive.

Since then, a report has not be issued. The inspection team have indicated that they are unclear if the DESP service is 'in scope' and have referred the issue to their legal team for clarification.

The InHealth team continue to follow up with the CQC, however a report has not been issued at the time this document was finalised.

As a condition of registration, InHealth is required and committed to sharing the outcomes of our regulatory inspections with anyone who uses our services.

All available reports on rated services can be accessed via our website using this link:
www.inhealthgroup.com/cqc-ratings

2.5 Learning from incidents and complaints

InHealth recognises that occasionally things may go wrong during the provision of healthcare and is fully committed to learning from these events to prevent recurrence and reduce risk to patients and the organisation.

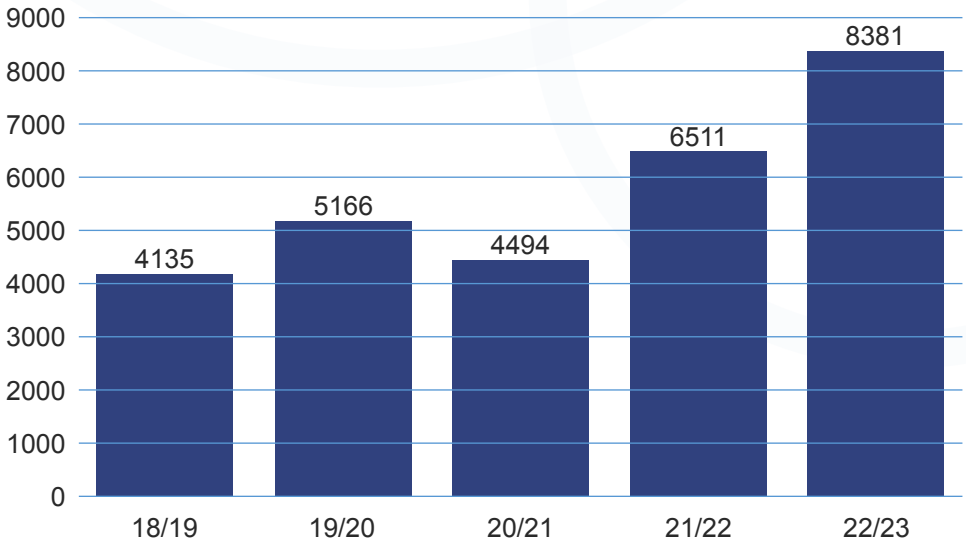
During 2022/23, InHealth has used the information gained from incident and complaint reporting to develop and support changes in practice. Themes and trends are reported and analysed within our quarterly Clinical Quality Sub Committee and are shared across all areas of InHealth.

The graph below shows our 5 year reporting trend for incidents and near misses as defined in our Adverse Event (Incident) Reporting and Management Policy. This demonstrates our commitment to incident and near miss reporting across all our services. The small decline in 20/21 related to the mandatory closure of many of our community based services during the Covid-19 pandemic. Although the number of services delivered has grown during the 5 year period, the incident reporting rate has grown faster underpinning the commitment of our staff to identify and report incidents.

Our Clinical Quality Team and in particular, our Clinical Governance Business Partners provide direct support to all our services and modalities by supporting incident and near miss identification, incident investigation methodology and resolution.

Together with the senior colleagues in the Clinical Quality Team i.e., the Director of Clinical Quality and Head of Clinical Governance and Risk supported by the Chief Medical Officer, the team review data weekly to identify themes and trends in reporting so that lessons can be learned, and processes/procedures can be improved to prevent recurrence of similar incidents in the future. In addition, the team compile a weekly flash report and comprehensive monthly reports to ensure that the InHealth executive team and board are kept fully informed of clinical risks and significant incidents across the organisation.

Number of incidents by NHS year



Part 2

2.5 Learning from incidents and complaints

The graph below shows our 5 year reporting trend for serious incidents assessed against the NHS Serious Incident Framework standard. InHealth are proud that the Clinical Quality Team have supported education and training for both clinical staff and senior operational leaders over the last 5 years in the early identification of a potential or actual serious incident. The team have robust processes for reporting to the relevant external body within statutory timeframes when these incidents have occurred e.g., NHSE Strategic Executive Information System (StEIS), CQC, CQC IR(M)ER, HSE RIDDOR.

Members of the Clinical Quality Team as well as colleagues in the clinical teams and throughout the senior operational leadership have had training and experience in investigating Serious Incidents and completing Root Cause Analysis reports.

The high quality of the reports produced has been praised by the CQC IR(ME)R team and various NHS commissioners. They have also been praised by colleagues at NHS Trusts where InHealth has collaborated in the investigation and production of an RCA where an incident has occurred in InHealth services located in a Trust setting.

The purpose of producing a well regarded and robust RCA is to get to the heart of what went wrong, learn lessons, and take immediate and ongoing action to prevent recurrence and drive improvement. Throughout an RCA time is taken to provide support to patients and their families where required and to support staff involved in the incident.

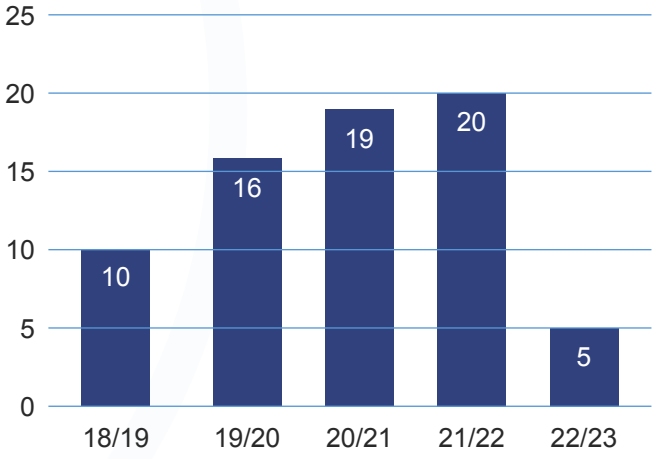
We are looking forward to developing this compassionate approach to patient safety event investigation as we move to NHS PSIRF methodology later in 2023.

Our 5 year serious incident trend demonstrates an increasing number of incidents between 18/19 and 21/22. Whilst not all these SIs are generated by our endoscopy service, we are aware that this is a higher risk service than many of our diagnostic radiology procedures e.g., CT, MRI and PET-CT and our Screening and Prevention programmes e.g., DESP, breast screening.

There are specific risks including bowel perforation and major haemorrhage that have an accepted rate of occurrence endoscopy although clinical teams strive to keep these types of incidents as low as possible. The SI numbers reflect the expansion of our endoscopy services both in fixed locations and in mobile settings during the period.

We are delighted in the significant reduction in SIs in 22/23 which reflects the increased commitment to patient safety and evidence based best practice encapsulated in an expanded range of standard operating procedures within endoscopy. These improvements have been led by the Endoscopy Medical Director and Director of Operations – Endoscopy with key support from the Clinical Quality Team.

Serious incidents declared by NHS year



Incidents – example one

Heating of the patient's skin due to proximity to the MRI scanner bore

Summary of incident:

- Patient for MRI gynaecological pelvis
- Patient was changed prior to scan. Positioned supine, feet first.
- The patient's skin was in contact with the bore of the scanner and so pads were positioned in between the patient and the bore. The patient was given the call bell and informed that if any discomfort was felt or they wanted to stop the scan for any reason, then to squeeze the call bell provided.
- All scans performed in Normal Mode
- The non-contrast parts of the scan were completed, and the radiographer went on to speak to the patient to check on their wellbeing and to let them know that the contrast agent was going to be injected soon.
- The patient informed the radiographer they were feeling warm on the right side of their arm and wanted to be taken out before giving the contrast. The radiographer felt the side of the arm and it was warm and slight redness was seen.

What happened next and so what:

- The radiographer placed cold water on the surface of the arm and then applied 2 ice packs to cool the area down. The patient was asked to wait until they felt OK. The patient explained that as the table moved the pads moved out of place.
- The patient later explained that they were trying to hold on as much as possible and try to complete the scan.
- The radiographer called the patient next day and asked how they were feeling, and the patient informed that they were feeling fine, and they placed ice on their arm when they got home. The radiographer confirmed with the patient that there were no visual skin changes.
- The patient was informed to call back to the department if they were experiencing any problems other issues.

Outcome of event:

- The patient burn was not severe and did not need any dedicated medical care. Patient was followed up and the redness had subsided in a day.

Processes failings:

- MRI pads were used to prevent contact between the patient's skin and the scanner bore but moved out of position when the table was driven into the bore. This was not apparent to the radiographer.
- The layout of the scan room and position of the camera meant that the radiographer had a limited view of the patient and scanner bore from control room.
- Inadequate communication with the patient between scans.

Action plan to prevent recurrence:

Shared learning notification sent to all staff working in MRI about the incident and the outcome. Reminding the team that:

1. Communication with the patient is paramount and should be done regularly between sequences.
2. Where there is table movement and pads are used, check that these have not moved out of place and are still offering protection.

This is particularly important if the radiographer has identified that the patient has high risk of contact burns e.g., high BMI or has additional needs e.g., dementia.

Part 2

Incidents – example two

Patient with low eGFR result administered contrast without radiologist authorisation

Summary of incident:

- In-patient for MRI scan lumbar spine with contrast
- Patient already cannulated in ward prior to scan appointment.
- Patient taken into scan room and scan commenced by senior radiographer.
- Following pre contrast imaging, senior radiographer proceeded to inject patient with 10ml Dotarem contrast, and post contrast imaging performed.
- Scan completed, patient returned to ward, images sent to PACS for reporting and scan reported promptly.
- Following completion of scan, senior radiographer realised contrast form had not been completed, patient eGFR level had not been checked prior to administration of contrast and level was 26 i.e., chronic kidney disease (CKD) stage 4 (severely reduced kidney function).

What happened next and so what:

- Senior radiographer informed line manager and duty radiologist immediately and logged incident in the system. They then informed the doctor in charge of the patient's care.
- Dotarem is a gadolinium based contrast media (GBCM) and GBCM are associated with a rare condition called nephrogenic systemic fibrosis when administered to patients with a renal impairment.

Outcome of event:

- Patient was monitored and no immediate harm was recorded.
- Patient had repeat eGFR blood tests following the incident with an improving renal function noted.
- By the time of the follow up MRI scan for reassessment of the patient's serious clinical condition the eGFR was sufficiently high to be graded as chronic kidney disease (CKD) stage 2 (mildly reduced kidney function). The use of GBCM was beneficial to the scan and would increase the diagnostic yield of the procedure and its use was approved by the duty radiologist in collaboration with doctor in charge of the patient.

Processes failings:

- Failure of junior radiographer to check both MRI safety & contrast questionnaire were received when patient on arrived at scanner and communicate to colleague.
- Failure of supervision by the senior radiographer.
- Failure to perform mandatory eGFR checks in line with Contrast Administration Policy prior to administrating contrast leading to a lost opportunity to discuss the low eGFR level with duty radiologist prior to administering contrast.
- Failure of to maintain an accurate record related to GBCM administration.

Action plan to prevent recurrence:

The manager supported preparation of a shared learning presentation which was reviewed and approved by the Clinical Quality Team. This was then discussed at the staff meeting and shared with all staff at the unit electronically for review and comment. The presentation was also presented at the Medicines Management Group which was a further opportunity to share learning as this incident had applicability across the whole of our diagnostic imaging services.

Key points and actions:

- Senior radiographers must competently perform supervision of junior staff.
- If junior staff are unclear on patient pre-scan safety processes, then they should review them and ask for support from senior colleagues.
- Communication between staff is key to ensure the safety of all patients within the service.
- The scanning radiographer is responsible for performing checks prior to administration of contrast and discussing abnormal results with the duty radiologist.
- Improved local pathway document shared with the team.
- All relevant team members required to read & sign proof of reading -
    - Updated local pathway.
    - Peripheral IV cannulation Policy
    - Administration of Gadolinium Based Contrast Media
- Medicines management incident themes and trends monitored by manager.

Part 2

2.5 Learning from incidents and complaints

Summary of incident:

- Incident description: A 61-year-old male wheelchair user due to previous stroke underwent a brain scan.
- The patient was questioned by an RA, positioned by RA and RAD A. Positioning subsequently required re-centering due to registration/laser light inconsistency. RAD B entered scan room to complete this task.
- As the patient was removed from the magnet bore his arm got stuck resulting in injury.

Impact on patient/service:

- Patient sustained a fracture of the humerus.

Impact on organisation:

- Safety incident which may result in the damage to the company reputation and possible litigation.

Why did it happen?

Following an investigation, the root cause of this incident was found to be:

- Staff were falsely reassured by the patient of his ability to manage his arm for the duration of the scan and so discounted need for other options.

Contributory factors:

- Lack of sufficient support and protection for the weakened limb when positioning
- Mis-centring of the patient to isocentre and having to reposition, thereby breaking the standard chain of events
- Failure to confirm the position of the arm when removing from the scanner - both visual checking before removal and informed communication to the patient on what is happening
- Poor communication and lack of handover between staff on patient difficulties and potential scanner error to ensure shared responsibility for patient episode

What did we learn?

- Importance of assessing individual requirements at the time of examination must be in an active conversation with the patient to ascertain and manage any disability or restrictions.
- Appropriate padding should be used to support patient comfort and manage proximity heating to scanner bore.
- Importance of due care and attention when managing patient limbs during table movements within a scanner bore, in particular when sensitivity and/or limb movement is limited. Visually checking, adequate support and appropriate communication.
- Responsibility for the entire episode of patient care which includes checking ID, patient safety and any special requirements. Importance of handover with colleagues and teamworking
- Incidental findings: documentation to evidence staff have been appropriately trained on new equipment. Recognising the operational demands from other tasks and keeping to time can impact on staff morale, performance and patient safety. The potential for mis centring error when moving patient to isocentre whilst registering the patient at the same time.

Action plan to prevent recurrence:

- ✓ **ASSESS:** Individually assess each patient for every patient episode.
- ✓ **INFORM**: For every table movement, inform the patient what is occurring and why, and visually observe throughout the movement.
- ✓ **COMMUNICATE**: For every patient episode the radiographer should verbally confirm ID and safety with the patient, as well as any patient specific needs. Where responsibility is shared amongst team members, clear verbal communication is necessary for effective handover of care.
- ✓ **POSITION/PADDING**: For every patient assess the potential to create conduction loops and bore contact when positioning patients for scans.
- ✓ **RECORD**: Implement local records of staff training on new equipment to evidence awareness of correct use.
- ✓ **PROCESS**: When performing patient set-up; centring and registration should not occur simultaneously. Ideally register patient before centering into the scanner.

Part 2

2.6 Sharing Learning across InHealth

Throughout 2022/23, InHealth continued to focus on a shared learning approach to management of incidents and complaints across all areas of the organisation. Key strategies include -

- CLIC newsletter produced monthly to ensure regular messages are communicated to staff regarding recent event themes or trends
- Shared learning summary template created to provide a snapshot view of an incident/complaint outcome and any associated learning
- Discussion of incidents and complaints across the governance framework meeting structure for continuous multidisciplinary input and reflection on quality improvement strategies
- Completion and implementation of action plans generated in response to serious incidents or those subject to a Root Cause Analysis are reported to and monitored by the Clinical Quality Sub Committee to ensure implementation and maintenance of learning.
- Following completion of a Root Cause Analysis, a shared learning presentation is developed for presentation at the most appropriate governance meeting. The presentation is then shared with all areas of the organisation ensuring key messages and practice changes are widely communicated and reach all staff.

2.7 Reporting against core indicators

InHealth is a provider of diagnostic and screening services and as such the majority of the core set of indicators using data made available by NHS Digital are not relevant to its services. InHealth has therefore provided its quality performance against indicators that are relevant to the non-acute diagnostic services that we provide in community and hospital settings. InHealth does not provide any inpatient or overnight bed facilities therefore any metrics based on bed-days are not relevant.

Part 3

Other information

3.1 Scope of services delivered

- Non-obstetric and vascular ultrasound
- Magnetic resonance imaging (MRI)
- Cardiac MRI
- Computed tomography
- Mammography
- Breast screening
- AAA screening
- Bone densitometry
- Interventional cardiology, angiography and angioplasty
- X-ray
- Nuclear medicine and PET-CT
- Audiology and ear nose & throat (ENT) services
- Endoscopy
- Diabetic Eye Screening
- Optical Coherence Tomography
- Physiological measurement, ECG and blood pressure monitoring
- Child Health Information Systems
- Targeted Lung Health Checks
- Histopathology

Part 3

3.1.1 Community Diagnostic Centres

As part of our ongoing support of the NHS, and in line with the Professor Sir Mike Richards report, our Community Diagnostic Centres continue to offer high-quality environments, outside of hospital settings, which are accessible for patients either by public or personal transport and deliver a range of diagnostic and screening services. All our centres are branded in partnership with the NHS and are located in convenient areas, including high-streets, retail spaces or new stand-alone facilities.

- InHealth operates 11 fully staffed Community Diagnostic Centres across the UK, which we have designed and built
- Our existing CDC network has been operating for over 12 years and is open 14 hours each day, 7 days a week
- Our state-of-the-art Centres provide a wide range of diagnostic and screening services
- All our CDCs are rated “Good” by the CQC with many examples of “Outstanding” practice identified
- Our dedicated Patient Referral Centre delivers a fully-managed referral pathway where patients choose their own appointments and handles over 1 million calls each year
- 30% of our patients choose to use our Patient Portal to book their appointments for a fully digital experience
- Patient Satisfaction rate of +98% and DNA rates <4%
- Clinical Triage Service provided virtually by our network of clinicians

Looking ahead to 2023/24, we are excited to be progressing plans to expand our network of CDCs across the country and serving even more NHS patients, alongside self-referral options for private patients.

3.1.2 Fixed sites

Our extensive fixed site network includes diagnostic centres across the country. We have the flexibility, experience and expertise to work with hospital partners, to set up new or enhanced existing imaging departments.

By continually investing in the most advanced technology, we ensure that our partners and all patients have access to state-of the-art diagnostic equipment.

3.1.3 Mobile sites

We operate a fleet of fully mobile diagnostic scanners and a number of semi-permanent facilities. The mobile fleet can be mobilised quickly to fulfil or enhance existing NHS diagnostic service needs.

We can provide services in semi-permanent facilities and a range of interim solutions for customers whose needs are temporary or short term.

3.1.4 Other Community-based services

We integrate with primary care providers and Integrated care Boards to operate a seamless end-to-end diagnostic service, whether from a GP practice, a community health centre or a community hospital.

We are fully committed to on-going investment in technology which delivers clinically dependable results, safely, efficiently and cost effectively.

3.2 Clinical Governance Framework

We undertook a full revision of our clinical governance framework in 2022. This activity was undertaken by our Director of Clinical Quality and the final document was approved by our Chief Medical Officer and Executive Team colleagues prior to making it available to all staff on the InHealth intranet. It continues to be the framework that ensures clinical care is delivered to the highest standards in accordance with current knowledge and guidance.

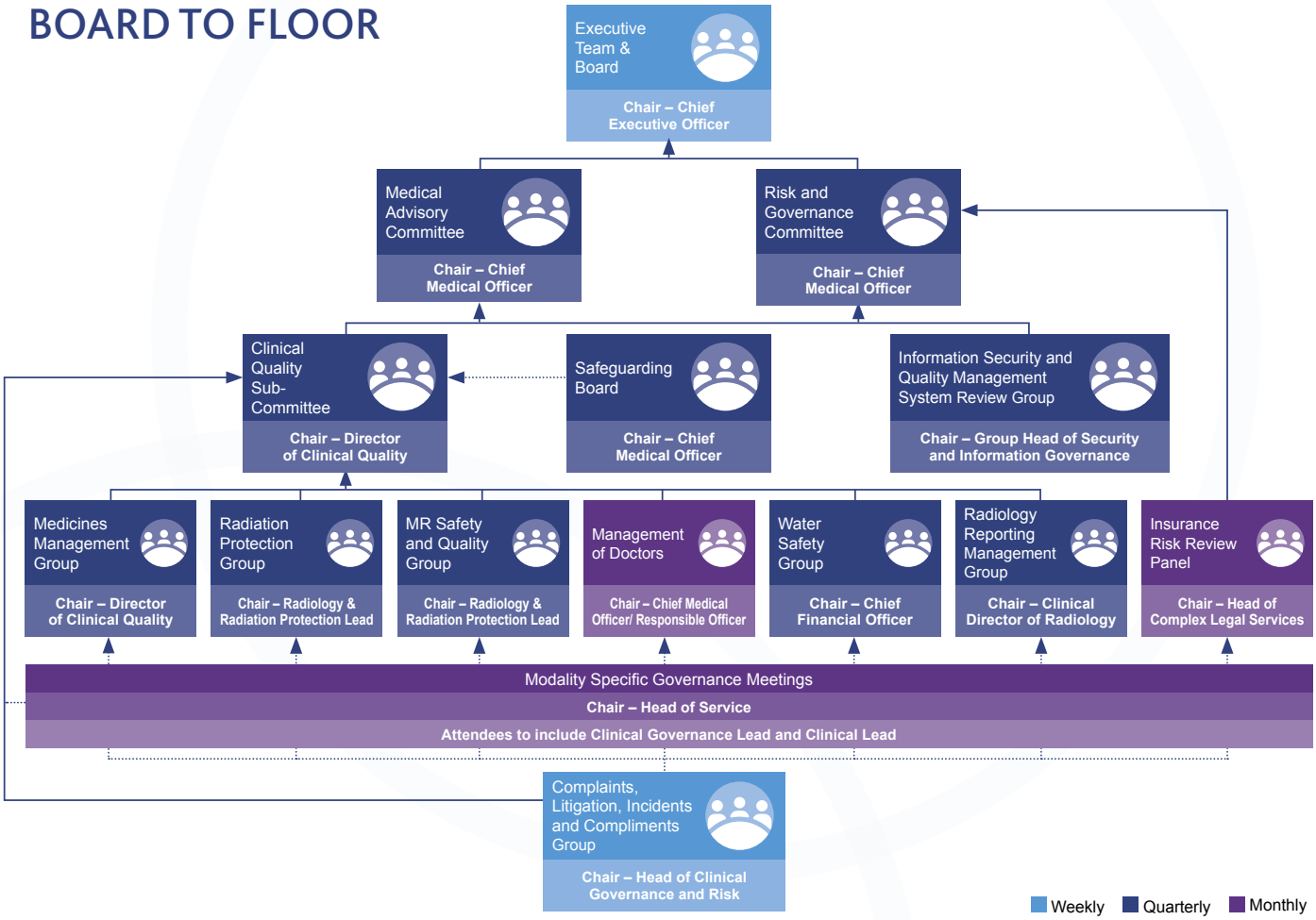
Our clinical governance framework draws on the examples of good working practice which have been developed by the NHS, Integrated Care Boards, Independent Healthcare Providers Network, Quality Standard for Imaging (QSI), Improving Quality in Physiological Services (IQIPS), Joint Advisory Group (JAG) and the Care Quality Commission (CQC) and the healthcare regulators across the devolved nations. Our framework is reviewed regularly to incorporate new legislation and new national clinical guidance and regulatory standards as they are published.

InHealth is primarily regulated by and is required to be a registered provider with the Care Quality Commission (CQC) for England. Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW) and The Independent Healthcare Regulator (Northern Ireland) oversee healthcare regulation in the devolved nations and InHealth will register with these organisations as necessary when new sites, contracts and services are added as we grow.

The delivery of standards within the clinical governance framework is overseen by the Clinical Quality Team, led by the Director of Clinical Quality supported with executive leadership and direction by our Chief Medical Officer. The team provides advice, guidance, and support to the organisation on clinical quality and patient safety, health & safety, governance and organisation-wide risk management. This is set out in the clinical governance framework and the associated policies and standard operating procedures that flow from it.

Part 3

BOARD TO FLOOR



3.2 Clinical Governance Framework

Oversight of the standards set out in the clinical governance framework is a vital and integral element that underpins assurance. This is supported through a robust structure of governance meetings and committees, which focus on specific areas of healthcare safety and aim to support operational teams in the delivery of high quality evidence-based care which meets the needs and expectations of commissioning organisations, regulatory bodies, patients and those close to them.

Clinical Governance Framework – strategic aims

The InHealth Clinical Governance Framework as delivered by the Clinical Quality Team will:

- Provide a framework where everybody assumes responsibility for the quality agenda.
- Establish a positive culture based on staff wellbeing.
- Support staff to achieve their potential through lifelong learning and continuous professional development.
- Achieve continuous improvements in patient care, which is safe, effective, timely, efficient and equitable.

- Adopt a patient-centred approach that includes treating patients courteously, involving them in decisions about their care, keeping them informed and learning from them.
- Minimise risks and hazards to patients and staff, with a commitment to learning from mistakes, and to share that learning.
- Reduce variations in the process, outcomes and in access to health care.
- Empower clinical staff to improve the quality of care.
- Encourage and support clinical leadership.
- Promote evidence-based, clinically effective patient care, the systematic adoption of good practice based on researched evidence.
- Recruit, develop and educate the right number of well-trained and motivated staff with appropriate skills and experience.
- Strengthen multi-disciplinary team working.
- Manage poor performance effectively.
- Involve customers, patients and local stakeholders in the development and planning of local services.

Our clinical quality system seeks to ensure consistent delivery of high quality clinical care and is based on the seven pillars of clinical governance represented graphically here.

Part 3

3.2.1 Risk and Governance Committee

This is the most senior committee in the framework and reports directly into the Executive team and Board. Risk management and governance is an integral part of InHealth's key strategic and operational objectives. The purpose of the Risk and Governance Committee is to provide assurance to the Executive Team and Board that there is a strategic, coordinated approach to risk management across the group; ensuring that all material risks, including clinical risks, are identified and managed. This year the Chief Medical Officer has taken over as chair of this meeting and this has strengthened the oversight of clinical risk management.

The Chief Medical Officer has introduced a system of presentations from the author of each Quarterly Risk Report (QRR). Each senior operational leader or functional director including Finance and Procurement, Legal, People Services, Clinical Quality, Digital etc. presents a verbal summary of their report. This enables colleagues to gain better understanding of the risk profile in our services and functions and probe as necessary to understand the mitigations in place.

The committee supports the implementation and achievement of the organisation's risk appetite statement:

InHealth Risk Appetite Statement

- InHealth has no appetite for taking any risk that impacts on patient or staff safety.
- InHealth supports and encourages well-managed risk-taking to drive innovation and maximise opportunities; seeking to continuously expand services for the benefit of more patients. The appetite for risk taking across the Group may vary dependent on circumstances, opportunities and the areas of business concerned.
- InHealth will ensure skills, capability, knowledge, and experience are prioritised to support our risk appetite.

3.2.2 Clinical Quality Sub Committee

The Clinical Quality Sub Committee reports into the Risk and Governance Committee and monitors the implementation of the Clinical Quality Strategy.

The Sub Committee is chaired by the Director of Clinical Quality and meets quarterly and requests a Quarterly Quality Report (QQR) from every clinical service across the organisation.

The minutes, action log and associated shared learning presentations are sent as a formal report to the Risk and Governance Committee.

The Sub Committee provides assurance that there is a strategic, coordinated approach to clinical quality management, performance, learning and monitoring across the organisation.

The Sub Committee is responsible for ensuring the development of and the overall compliance with clinical quality management guidelines and policies throughout the organisation; ensuring the necessary processes are in place to achieve compliance with statutory and regulatory requirements including, but not limited to, NHS Improvement, the Care Quality Commission (CQC), General Medical Council (GMC), Health and Care Professions Council (HCPC), Nursing and Midwifery Council (NMC), Academy of Medical Royal Colleges (AMRC) and all other relevant regulatory bodies. The Sub Committee always works to put safety first for our patients, staff and customers, to protect our assets and to provide data for effective communication to stakeholders including regulators, lenders, shareholders and suppliers.

The Sub Committee promotes innovation in the provision of health services through a range of clinically led initiatives. The Sub Committee ensures robust systems for clinical governance, clinical quality assurance and clinical risk management for the organisation.

3.2.3 Integrated Management Systems Review Meeting

Reporting to the Risk and Governance Committee by means of a functional Quarterly Risk Report, this meeting has been functioning since 2018/19 following the amalgamation of the InHealth ISO 9001 and 27001 accreditations into a single Quality Management System. The meeting is run by our Compliance Team. The role of this key action group is to ensure that information governance (IG) requirements are developed and met across InHealth and to monitor compliance with IG practices in addition to assuring the quality and effectiveness of our Quality Management System.

Over the last 3 months the following audits have been carried out by the Compliance team and an external Internal Auditor from Vassallo Associates:

ISO 9001 & 27001 Certification – InHealth Summary for 2022-2023

InHealth maintains certification for both ISO 9001 Quality Management and ISO 27001 Information Security Systems through an external accrediting body called Lloyds Register Quality Assurance.

The last InHealth surveillance audit took place in Spring 2023 for our head office and covered the following areas:

- 4. Changes to organizational context, Scope
- A.5 Policy
- A.6 Organisation
- 5. Leadership
- 9.1 Performance against the client management system objective
- 9.2 Internal Audit
- 9.3 Management Review
- A.16 Information Security Incidents
- 10. Improvement
- A.8 Asset Management
- A.13 Communications Security
- A.14 Systems acquisition, development & maintenance
- Personnel Rostering
- AAA screening
- Prime Endoscopy
- North and East Devon Breast Screening

Part 3

A minor non-conformance was raised regarding the process for dealing with information security incidents not being fully effective because incidents tended to be closed without root cause analysis and corrective action. The risk is that information security incidents will recur. The Compliance Team are not involved in closure of incidents. This has been addressed by closed IG/security incidents notifications being forwarded to the Compliance inbox in order to check whether the investigation and Root Cause Analysis are sufficient.

The next surveillance audit will be held in Summer 2023 at our head office and will cover the following areas:

- Patient Referral Centre (PRC) Risk Management/ Improvement, Data Input / Validation, Referral Booking, Referral Triage, Private Patient Referrals
- 4. Changes to organizational context, Scope
- 5. Leadership
- A.5 Policy
- A.6 Organisation
- 6. Actions to address risks & opportunities, SoA,objectives
- A.16 Information Security Incidents
- 9.1 Performance against the client management system objective
- 9.2 Internal Audit
- 9.3 Management Review
- 10. Improvement
- 7. A.7 HR Security
- A.15 Supplier Relationships
- CT Mobiles
- Southampton Audiology
- ENT
- MRI – North London/Enfield and Ealing
- Management Elements
- A.11 Physical & Environmental Security

Over the last 3 months the following audits have been carried out by the Compliance Team and an external Internal Auditor from Vassallo Associates. This activity demonstrates the level of oversight that we undertake to assure ourselves of compliance with these two important ISO standards as well as to ensure that we retain continuous accreditation as assessed by our external auditors.

Modality	Vassallo Audited Locations
AAA	Robin Hood clinic
MRI - static	Kingston Hospital
AAA	Harley Street
Upright MRI	London
CARDIAC	Hereford County Hospital
Endo static	Hospital of St Cross
CT mobile	Heatherwood Hospital
Mammography	Jarvis Breast Screening Centre
Echo	Rutland Memorial Hospital
PET-CT	Nottingham Specialist Imaging Centre
Audiology	Southampton Hospital
ENT	Southampton Hospital
Echo Static	Thistlemoor Medical Centre

Modality	InHealth Audited Locations
CARDIAC	Aberdeen Royal Infirmary
CT & MRI – static	Nuffield Health North Staffs
CDC	North London/Enfield
CDC	Ealing
CDC	Golders Green
CDC	Waterloo

3.2.3 Integrated Management Systems Review Meeting

As a result of those audits the following findings have been raised:

- Non-conformances – 23
  (15 still within timescale to be addressed)
- Observations – 4 still within timescale to be addressed.
- Opportunities For Improvement (OFI) – 34
  (24 still within timescale)

The Compliance Team oversee and support colleagues with actions as a result of these findings.

The only overall trend identified has been management of documentation, several documents were found to be out of date, however document master lists and a responsible person have been identified in each area audited.

ISO 9001 & 27001 Certification – InHealth Intelligence

InHealth Intelligence maintains certification for both ISO 9001 Quality Management and ISO 27001 Information Security Systems through a different external accrediting body called Alcumus ISOQAR.

The last InHealth Intelligence surveillance audit also took place in Spring 2023 there were 2 OFI's which were closed out at the time of the audit.

An extension to scope audit was carried out for TLHC Triage in March 2023 there was 1 non-conformance and 1 observation which were completed on time.

The next surveillance audit will be held on the 10th and 11th October at the InHealth Intelligence head office.

There have been two DESP programme audits and four departmental audits carried out:

- Non-conformances - 4 still within timescale
- Observations - 4 still within timescale
- OFI's - 9 still within timescale

For both certifications of the ISO 27001 information management system the compliance team are completing a gap analysis of the 2022 version which has to be audited by LRQA and Alcumus ISOQAR by October 2026. These transition audits will take place in Summer 2024.

Currently the InHealth Compliance Team are supporting the IT and Sustainability Manager and the consultancy company Intu Veritas as InHealth and InHealth Intelligence go through the process of being certified against ISO 14001 and ISO 50001 environmental management systems.

The Stage 1 audit over 2 days was completed with only 3 improvement requests and the stage 2 audit of 26 days runs from through Summer and Autumn 2023.

Part 3

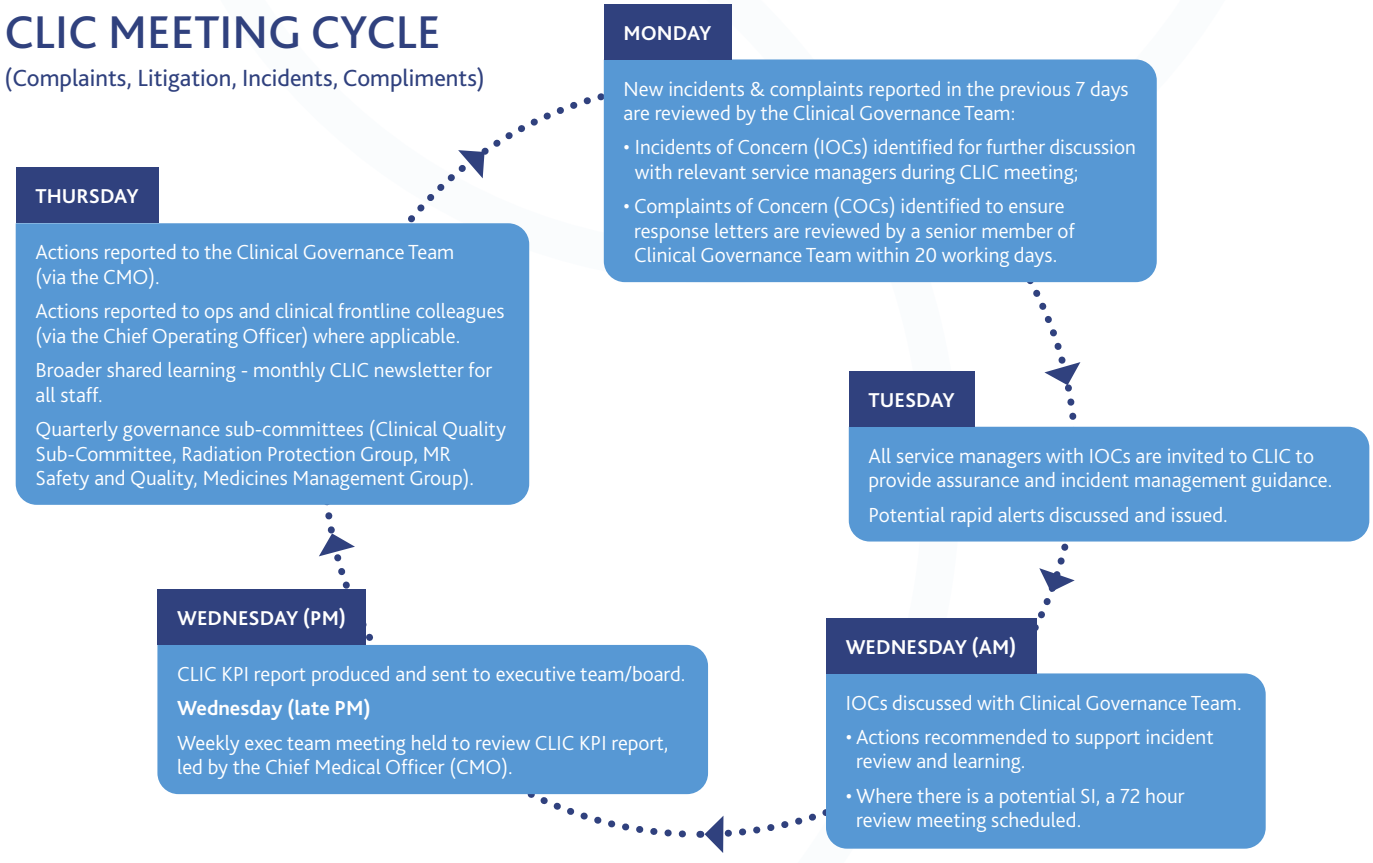
3.2.4 Complaints, Litigation, Incidents and Compliments Group

In support of the Clinical Quality Sub Committee, the Complaints, Litigation, Incidents and Compliments (CLIC) Group meet on a weekly basis. Its purpose is to provide a contemporaneous overview on a weekly basis of all complaints, litigation, incidents and compliments to ensure appropriate calibration of risk scoring and that proportionate investigation and remedial action takes place.

The members include the whole of the Clinical Quality Team who are responsible for running the meeting and all staff. Typically, regular participants are CQC registered managers and other service managers and operational colleagues with responsibility for oversight of governance and assurance in their modality or service.

The meeting is held virtually via MS Teams as this facilitates the widest possible participation across our geographically dispersed staff group. The cycle of activities that occur in preparation for the meeting and following on from it are represented in the graphic below.

The group produces a flash report following the meeting that is shared with the Executive Team and Board and senior operational leaders across the organisation.



3.2.4 Complaints, Litigation, Incidents and Compliments Group

The CLIC group produces a flash report following the meeting that is shared with the Executive Team and Board and senior operational leaders across the organisation. This contains a summary of the incidents and near misses that occurred in the previous week and the risk scoring associated with these occurrences. It is vital that 'the patient voice' is kept at the heart of our services and that our Executive team and Board have regular opportunities to hear what our patients and service users feedback to us. As a result, following the summary table we have five examples of the patient voice from across our services received in the previous week, these a captured through our formal patient feedback mechanisms, by email, letter or telephone or directly to our customers and then shared with us. We are proud of the feedback we receive from patients and customers.

The next section of the report lists key incidents for highlighting to the Executive Team and Board. These would include:

- Any incident that is classified as a Serious Incident or potential Serious Incident (in accordance with the NHS SI Framework). This would include incidents where it was identified that there had been actual patient harm.
- All incidents scored as moderate or higher in terms of risk level.
- All incidents that involve violence, aggression or abuse of staff by any person.
- All incidents categorised as safeguarding concerns.
- All incidents requiring reporting to an external body including but not limited to CQC, CQC IRMER, Police, HSE

Finally, the report lists and visits or inspections from our regulators and our CQC inspection status report.

The meeting also seeks to identify learning opportunities which can be shared more widely across the group through the CLIC Lessons Learned Newsletter as part of promoting organisational learning. It also aims to identify on a continuing basis, emerging themes to ensure that material risks are identified for inclusion on the appropriate risk registers for onward management and mitigation. Where emerging themes are identified these are included in the flash report.

During 2022/23 the CLIC group has reviewed 8381 incidents including 5 serious incidents ensuring that appropriate actions were taken and that relevant information was escalated to senior leaders and the Executive Team and Board.

The Executive Team meet to discuss the CLIC flash report and a discussion is led by the Chief Medical Officer. Any actions resulting from the review of the flash report are circulated by the CMO and the Chief Operating Officers.

Part 3

3.2.5 Medicines Management Group

Some governance meetings focus on a particular element of clinical risk and one of these is the Medicines Management Group (MMG). The safe and effective management of medicines is a fundamental requirement of contemporary healthcare and is essential in ensuring safe care and treatment is provided whilst mitigating or reducing the risk of avoidable harm occurring.

The Medicines Management Group and the supporting policy and SOP suite have been produced for all InHealth staff who are involved with the procurement, prescribing, storage and administration of medicines. It has been developed to ensure that medication is being used and stored in line with good practice and relevant governing legislation.

The policy describes the safe and secure systems for the control and handling of medicinal products within InHealth based on current legal requirements, professional standards and best practice. It also applies to the provision of advice or recommendations in relation to pharmacological management which is provided by InHealth staff to patients, referrers or other clinicians.

The Medicines Management Group is chaired by the Director of Clinical Quality who is supported by the CMO and the InHealth pharmacist. This group is only quorate when both a medical professional and a pharmacist are in attendance.

Members include senior representatives of every area of the organisation where medicines are used which incorporates our diagnostic radiology services, endoscopy services and screening and prevention. Within the MMG is a section related to the use and management of controlled drugs which are subject to an additional layer of licensing, regulation and legislation.

3.2.5 Medicines Management Group

Key Functions

Strategic

- Fulfil the requirements of medicines management groups defined in national guidance, standards and best practice.
- Through effective medicines management, contribute to achievement of the InHealth's corporate objectives.
- Advising the Executive Team (ET) on medicines management issues relevant to InHealth
- The production of an InHealth Medicines Management Policy
- To support systems for the safe and effective use of medicines
- To set key performance indicators for the medicines management group on a rolling annual basis

Operational

- Monitor drugs usage and expenditure and manage issues arising.
- The approval of the InHealth Medicines Management Policy and other policies, procedures and guidelines for the safe, secure and cost-effective use of medicines within InHealth
- The ratification of medicines-related standard operating procedures, guidelines, Patient Specific Directions (PSDs), Patient Group Directions (PGDs), drug protocols and pathways
- To ensure that systems are in place for the management of non-medical prescribing, transcribing and PGDs.
- Support planning processes by advising InHealth on the impact of new drugs and changes in medicines practice, guidance and legislation.
- Investigate and support new techniques and methodologies for medicines management.
- To monitor the compliance with medicines management standards, including those for controlled drugs, and to support the production of reports or assessments in accordance with requirements.

In 2022/23, a key activity has been the conversion of some of our previous Patient Group Directions (PGDs) to Drug Protocols by our pharmacist as this approach is considered best practice.

This activity will continue into next year.

Part 3

3.2.6 Safeguarding Board

During 2022/23 the InHealth Safeguarding Board has gone from strength to strength with the addition of the Chief Medical Officer as a level 4 trained safeguarding lead and the decision to add an element of training to every meeting to improve our support for safeguarding supervision. The topics selected would be chosen for their relevance to the safeguarding board members and from topics that appear regularly in the safeguarding concerns raised by our colleagues. The Board exists to provide executive ownership and oversight of safeguarding throughout the organisation and ensure that good practice is identified and shared across all clinical areas.

Below is a summary of the key topics covered in 2022/23.

Dr Reem Hasan, our Chief Medical Officer, facilitated a training session entitled 'Modern Slavery - 'It's closer than you think'. The supporting presentation emphasised that modern slavery is a form of abuse and exploitation and can be defined as the illegal trade in human beings for the purposes of commercial sexual exploitation or reproductive slavery, forced labour or a modern-day form of slavery. The team learnt about the National Referral Mechanism and the startling statistics related to the numbers of people impacted by modern slavery. There was a focus on children affected by modern slavery and the legal obligation to follow child protection guidelines for all cases involving those under 18 years. Finally, resources were shared so safeguarding leads could continue to develop their knowledge of this important topic.

In another safeguarding supervision session, the Safeguarding Board welcomed the adult safeguarding lead GP from one of the Integrated Care Boards where we hold a significant service delivery contract. The GP started with a definition of adult safeguarding and probed the team for their ability to recall the ten categories of abuse that an adult can be subjected to.

She then moved on to an in-depth presentation on the following: -

- Domestic violence and abuse
- Domestic abuse Act 2021
- Claire's law
- Employer duty
- Policies and procedures
- Culture of inclusivity
- Resources

A key learning point for our team was the lack of a specific domestic violence and abuse policy separate to the general adult safeguarding policy. Development of this policy has begun and it will be added to our safeguarding policy suite once it has gone through consultation and ratification.

The team also received training on female genital mutilation by the CMO and the mandatory reporting duty for registered healthcare professionals.
The presentation covered the following: -

- WHO definition of FGM
- UN and sustainable development goals for FGM
- Types of FGM
- Related legislation
- Language
- Statistics
- Mandatory reporting duty with flowchart

This session highlighted the impact of FGM across the globe and it was delivered sensitively whilst underpinning the responsibility of safeguarding leads to act promptly and within the law whenever this type of concern is raised within our services.

The learning topics introduced into the safeguarding supervision section of the safeguarding board have been well received by the group and we will continue with this initiative in 2023/24.

3.2.7 Radiation Protection Group

The Radiation Protection Group (RPG) is chaired by our Radiology and Radiation Protection Clinical Lead and meets quarterly in line with our clinical governance framework. The purpose of the group is to provide assurance to the organisation of the safe use of ionising radiation and compliance with relevant legislation, primarily the Ionising Radiation (Medical Exposure) Regulations 2017: guidance - GOV.UK (www.gov.uk) and The Ionising Radiations Regulations 2017 (legislation.gov.uk). The group chair is ably supported by a group of externally retained Medical Physics Experts (MPE) who work under a lead Radiation Protection Advisor (RPA) and a Radioactive Waste Advisor (RWA) for our work with radiopharmaceuticals in our PET-CT services.

During 2022/23 a key task of our Radiology and Radiation Protection Clinical Lead is the development of a standard operating procedure for the 'Entitlement of Radiation Duty Holders'. The health and Safety Executive have brought in a requirement for this to be documented and this SOP fulfils the statutory requirement. It has been issued to all staff involved in ionising radiation procedures and the Radiation Protection Supervisor group across the organisation as the they will be responsible for monitoring the completion of tasks related to the SOP in their quarterly reports to the RPG. The goal set by the Radiology and Radiation Protection Clinical Lead is to complete all entitlement tasks by Q1 of 2023/24.

3.2.8 Water Safety Group

The purpose of the Water Safety Group is the oversight of systems to control legionella and other waterborne pathogens that pose a risk to patients, the public and staff at InHealth premises. A key action in 2022/23 was to update the Water Safety Policy and share with all staff. A summary of the purpose of the policy is noted below.

The purpose of the policy is to outline InHealth's responsibilities as an employer in charge of healthcare premises in relation to the health risks associated with waterborne pathogens, and to describe how the organisation meets those responsibilities so far as is reasonably practicable.

This policy is written for all persons who influence the design, installation, commissioning, maintenance and operation of hot and cold water supply, storage and distribution systems and associated equipment and systems in InHealth occupied premises and the InHealth managers of the services provided from these premises.

Part 3

By following the guidance and legislation captured by 'Safe water in healthcare premises' - HTM04-01, InHealth will ensure that all of the above persons will be aware of their individual and collective responsibility for the provision of safe hot and cold water supplies, and storage and distribution systems in InHealth occupied premises.

Duties under the Health and Safety at Work Act 1974 (HSWA) extend to risks from legionella bacteria, pseudomonas bacteria and other waterborne pathogens which may arise from work activities. The Management of Health and Safety at Work Regulations (MHSWR) provide a broad framework for controlling health and safety at work. More specifically, the Control of Substances Hazardous to Health Regulations 2002 (COSHH) provide a framework of actions designed to assess, prevent or control the risk from bacteria like Legionella and take suitable precautions.

The Approved Code of Practice contains practical guidance on how to manage and control the risks in the InHealth water systems.

Legionnaires' disease: The control of Legionella bacteria in water systems (L8)

Adhering to the guidance outlined in 'Safe water in healthcare premises' HTM 04-01 demonstrates compliance with legal requirements and governance standards. This guidance covers the control of Pseudomonas aeruginosa and other waterborne pathogens.

As an employer, InHealth is responsible for health and safety and needs to take the right precautions to reduce the risks of exposure to waterborne pathogens including legionella and pseudomonas by carrying out the following steps:

- identifying and assessing sources of risk
- managing any risks
- preventing or controlling any risks
- keeping and maintaining accurate records
- carrying out any other duties in relation to the risk.

3.2.9 Management of Doctors

Dr Reem Hasan, our Chief Medical Officer, has undergone training as a Responsible Officer and has now taken on this role in addition to her other duties. This has given the Director of Clinical Quality and Chief Nursing Officer and her team regular access to the InHealth RO in comparison to the part time cover that was previously available. As RO, Dr Hasan has reviewed the oversight and management of doctors right across the organisation and driven several improvements including:

- Increased oversight on doctors engaged via practising privileges.
- More detailed onboarding checks for GMC registered professionals.
- Better recording of medical appraisal and revalidation information for employed doctors.
- Closer working with the medical indemnity organisations.

The key meeting chaired by the RO for the oversight of the delivery of duties under the The Medical Profession (Responsible Officers) Regulations 2010 (legislation.gov.uk) is the monthly 'Management of Doctors Meeting'.

A sub-set of the Clinical Quality Team attend this meeting and constitute the RO team. InHealth contract with SARD (sardjv.co.uk) for the use of their appraisal and medical revalidation software and the RO team have access to the system to manage data related to doctors connected to the InHealth designated body. Connected doctors have their own system access and can store documents in preparation for the annual appraisal knowing that they are stored in a system with strong access controls that limits access to that allowable under the legislation only.

During 2022/23 InHealth maintained a high level of appraisal compliance that was regularly >90%. All doctors are engaged with medical appraisal and revalidation processes and are supported by the RO team to find a suitable appraiser each year.

The RO holds a Revalidation Advisory Group whenever a connected doctor is due to revalidate and reviews a range of documents to enable her to confidently revalidate the doctor within the required timescale on the GMC Connect system.

The organisation has expanded in 2022/23 and we expect to have an influx of additional connected doctors in 2023/24.

A key area of learning for 2022/23 that will also continue into 2023/24 is compliance with The National Standards of Healthcare Cleanliness 2021. This has brought in important changes and 3 key audits –

1. Efficacy Audit
2. External Assurance Audit
3. Technical Audit

Staff have been trained how to complete these audits and the resources have been developed as shown below to enable staff to demonstrate compliance to patients and to regulators -

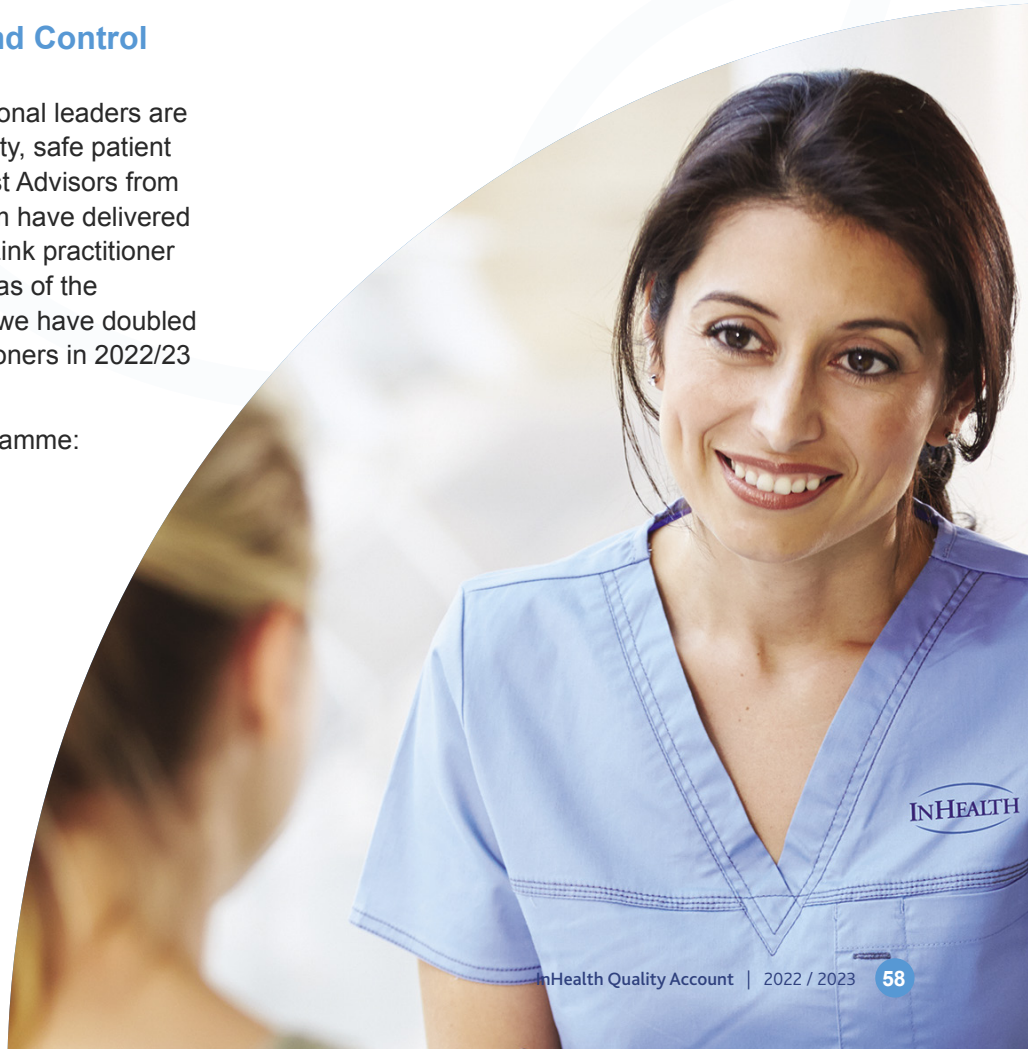
- Our Commitment to Cleanliness
- Cleaning responsibilities Framework
- Star rating poster.

3.2.10 Infection Prevention and Control

The Clinical Quality Team and operational leaders are also supported in delivering high quality, safe patient services by Infection Control Specialist Advisors from Advanced Clinical Solutions. The team have delivered the Infection Prevention and Control Link practitioner programme to colleagues from all areas of the organisation across the UK. Overall, we have doubled the number of trained IPC link practitioners in 2022/23 compared with the previous year.

These are the core topics of the programme:

- Core competencies in IPC
- IPC Regulatory framework
- National IPC Manual
- Outbreak management
- Healthcare Cleanliness Standards
- IPC and the Built Environment



Part 3

3.3 Collaboration with other organisations

Throughout 2022/3, InHealth has continued to grow and expand its scope of services. At the same time, the Chief Medical Officer with support from the Director of Clinical Quality has ensured that the structure to support oversight and assurance of patient safety and clinical quality is fit for purpose for a growing organisation. Key achievements made during the year include:

British Institute of Radiology

InHealth continues as corporate member of the British Institute of Radiology which is a multidisciplinary organisation comprising radiologists, radiographers, medical physicists and other professional colleagues working in radiology. The number of imaging professionals that benefit from complimentary BIR membership as a benefit of their InHealth role is now more than 800.

- This gives our staff instant on-line access to the latest issues of the British Journal of Radiology
- Access to an on-line learning library of over 150 recorded talks and webinars
- Free access to 3D Atlas Anatomy and cross sectional imaging
- Opportunity to join a range of multi-disciplinary special interest groups.

These resources support staff with their continuing professional development and is an encouragement to submit posters and develop presentations on key topics in the field for the BIR congress and other events.

Staff in the Clinical Quality Team are members of the BIR leadership and management specialist interest group, the BIR education committee and the BIR council. This enables regular engagement with radiologists, medical physics experts and radiographers in roles within the NHS and independent sector for collaboration and support.

College of Radiographers Industry Partnership Scheme (CoRIPS)

InHealth is a diamond member of CoRIPS, the funds from this scheme support research and innovation by healthcare professionals within radiology. InHealth representatives attend the annual presentation day where individuals who have benefitted from the scheme present their work. In addition, we are invited to support the Annual Radiographer Awards during which the Radiographer of the Year and Radiography team of the Year are announced.

College of Radiographers Patient Advisory Group

A member of the InHealth Clinical Quality team is a member of this group whose aim is to enhance patient, public and practitioner partnership in radiography.

Following a proposal from the InHealth member, the PAG used their 2022/23 UKIO conference session to speak about restorative justice and compassionate engagement with patients and practitioners involved in patient safety investigations. This was based on the PSIRF training undertaken by the Clinical Quality Team earlier in the year that had a powerful impact on all those who attended. The PAG session in 2023/24 will build on this topic and develop it further.

Society of Radiographers MR Advisory group (MRAG)

A member of the InHealth Clinical Quality team is a member of this Society of Radiographers specialist interest group whose aim is to enhance patient safety within the magnetic resonance imaging modality. The development of implanted or external devices to support patients that are electrically, magnetically or electronically controlled pose a challenge to all those working to ensure that MRI is safe and imaging does not lead to a patient safety incident such as a burn.

InHealth are proud of our colleagues that are working at the heart of the profession helping to support national guidance and policy.

3.4 Our People

As a growing organisation with approximately 3,500 staff delivering services to over 4 million people each year, we work continuously to ensure that every member of staff has easy access to the tools, resources and training to support them in delivering the highest quality care, in the safest way.

With the support of a dedicated Learning and Development Team and highly experienced clinical leads and HR professionals, we continue to make great strides in developing our people and pushing forward our collaboration and leadership agenda.

3.4.1 InHealth People Strategy

Our InHealth People Strategy remains unchanged - centred around the four pillars of 'attract, recruit, develop and retain' – and will continue to support us in finding the right people, at the right time, with the right skills, motivations and behaviours. We want people to love where they work, so from the very start of a candidate journey, we focus on values and behaviours, as well as cultural fit, so that we can be sure that all our people take pride in what they do and deliver quality services to the absolute best of their ability.

3.4.2 Staff Forums - Staff Partnership and Equality, Diversity and Inclusion

Through our two dedicated staff forums, we provide safe spaces for open discussion, constructive challenge, influence and meaningful consultation, in order that we facilitate and encourage regular discussions on the topics that matter most to our colleagues.

The Staff Partnership Forum meet formally on a quarterly basis and in this reporting period have discussed our rewards and benefits offering, the annual Staff Survey, impact of cost of living increases, our new Learning Management System, supporting with the implementation of a new Sponsorship, Volunteering and Charitable Activity Policy (and associated Volunteering Day) and more. By working as a group of colleagues who have a responsibility of gathering feedback from key business areas, we have been able to implement and effect positive change.

The Equality, Diversity and Inclusion Forum meet on a monthly basis and with the support of a newly created role of ED&I Champion, have made fantastic contributions and progress with our ongoing journey. Actions in this reporting period include:

- Holding a training session on Equality and Diversity for our Executive Team
- Discussing and writing an Equality Impact Assessment Form to ensure that all policy reviews consider the use of inclusive language
- Developed and issued a new Menopause Policy for all staff
- Raised awareness of Dyslexia, signposting to available support resources
- Discussing voluntary gender, ethnicity and disability monitoring questions during the onboarding process to support with meeting the aims and commitments set out in the Equality Policy
- Sharing ways to be supportive towards Muslim colleagues and patients during Ramadan to create a more inclusive environment
- Introducing enhanced paternity leave

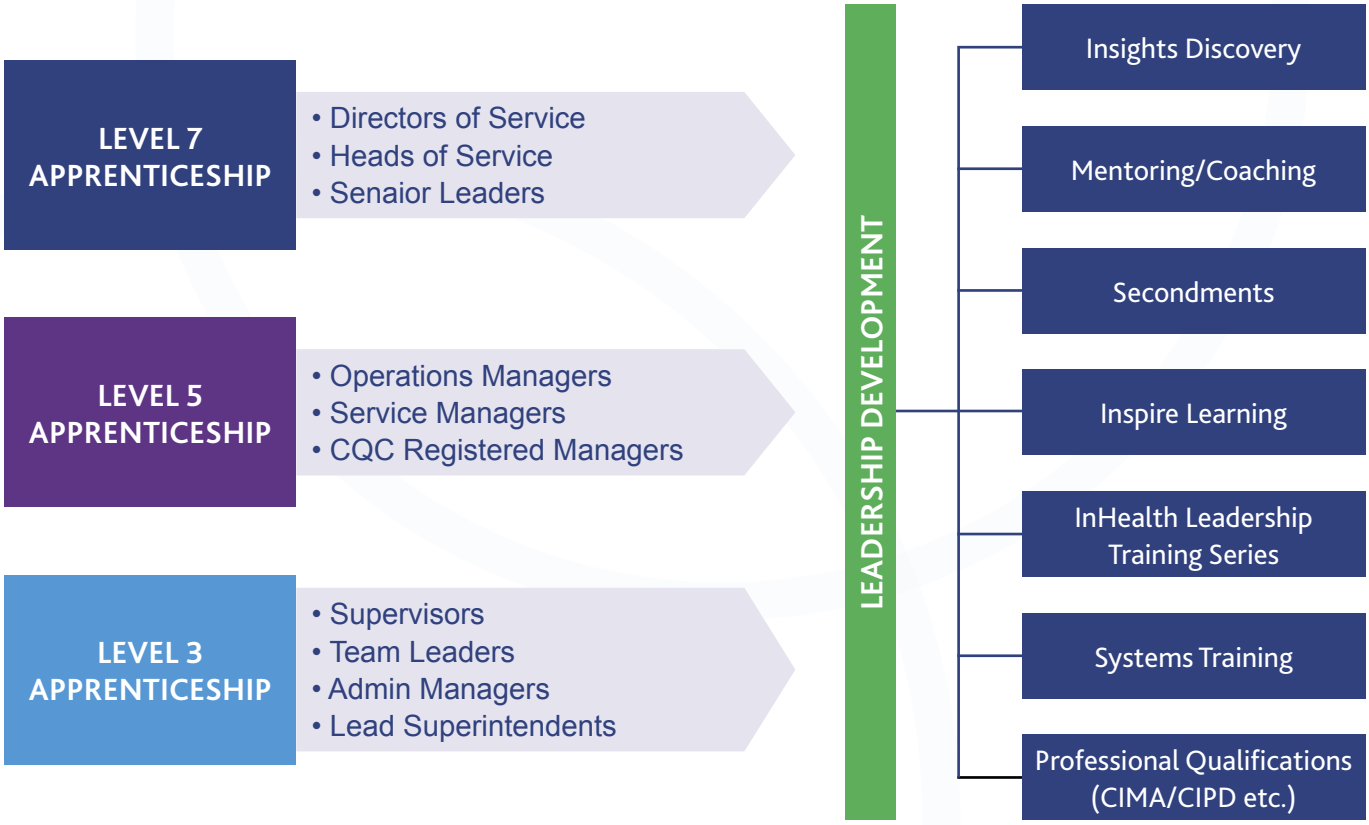
Going forward, both Forums will continue to support InHealth to deliver a culture of openness and trust, partnership working and information sharing, designed to have a positive impact on all our people.

Part 3

3.4.3 Leadership development

We continue to be very proud of our leadership development culture, which is aimed at enhancing skills and knowledge of managers and leaders at all levels of the organisation. Our approach to developing all leaders is supported by the following comprehensive programme of learning:

LEADERSHIP ACADEMY



This year, we have also launched our new Leadership Development Programme to support emerging and aspiring leaders, as well as a new Leadership Academy for MRI, which showcases the opportunities people have to progress in this area.

In addition, we are working towards a new Leadership Training series that will be designed to provide 30-minute training sessions every fortnight, focussed on key business areas and skills that our Managers have advised they would like more support in:

PEOPLE SERVICES

- Handling poor performance
- Bullying & harassment
- Investigations
- Managing difficult conversations
- Talent management, recruitment, engagement & retention
- Managing sickness
- Equality, Diversity & Inclusion

FINANCE, LEGAL & PROCUREMENT

- P&L the basics
- P&L maximising profitability
- Budgets
- Capex & investments
- Corporate Criminal Offence (CCO) & Senior Accounting Officer (SAO)
- IR35
- Ereq & Purchase Order (PO) process
- Contracts
- Delegation of Authorities

CLINICAL QUALITY

- Patient Safety Incident Response Framework (PSiRF)
- CQC Registered Manager
- Patient feedback
- Infection Prevention & Control
- IRMER
- Essentials of patient safety

Part 3

3.4.4 Clinical Development

In addition to leadership training and development, we also have an extensive programme of clinical development that is designed to support our clinical colleagues and ensure that we are continually evolving new ways to expand the skills and expertise across our own workforce, as well as introducing new routes into the wider healthcare workforce. Initiatives include:

- Our Apprentice Radiographer programme, with InHealth having the largest cohort of Apprentice Radiographers in the UK
- Our graduate MRI Radiographer programme, welcoming our 200th graduate this year
- Our successful BSE accredited training programme for Echo, which continues to be a success and saw InHealth become the first independent sector organisation to be accredited as a training provider
- Our Mammography apprenticeship training programme, which supports both InHealth and the NHS and sees InHealth as the training provider as well as accessing the training
- A dedicated Diabetic Eye Screening Programme training schedule, ensuring that we are contributing to developing the next generation of healthcare workforce
- Offering placements to university students and Kickstart placements to break down social inequalities
- Outreach to local schools to encourage students at GCSE age to consider entering healthcare careers.

3.4.5 Increased engagement score in our Staff Survey 2022

InHealth's 2022 Staff Survey showed an overall engagement score of 78% - an increase of 3% from the previous year, which is a fantastic achievement and continues our trend of improved engagement over the last 4 years. For overall engagement, we saw the following results:

- 95% of us would recommend InHealth services
- 93% know what is expected of us at work
- 85% care about InHealth's future
- 84% believe that InHealth is focused on improving patient care
- 84% say that Equality and Diversity are valued at InHealth
- 80% of us say that working here makes us want to do the best work we can

As part of the survey questions, we also captured detailed and insightful feedback from staff about different topics and suggestions for how we can make InHealth an even better place to work for our colleagues, resulting in the creation of an Action Wheel that consists of 5 key themes:

- Digital, technology and systems
- Work-life balance and flexibility
- Sustainability and Corporate Social Responsibility
- Pay and salary
- Training and Progression

The idea of this wheel is to demonstrate incremental improvement and form part of our evolution as we grow, working with our Staff Partnership Forum to make sure that we don't lose focus on the things that are important from a people perspective.

2022 STAFF SURVEY

Making improvements based on our feedback

Our 2022 Staff Survey showed the following fantastic scores:

78%	Overall engagement
3%	Increase since 2021
71%	Response rate

95%	Service recommendation
93%	Know what is expected of us at work
90%	New members of the team are made to feel welcome
88%	Privacy and dignity are prioritised when providing patient care
87%	Patient safety is a key priority

The survey also showed, through all of the comments and self-themed responses, that there were some clear areas of focus. The infographic sets our the 5 key themes, highlighting what we already have in place to support staff, as well as potential future plans that could be explored.

Part 3

3.4.6 Wellbeing support

Across InHealth, we have more than 40 trained Mental Health First Aiders (MHFA) who support colleagues by acting as a point of contact where they may be experiencing a mental health issue or emotional distress, providing early intervention help through an initial conversation, for someone who may be developing a mental health issue. Mental Health First Aiders are also trained to spot the signs of someone who is in distress and could benefit from professional support, offering initial support through non-judgemental listening and guidance.

We are proud to have introduced these roles in 2020 and they continue to be a valued resource and are regularly accessed by staff who recognise the importance of being able to speak to their colleagues about personal issues within a professional setting. We also have over 40 Wellbeing Champions across the group many of whom are also MHFA's. They represent all levels from apprentices to executive team members and cover the majority of the areas in the organisation.

3.4.7 Improved access to training

Our Learning Approach promotes the 70:20:10 model that is driven by staff, managed by our people leaders and supported by Learning and Development interventions. The 70:20:10 model recognises that most learning (70%) occurs in the real life setting of on the job experience, 20% from working and learning from colleagues and 10% from formal learning courses.

Most significantly in the last 12 months, we have launched a new Learning Management System, Inspire, which has improved the quality of our mandatory training programme, providing even better access and overall experience for all staff. This new platform also offers a whole range of optional courses on a range of topics that staff can self-select and cover areas such as time management, conflict resolution and holding effective meetings. As part of this new system, we have also launched a new PREVENT course and will be offering even more comprehensive training in important areas such as this, going forward.

Following the impact of the pandemic on some face-to-face training, this year we have also been able to resume in-person Basic Life Support training and expanded the number of locations where we can offer this. The impact has been very positive and staff report greater satisfaction with this programme.

This year, we have also supported more than 150 apprenticeships and introduced a new approach to graduate recruitment, taking part in an ERASMUS programme in Portugal, with students arriving since September 2022 and sharing excellent feedback.

3.4.8 Communication and engagement

As a growing organisation, we continue to place a real emphasis on our approach to sharing information with all staff and fostering an inclusive culture and supportive environment, recognising the importance of good quality and regular communication. With continued increases in staff engagement, we are proud that our approach to communication has contributed to this success and over the last 12 months, we have:

- Improved the quality of our weekly staff newsletter, which is now regularly contributed to by staff and is always full of useful and staff focussed content.
- Issued more than 1,000 Long Service monetary vouchers to recognise our longest serving colleagues.
- Continued with our programme of fortnightly Senior Leader calls, which focus on people-related topics and queries.
- Encouraged more colleagues to join our social networks, resulting in fantastic staff engagement and a sense of pride for what we are achieving as an organisation.
- Introduced a campaign to share staff stories and personal experiences of mental health, progression and development and backgrounds – this has been a huge success and has created a culture of learning and personal connection across the organisation.
- Shared stories of volunteering days and extra-curricular activities that encourage more colleagues to get involved in social value work.
- Reinvigorated our communication on the InHealth sustainability strategy, sharing successes and progress that include local initiatives that staff can look to roll out in their areas.
- Improved our approach to wellbeing, holding Steering Group meetings with staff to explore how we can improve on our approach to wellbeing and implement strategies and resources that support colleagues both in and out of the workplace.

This year we have also introduced a new role of ED&I Champion, which has made an excellent impact with our journey and is supporting the dedicated Forum with progressing a number of actions as detailed in section 3.4.2.

Part 3

3.4.9 Sustainability

With sustainability in the healthcare sector now a key priority for NHS and independent sector organisations, over the last 12 months we have placed a real focus on this important area, to ensure that as we grow, we emphasise our efforts and work towards a net zero position. Not only is this a key priority for businesses, but our colleagues are also growing increasingly concerned with the impact we have on the environment and in the 2022 survey, they shared many comments about green initiatives that resulted in our dedicated Staff Survey action plan featuring sustainability as a key theme. Supported by our colleagues, we have made great progress in our journey in this reporting period, with some of our key highlights including:

- Promoting an existing colleague into the role of IT and Sustainability Manager for InHealth, providing a dedicated focus on this key area
- Approval from the Executive Team to implement an ISO 14001/50001 Environment and Energy Management System, working and engaging with teams across the organisation to build this robust system
- Contribution to an Independent Healthcare Provider Network case study on sustainability in the private healthcare sector
- Launched a set of healthcare-focused sustainability e-learning resources on our Learning Management System for all colleagues
- Maintained a schedule of internal and external communications to educate and raise awareness, both widespread articles and more targeted presentations
- Published our first Carbon Reduction Plan on the InHealth website, including emissions figures.

Looking ahead, we have lots more planned to support our ongoing progress, including:

- Publishing our Environment and Energy Statement of Intent on the InHealth website, signed by our CEO
- Creating a standalone Environment and Energy Risk Register, reporting quarterly into the Risk and Governance Committee
- Completing 28 days of external audit to achieve ISO 140001 and ISO 50001 certification
- Embedding sustainability into our supply-chain management approach
- Formalising the Sustainability Steering Group, with quarterly meetings
- Updating the healthcare specific sustainability training available to all colleagues
- Carrying out an external surveillance audit for the ISO 14001/50001 management system.

Annex

Annex 1: Statement of directors' responsibilities for the Quality Account

The directors are required under the Health Act 2009 (legislation.gov.uk) and subsequent Health and Social Care Act 2012: fact sheets - GOV.UK (www.gov.uk) to publish a Quality Account for the NHS 2022-23 financial year. This is as a result of the organisation being an independent provider of healthcare services under NHS standard contracts that met the necessary staff number and turnover threshold to trigger the requirement.

NHS England » Quality Accounts requirements provides guidance for independent providers on the form and content of annual quality reports which incorporate the above legal requirements and on the arrangements that organisations should put in place to support the data quality for the preparation of the quality report.

InHealth has chosen to compile its Quality Account in line with this guidance as an example of best practice.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the content of the Quality Account meets the requirements set out in the NHS England » Quality Accounts requirements 2022/23 and supporting guidance.
- the content of the Quality Account is not inconsistent with internal and external sources of information including:
- Board minutes and papers for the period April 2022 to March 2023
- papers relating to quality reported to the Board over the period April 2022 to March 2023
- the national staff survey undertaken in July 2022
- the Quality Account presents a balanced picture of the organisation's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate.
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

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