

# The Institute of Translational Medicine Imaging Centre

## Quality Report

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Date of inspection visit: 17 January 2019  
Date of publication: This is auto-populated when the report is published

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

## Ratings

<b>Overall rating for this location</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Not sufficient evidence to rate</b>	
Are services caring?	<b>Good</b>	
Are services responsive?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

## Overall summary

The Institute of Translational Medicine Imaging Centre is operated by Cobalt Health. The service delivers magnetic resonance imaging (MRI) scans to patients on behalf of University Hospitals Birmingham NHS Foundation Trust. The Institute of Translational Medicine Imaging Centre (ITM) also offers a small number of MRI scans to privately

paying patients. The ITM Imaging Centre supports a wide range of research but when not being used for research the centre provides a service to the local NHS trust for routine clinical MRI examinations.

# Summary of findings

The service had radiographers employed by both Cobalt Health and the NHS trust. The service was integrated with the trust for IT systems, policies and procedures.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 17 January 2019.

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

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

## Services we rate

We rated this service as **Good** overall. We rated it good for safe, caring, responsive and well-led. We do not currently rate the effective key question.

Our findings are as follows:

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- **The service controlled infection risk well. All areas of the centre including where staff conducted MRI scanning were visibly clean and well maintained.**
- **The service managed patient safety incidents well.**
  - **Managers monitored the effectiveness of care and treatment and used the findings to improve the service.**
- **Staff of different kinds worked together as a team to benefit patients.**
  - **Staff cared for patients with compassion. Staff respected patients' privacy and dignity and supported patients' individual needs.**
  - **Staff provided emotional support to patients to minimise their distress.**
  - **Staff involved patients and those close to them in decisions about their care and treatment.**

- **The service planned and provided its services in a way that met the needs of local people.**
- **Patients could access the MRI scanning service at the centre when they needed it.**
- **The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared these with all staff.**
- **Managers had the right skills and abilities to run the ITM imaging centre providing high-quality sustainable care.**
- **The service had a clear vision for what it wanted to achieve and workable plans to turn it into action. Senior leaders developed the service with the referring NHS trust, staff and patients.**
- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- **The service had developed a governance and management framework to support the delivery of the strategy and ensure high quality care was provided to patients. This was regularly reviewed and improvements made as a result.**
- **The service engaged well with patients, staff and the referring NHS trust to effectively manage and develop their scanning services.**
- **The service was committed to improving services by learning from when things went well or wrong and promoting training, research and innovation.**

However, there were some areas where the service needed to make improvements:

- The provider did not hold emergency drills at the centre.
- The provider did not ensure all medication was within its expiry date.
- The provider did not ensure all hard copies of the corporate risk assessments, policies and procedures are up-to-date.

# Summary of findings

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

**Amanda Stanford**

Deputy Chief Inspector of Hospitals (Central Region)

# Summary of findings

## Our judgements about each of the main services

### Service

**Diagnostic imaging**

### Rating

**Good**



### Summary of each main service

Diagnostics was the only regulated activity the service provided.

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

# Summary of findings

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Good 

# Institute of Translational Medicine Imaging Centre

**Services we looked at**

Diagnostic imaging;

# Summary of this inspection

## Background to The Institute of Translational Medicine Imaging Centre

The Institute of Translational Medicine Imaging Centre is operated by Cobalt Health. It is an independent health provider delivering magnetic resonance imaging (MRI) scans for University Hospitals Birmingham NHS Foundations Trust.

The service provides MRI scans to patients from 8am to 8pm, seven days a week. The booking team at the NHS trust book MRI Scans for patients at the centre.

The centre is registered to provide the following regulated activities:

- Diagnostic and screening procedures

The service has had a registered manager in post since it opened in January 2017. At the time of our inspection, the research superintendent radiographer had submitted their CQC application to become the registered manager at the centre.

This is the first time we have inspected this service. There were no requirement notices or enforcements associated with this service.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and a diagnostic imaging specialist advisor. The inspection team was overseen by Bridgette Hill, CQC Inspection Manager.

## Information about The Institute of Translational Medicine Imaging Centre

The centre employed 5.3 whole time equivalent members of staff including radiographers and a radiographer assistant. The registered manager had managed the Institute of Translational Medicine (ITM) Imaging Centre since it opened in 2017.

During our inspection, we visited the MRI scanning room, control room, treatment area, reception, waiting area and office. We spoke with five members of staff. We observed five patient pathways and spoke with five patients about their experience of using the service. We looked at 10 patient records and reviewed the consent section on each of these records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the first inspection of the service since their registration with CQC, which found the service was meeting all standards of quality and safety it was inspected against.

### Activity

From October 2017 to October 2018, the service conducted a total of 5,765 scans. This included 25 scans of patients under the age of 16. There were five patients under the age of 16 scanned in total; two patients were 14 years of age and three patients were 15 years of age.

The number of NHS hospital scans from October 2017 to October 2018, was 5,618. The number of NHS research scans during the same time period was 147.

The service received two complaints from October 2017 to October 2018. Both complaints were not upheld following the internal formal investigation.

The service did not currently record the number of compliments they received. Leaders of the centre were in discussions with the referring trust regarding how they could facilitate this.

Track record on safety (October 2017 to October 2018):

- No deaths in the service
- No reported never events
- No serious incidents

# Summary of this inspection

- No IR(ME)R/IRR reportable incidents
- No duty of candour notifications
- No incidences of healthcare acquired infections

## **Services accredited by a national body:**

- The centre gained Imaging Services Accreditation Scheme (ISAS) accreditation in 2018.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We rated safe as **good**.

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- **The service controlled infection risk well. All areas of the centre including where staff conducted MRI scanning were visibly clean and well maintained.**
- **The service had suitable premises and equipment and looked after them well.**
- **The service managed risks appropriately.**
- **The service had enough staff with the right qualifications, skills, training and experience to keep patients and staff safe from avoidable harm and to provide the right care and treatment.**
- **Staff kept detailed records of patients' care and treatment. The service had access to the referring NHS trust's electronic patient record system.**
- **The service managed patient safety incidents well.**

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

- **Leaders of the service did not hold debriefs following emergency transfer of patients.**
- **We found some out-of-date medicines were in use. Staff removed this medication immediately when we raised this with them.**

Good



### Are services effective?

Not sufficient evidence to rate effective.

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.**
- **Staff gave patients enough to drink to meet their hydration needs.**
- **Managers monitored the effectiveness of care and treatment and used the findings to improve the service.**

Not sufficient evidence to rate



# Summary of this inspection

- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

## Are services caring?

We rated caring as **good**.

- Staff cared for patients with compassion. Staff respected patient's privacy and dignity and supported patients' individual needs.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Good



## Are services responsive?

We rated responsive as **good**.

- The service planned and provided its services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service planned and provided its services in a way that met the needs of local people.
- Patients could access the MRI scanning service at the centre when they needed it.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared these with all staff.

Good



## Are services well-led?

We rated well-led as **good**.

- Managers had the right skills and abilities to run the ITM Imaging Centre providing high-quality sustainable care.
- The service had a clear vision for what it wanted to achieve and workable plans to turn it into action. Senior leaders developed the service with input from the referring NHS trust, staff and patients.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Good



# Summary of this inspection

- **The service had developed a governance and management framework to support the delivery of the strategy and ensure high quality care was provided to patients. This was regularly reviewed and improvements made as a result.**
- **The service engaged well with patients, staff and the referring NHS trust to effectively manage and develop their scanning services.**
- **The service was committed to improving services by learning from when things went well or wrong and promoting training, research and innovation.**

# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

### Notes

# Diagnostic imaging

Safe	Good 
Effective	Not sufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Information about the service

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Information about location

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There were no special reviews or investigations of the service on-going by the CQC at any time during the 12 months before this inspection. This was the first inspection of the service since their registration with CQC, which found the service was meeting all standards of quality and safety it was inspected against.

### Activity

# Diagnostic imaging

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- No serious incidents
- No IR(ME)R/IRR reportable incidents
- No duty of candour notifications
- No incidences of healthcare acquired infections

## Services accredited by a national body:

- The centre gained Imaging Services Accreditation Scheme (ISAS) accreditation in 2018.

## Are diagnostic imaging services safe?

Good 

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Service leaders monitored staff mandatory training compliance. All training was tracked on a central training matrix. This clearly documented when training was either due, not required, completed or overdue. Individual staff training records also recorded staff compliance.
- Staff were required to complete mandatory training each year specific to their role. We reviewed the staff training matrix which showed all staff were up-to-date with the mandatory training they were required to undertake. Records showed all staff had received training on use of strong magnetic fields and the associated risks.
- Staff conducted mandatory training which was run by Cobalt Health and some was held at the referring NHS trust. Training was either face-to-face or staff completed online training. Mandatory training included but was not limited to fire safety, equality and diversity, infection prevention and control and information governance. Staff felt the training supported them to complete their role effectively.

### Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- The service had an up-to-date protection of vulnerable adult's policy. We noted this was due for review in January 2019. This included current guidance and legislation. The policy had contact details of the provider's safeguarding adult's lead and the support team at the trust should staff need safeguarding advice. These contact numbers were also available on the trust's intranet.
- The organisation had a safeguarding and PREVENT lead who was trained to level three for vulnerable adults and children. PREVENT is a programme aimed

# Diagnostic imaging

to stop individuals from getting involved or supporting terrorism or extremist activity. Staff could also access the safeguarding lead trained to safeguarding level four at the NHS trust for additional anti-terrorism support.

- All staff were up-to-date with their required level of training in safeguarding adults and children. Radiographers had a minimum of level two safeguarding children and adults training. Staff conducted safeguarding training as part of their annual mandatory training programme. Staff completed Cobalt Health's on-line training in addition to face-to-face safeguarding training delivered at the trust. The centre had treated a small number of older children. Two radiographers were trained to level three children's safeguarding training and would treat children at the centre. From October 2017 to October 2018, five patients under the age of 16 were scanned in total; two patients were 14 years of age and three patients were 15 years of age.
- Staff understood their roles and responsibilities to report concerns to protect the safety of vulnerable patients. Staff had made one safeguarding referral in the 12 months before our inspection. Staff reported this to both the NHS trust and Cobalt Health's safeguarding leads in accordance with the reporting pathways at both organisations.
- The service conducted all staff checks to ensure they were fit to work with vulnerable adults and children. The service carried out enhanced Disclosure and Barring Service (DBS) checks on all newly appointed staff. All staff working in the service had a current DBS check recorded. The service had an electronic system to check the renewal dates of DBS checks. It was the responsibility of human resources staff based at the organisation's head office to monitor when DBS checks were due for renewal.

## Cleanliness, infection control and hygiene

- **The service controlled infection risk well. All areas of the centre including where staff conducted MRI scanning were visibly clean and well maintained.**

- The provider's MRI manager was the director of infection prevention and control (DIPC). They had lead responsibility for infection prevention and control and delegated local operational responsibility to managers and clinical staff at the centre.
- The service had reliable systems in place to prevent and protect patients from healthcare-associated infections. The service had not had any healthcare-associated infections in the 12 months before our inspection.
- Staff followed best practice guidance in line with the National Institute for Health and Care Excellence QS61 (Infection prevention and control). There was a sink in the recovery room and we saw staff washed their hands before and after each patient direct contact. A World Health Organisation five moments handwashing guide was on display in the treatment room. Staff wore gloves during each patient interaction for cannulation and changed them between patients. Staff washed their hands when they removed the gloves. All clinical staff were bare below the elbow.
- Hand sanitising gel was readily available in each area of the centre, including directly by the main entrance to the building. However, we did not see any guidance displayed in the waiting area reminding staff and visitors to wash their hands.
- Staff requested patients changed into a loose-fitting top and trousers supplied by the service on arrival at the centre, to wear during their scan. This helped to reduce the spread of cross contamination. Patients disposed of this clothing in the linen box provided in the changing room. The referring NHS trust laundered this clothing for the centre.
- The centre was part of the provider's infection prevention and control annual programme. This ensured the service had a clear framework for infection prevention by reporting on performance against audit targets, audit reports and recommendations. The organisation's infection prevention and control committee met quarterly to discuss compliance with this programme. Infection prevention and control was a standing item on the health and safety group agenda.

# Diagnostic imaging

- The centre's manager was in the process of starting quarterly infection, prevention and control audits. The first audit was undertaken in November 2018 where overall compliance was 98.6%. This was above the provider target of 85%. The hand hygiene score was 100%. The service had completed an infection prevention and control audit feedback form to address areas of non-compliance.
- Staff were required to clean equipment each day. The wheelchair, injection chair and stretcher cleaning checklist showed daily checks were up-to-date and fully completed. Staff conducted routine daily flushing of water outlets to prevent the potential build-up of waterborne diseases. The logbook was up-to-date and signed daily by staff.
- Domestic staff from the referring trust cleaned general areas before patients arrived each day. They had restricted access up to the recovery area of the centre. Radiographers cleaned the MRI scanner and scanner room. Staff cleaned the MRI scanning equipment every day in line with the provider's infection prevention and control policy. Cleaning records for the MRI scanner were up-to-date and stored on the provider's shared drive. Radiographers carried out deep cleaning of the MRI room each month.

## Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The service was a standalone satellite unit located on ground floor level. Access to the scanning and treatment areas were restricted as doors were locked and could only be accessed by authorised staff using the security keypad. The MRI scanning area had appropriate strong magnetic field signage. We saw staff escorted patients into each area of the centre.
- The service ensured the maintenance and use of equipment kept patients and staff safe. We checked five pieces of equipment. Equipment was up-to-date with service checks and was maintained appropriately. Staff were trained to use equipment and competencies were in place to ensure staff knew how to use equipment.
- Staff checked each patient's identity on arrival into the reception. Security CCTV screens were visible in the

reporting area of the centre for staff to see when patients and visitors arrived. The security alarm and external CCTV systems were linked to the trust's security systems.

- The service had safety processes to ensure patients and staff were safe. Equipment was compliant with the Medicines & Healthcare products Regulatory Agency (MHRA) requirements. The service had risk assessments in place for the use of strong magnetic fields to ensure patients and staff remained safe. Risk assessments included the types of work activity, patient type and if medicines were in use during MRI examinations. MRI equipment was labelled in line with MHRA recommendations. For example, the wheelchair was labelled as MRI safe.
- Quality assurance checks for the MRI scanner were up-to-date. The scanner manufacturing company engineers carried out preventative maintenance for the scanner twice a year. All remaining equipment we checked was up-to-date with electrical testing. An external estate management company conducted this testing each year.
- Overall, waste was segregated and disposed of appropriately. Domestic staff from the local NHS trust collected clinical and confidential waste each day. However, we saw one sharps bin had not been sealed and signed correctly. Once we informed staff, they addressed this immediately.

## Assessing and responding to patient risk

- **The service managed risks appropriately.**
- The centre had a formal agreement through the NHS Supply Chain Framework with the referring NHS trust to provide an MRI service. This outlined staff would only scan low risk patients able to transfer themselves to the scanning area without support or with a limited amount of support. All referrals were assessed by trained staff at the trust to ensure referrals were suitable.
- The medical physics expert at the local NHS trust and the provider's MRI manager were easily accessible to provide non-ionising radiation advice and met regularly with managers of the centre.
- The service had clear processes to ensure the right person got the right radiological scan at the right time. A Society of Radiographers 'paused and checked' poster was displayed in the control room to remind staff to

# Diagnostic imaging

check patient identity. On arrival at the centre, staff checked patient's referral letter, identity and date of birth. Staff asked patients what type of implants they had before their scan to ensure they were safe to have the MRI scan. If patients did not have sufficient information about their implants, staff rescheduled scans for when they had this information. The safety questionnaire requested women inform staff before they had their scan if they were or may be pregnant. The provider's MRI scan patient information leaflet gave further information for pregnant patients.

- Staff had undertaken training to ensure they could identify deteriorating patients and respond appropriately to medical emergencies. This included managing deteriorating patients. Cobalt Health radiographers had completed Immediate Life Support (ILS) and radiographic assistants were Basic Life Support (BLS) trained. The centre had medical emergency treatment cards as guidance in the event of a deteriorating patient. Staff could easily access the resuscitation trolley, which was up-to-date with daily checks. Protocols were in place to ensure the trust's resuscitation team attended when required. The centre had procedures in place in the event of a patient collapsing in the MRI scanner or if a patient suffered a cardiac arrest. Staff could easily access the emergency equipment in the centre. Staff had completed daily checks for the resuscitation equipment. We checked the resuscitation equipment which was in date.
- The service had urgently transferred three patients from the service to the local NHS trust in the 12 months before our inspection. All three occurred in December 2018. This was in accordance with the ITM imaging centre emergency procedure arrangements with the trust. These incidents were all minor reactions to contrast medium. Staff checked the batches of contrast medium used as part of the incident review process and did not identify any concerns. Staff reported all of these incidents on the centre's incident matrix and the NHS trust's incident reporting system in line with both the provider's and NHS trust's incident reporting policies.
- As the trust's resuscitation team was called in each instance, a meeting was held between the trust's resuscitation officer and MRI superintendent radiographer from both the trust and ITM Imaging Centre. Despite all three incidents being minor reactions, it was agreed that due to the remote nature of the ITM imaging centre staff should continue to call the

trust's resuscitation team if they were concerned about a patient's medical condition. The resuscitation officer agreed that an automatic referral to the trusts emergency department may not be appropriate in all cases. The trust was also in the process of setting up a rapid response emergency team to assess deteriorating patients. Once this team was in place, staff at the centre could request this team attended the centre for the type of patients identified in the above incidents, unless a patient was experiencing a cardiac arrest.

- The service had a formal agreement with the referring NHS trust to transfer patients by ambulance to the emergency department at the trust in case of medical emergency. Staff were supported by senior staff during these situations. However, staff told us formal de-briefs were not held.
- The service was not included in the NHS trust's major incident drills and had not held any specific major incident drills at the ITM Imaging Centre. Major incident drills were held at the provider's imaging centre in Cheltenham. Senior leaders told us they planned to carry out drills at the ITM imaging centre in the future. The service held regular routine fire drills.

## Radiographer staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep patients and staff safe from avoidable harm and to provide the right care and treatment.**
- During our inspection, staff at the centre included a radiographic assistant and two senior radiographers. This was in line with the provider's minimum radiographic staffing levels protocol which specified a minimum of two MRI experienced radiographers and one radiographic assistant were on site at all times during operational hours. This ensured the centre always had safe staffing levels and staff would not be working alone.
- The service directly employed 5.3 full time equivalent staff members. This included a superintendent research radiographer, senior MRI radiographers and radiographic assistant. The referring trust provided two radiographers to work at the centre. The MRI applications specialist was also resident for 0.5 whole time equivalent per week.

# Diagnostic imaging

- Staff worked 13-hour shifts with a half an hour lunch break. Staff began shifts at 7.30am to prepare for the arrival of the first patient. Staff told us managers were flexible regarding which shifts they covered.
- The service currently had a vacancy for one senior MRI radiographer. This post had been temporarily filled by an agency radiographer however; the service was still trying to recruit a permanent radiographer. The shortage of radiographers is a national problem which had made it difficult to recruit a radiographer permanently.
- The centre had one radiographic assistant in post. During the 12 months before our inspection, the centre had three separate radiographic assistants start the role and then leave the service. Leaders of the service told us it had been difficult to retain radiographic assistant staff. The main reason was the range of tasks radiographic assistants were required to undertake as part of their role due to the satellite clinic location. Managers had explained to interviewees for this post how the role involved a range of tasks including booking patients in at the reception and cannulation to pre-warn staff before accepting the position.
- Cobalt Health supported staffing levels at the centre by providing bank radiography staff from other mobile services and other Cobalt Health imaging centres if required. When this was not possible, the service used agency staff to ensure safe staffing levels were maintained. The service had three senior MRI radiographer shifts and 13 radiographic assistant shifts covered by bank staff in the three months before our inspection. Agency staff were used to cover 12 senior MRI radiographer shifts in the last three months before our inspection. Agency staff had completed their induction and mandatory training before they could work at the service and senior staff would check their competencies.
- Sickness levels at the centre were low. In the three months before our inspection, there had been 1% sickness rates for senior MRI radiographers and 2% for radiographic assistants.
- Patient records, including imaging reports were securely held on the NHS trust's electronic patient management systems. Staff accessed these systems using secure individual passwords. The MRI scanner was linked directly to the NHS trust's picture archiving and communication system (PACS) for secure image transfer. The MRI images were transferred to the trust's Clinical Record Interactive Search (CRIS) and PACS so MRI scan results and images would be accessible for review by the referring consultant in a timely way. Staff had a checklist to ensure all necessary information was included for scans to be sent to PACS at the end of each day. All staff had completed information governance toolkit training.
- The only paper patient records held at the centre related to patient referrals for MRI scans for research trials. These records were securely stored in dedicated files in a locked cupboard.
- We reviewed five patient records during our inspection; four were fully and accurately completed however, in one record staff had documented where contrast agent was given but cannulation information had not been recorded.
- Staff at the centre did not communicate MRI results to patient's GPs. This was managed directly by staff at the referring trust. It was the trust's responsibility to monitor how long this took.

## Medicines

- **Overall, the service followed best practice when prescribing, giving, recording and storing medicines. Staff ensured patients received the right medication at the right dose at the right time.**
- The superintendent research radiographer oversaw medicine management at the service. The provider's medicine management policy was up-to-date and in line with current national guidance.
- The service did not store or administer controlled drugs. The service stored and prescribed prescription only medicines. These were stored in the medicine cupboard which staff locked at the end of each day and when not in use. The keys were securely stored in the key safe. Staff had access to emergency medicines.
- Staff used Patient Group Directions (PGDs) to administer contrast medium to some patients. A PGD is a written instruction for the sale, supply or administration of medicines to groups of patients. The service was appropriately using PGDs.

## Records

- **Staff kept detailed records of patients' care and treatment. The service had access to the referring NHS trust's electronic patient record system.**

# Diagnostic imaging

- The local NHS trust provided contrast medium to the centre. Staff collected this from the trust each day and this was documented on the contrast and drug collection transport and receipt form. This provided an audit trail of the medicines collected. We saw staff recorded the batch number and expiry date of contrast administered to patients and the sticker from the contrast bottles was added to the patient records. The electronic patient record clearly documented patient allergies and if a patient had experienced any previous reactions with contrast mediums.
- We checked five medicines at random on the resuscitation trolley and all were in date. However, we found two out-of-date medicines stored in the hypothyroidism medication box. These medicines are used to treat patients experiencing symptoms due to an under active thyroid. Staff removed this medication immediately when we raised this with them.

## Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the referring NHS trust.**
- The service reported no never events or serious incidents from October 2017 to October 2018. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- Staff understood how to raise incidents and told us they would report them on both the referring NHS trust's and provider's incident reporting system. Learning from incidents was shared in the provider's weekly email updates and at team meetings.
- We discussed a recent minor incident where a patient experienced a raised red rash reaction following a scan. Service leaders in collaboration with the NHS trust investigated this incident. This resulted in a change of practice which involved staff checking patients did not have flushed skin following a scan.
- The service did not have any incidents reported between October 2017 and October 2018 where duty of candour applied. We were therefore unable to fully assess the provider's compliance with this regulation.

The duty of candour regulation requires healthcare bodies to notify patients as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.

- The provider had an up-to-date duty of candour policy. This stated all moderate, severe harm and death incidents must have documented evidence of the 'being open' process. The policy provided guidance and examples of incidents where the duty would apply. Staff sought advice from line managers to assist in the assessment of any serious incidents.

## Are diagnostic imaging services effective?

Not sufficient evidence to rate 

## Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.**
- Staff could access Cobalt Health policies and procedures on the provider's shared drive and the NHS trust procedures on the NHS trusts' computer systems. However, some staff told us it could take a long time to access policies on the provider's shared drive as the connection was slow.
- The service had suitable policies and standard operating procedures in line with legislation, standards and evidence-based guidance including the Society of Radiographers and the National Institute for Health and Care Excellence. A specialised applications specialist from the MRI scanner manufacturing company and the NHS trust's physicist also reviewed the centre's MRI protocols. However, we found some paper versions of the corporate policies and risk assessments available to staff were out-of-date. The centre's manager was in the process of updating all documents. The electronic versions on the shared drive were up-to-date however, we had concerns there was the potential for staff to be using out-of-date guidance.

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- Service leaders informed staff when there had been changes to policies and processes. Cobalt Health was a provider of MRI education for radiographers in the UK. Senior staff told us this enabled them to identify best practice and developing techniques.
- The service had systems in place to ensure there was no discrimination, including on the grounds of protected characteristics under the Equality Act when making decisions about patient's care and treatment. The provider had several policies providing guidance to staff including the Equality, Diversity and Human Rights policy, Mental Capacity Act and consent policy.
- The provider had an audit matrix recording what audits the centre needed to complete. This included the frequency of the audit and what committee or meeting staff needed to submit their results to for review.
- The centre used technology and equipment to enhance the delivery of effective patient care and treatment. The service had one of the latest MRI scanning and support systems to ensure the best quality imaging was available in the shortest possible time. Service leaders audited image quality and the trust's medical physicists carried out an annual image quality assurance audit programme.

## Nutrition and hydration

- **Staff gave patients enough to drink to meet their hydration needs. Staff would provide drinks to patients on request.**
- Patients were not required to drink a certain amount of liquid or to fast before an MRI scan to ensure scan images were clear.

## Pain relief

- **Staff assessed and monitored patients regularly to check if they were in pain.** We observed a radiographer ask if a patient was in pain during their intravenous cannulation procedure. Intravenous (IV) cannulation is a technique used at the centre where a thin tube is inserted into a vein to administer medication. Venous access allows for the administration of contrast media to improve pictures of the inside of the body produced by the MRI scanning process. Staff also checked which arm the patient would prefer their cannula in to help minimise the pain and discomfort levels. Radiographers regularly checked on patients' pain and discomfort levels at each stage of the scanning process. Staff said

it was uncommon for patients to experience pain during the scan however, if patients were uncomfortable, staff would try to move patients into a more comfortable position during the scan. If a patient was still experiencing pain they would stop the scan.

## Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve the service. The service compared local results with those of other similar services to learn from them.**
- The centre gained Imaging Services Accreditation Scheme (ISAS) accreditation in 2018. This enabled the provider to benchmark performance against national standards to review and improve the MRI scanning services. As part of the ISAS accreditation, the provider carried out several audits to assess the effectiveness of the service. As part of this scheme, the service could benchmark against national standards and review and improve MRI services. Some research studies the service was part of required robust validation of the MRI system capabilities in line with national and trial standards. The provider's MRI manager, the centre's senior research radiographer and the NHS trust's physics team reviewed audit results and performance. Results were discussed at the provider's clinical governance committee meetings. Non-compliance with processes or adverse results were addressed with the individual radiographer if required. Staff were offered additional support or training if necessary.
- The service carried out several audits as part of the ISAS accreditation scheme. This ensured the service could assess the effectiveness of the service provided and benchmark against national standards and review and improve their MRI services. The provider recorded audits conducted on their audit matrix.
- The referring NHS trust operated five MRI systems and the image quality provided by the ITM Imaging Centre were regularly compared to the trust systems and fed back to the trust's medical physics team or radiologists.

# Diagnostic imaging

- The radiology reporting function was provided directly by the local NHS trust. The trust had an audit programme for radiology reporting and any imaging quality concerns were shared with the ITM staff.
- The trust's medical physics team undertook weekly quality assurance audits to improve MRI research scanning protocols. The provider monitored patient outcomes regarding patient access to imaging, quality of imaging and general feedback from patients and referrers. Feedback from the MRI applications specialist ensured imaging protocols were developed in line with current practice. Clinical staff participated in the audit programme. Radiographers were informed of the results when good practice was identified or improvements were needed.

## Competent staff

- **The service made sure staff were competent for their roles. Managers appraised the work performance of staff and held supervision meetings with them to provide support and monitor the effectiveness of the service.**
- The centre's superintendent research radiographer conducted all staff appraisals each year. They emailed staff to let them know when their appraisal was due to ensure they could prepare adequately. All staff were up-to-date with their appraisals. The service used the training matrix to record when staff appraisals were due. The appraisal form included sections for example, on training and development, future role developments, priorities and timeframes. Staff told us appraisals were useful and were a good opportunity to discuss their training and development needs.
- New starters, including bank and agency staff conducted a comprehensive corporate and local induction covering rules, processes, procedures, so the individual had an overview of the role and service. All staff had to watch the MRI safety video before they were permitted to enter the MRI scan room.
- During the induction period, clinical staff were mentored by an experienced member of the team. The length of this period was dependant on the radiographer's experience. The radiographic assistant was mentored for four weeks before working independently. This ensured radiography staff worked

within their scope of practice and expertise and to the required standards. Once staff had completed this supernumerary period they were competent to work shifts unsupervised, however support was readily available if needed.

- Staff had suitable training to meet their training needs for their specific role. Staff completed training and competency assessments specific to their role. There was clear guidance outlining what competencies radiographic assistants and radiographers needed to complete. For example, we saw the radiographic assistant had completed cannulation competencies and this was signed off by a senior radiographer or the centre's superintendent research radiographer.
- Staff could attend training courses to update and develop their skills further. Staff had protected time for training. The radiographic assistant was due to attend a Cobalt Health MRI course. A radiographer attended a study day for cardiac scanning at a centre for excellence for this procedure. Cobalt Health was also a provider of MRI education in the UK. All radiographers employed by Cobalt Health attended this training programme.
- The applications specialist provided comprehensive MRI system training to ensure all staff were up-to-date with using the MRI scanner and its' functions. Staff undertook competency training in the optimum use of the MRI scanning equipment.

## Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit patients. Radiographers and radiographic assistants supported each other to provide patient care which met patient needs.**
- Service leaders had close links and held regular meetings with staff from the local NHS trust. This ensured patient care was delivered and reviewed in a coordinated way by staff from both the ITM imaging centre and the NHS trust. All staff from both organisations communicated effectively. Quarterly meetings took place between service leaders and the physicist at the NHS trust. The MRI lead from the NHS trust attended the centre's staff meetings to ensure patient care was delivered and coordinated in a consistent way across the two organisations.

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## Seven-day services

- **The centre provided MRI scanning services to patients seven days a week. The service was open each day from 8am to 8pm.**
- The service was flexible and could see patients urgently and within three days if required. The service had flexibility with appointments to accommodate urgent scans and held spare appointment slots in case they were needed.
- The NHS trust's booking team booked patient appointments. Patients told us they were offered appointments that suited them where possible. All bookings were made by the trust and patients were allocated to one of the MRI scanners at the trust or ITM Imaging Centre. Allocation of appointments to the centre depended on clinical requirements, urgency and waiting times.

## Health promotion

- The centre did not directly provide patients with health promotion advice. Health promotion material for example, for smoking cessation and obesity was available from the referring NHS trust if patients required it.
- Staff supported patients to manage their own health and wellbeing as much as possible considering the type of service they provided.

## Consent and Mental Capacity Act

- **Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.**
- Staff were required to undertake training on the Mental Capacity Act every two years. 83% of staff attended this training in 2017. All staff were required to complete an on-line Mental Capacity Act training module this year. All new members of staff received a copy of the provider's Mental Capacity Act policy during their induction training. The Mental Capacity Act policy was reviewed and discussed with staff during policy workshops held annually.
- All clinical staff completed consent training every two years which also contained training about the Mental Capacity Act. Staff understood the processes to follow if

they had concerns about a patient's ability to consent to their scan. Staff were aware they could approach the provider's Mental Capacity Act lead if they needed any additional support or guidance.

- The provider had a consent to imaging examination policy which was available for staff. This was written in line with national guidance. Staff obtained patient consent before their scan on arrival at the centre. Staff recorded this on the patient safety checklist questionnaire. We reviewed the consent section on ten patient safety checklists during the inspection. All forms were fully completed and signed appropriately.
- Staff told us they had not had any instances or concerns regarding a patient's ability to consent to their treatment. Formal agreement with the local NHS trust specified staff at the centre would only treat low risk patients. If staff had concerns regarding a patient's mental capacity they would refer them back to the trust for treatment and to conduct appropriate mental capacity assessments.
- The centre was in the process of planning research trials involving patients with Alzheimer's disease. Service leaders told us they would arrange for a guardian to consent on a patient's behalf if patients lacked capacity.

## Are diagnostic imaging services caring?

Good 

We rated caring as **good** :

### Compassionate care

- **Staff cared for patients with compassion. Staff respected patients' privacy and dignity and supported patients' individual needs. Feedback from patients confirmed staff treated them well and with kindness.**
- We saw staff introduced themselves to patients and clearly explained their role and what treatment they would be providing. This was in line with the National Institute for Health and Care Excellence quality standard, QS15 regarding patient experience in adult NHS services. All staff wore name badges clearly displaying their name and role.

# Diagnostic imaging

- Staff communicated with patients and their relatives in a kind and compassionate way. Staff allowed enough time for patients and those close to them to ask questions or for further information. One patient told us “staff are very kind and considerate.”
- Staff responded in a compassionate, timely and appropriate way when patients experienced any discomfort. We observed a patient stated they felt cold in the treatment room and staff immediately covered them with a blanket to help make them more comfortable.
- Staff respected patients’ privacy and dignity as much as possible before, during and following the scan. The centre had designated patient changing areas where patients could change in private. Lockers were available for patients to securely store their belongings during the scan. The service provided staff with loose fitting clothing to change into for their scan which helped ensure patients’ dignity and privacy was respected.
- Chaperones were offered to patients if they were required. The service tried to ensure chaperones were the same gender as the patient. Radiographic assistants would often act as chaperones.
- The reception desk was situated in the waiting area. On arrival at the centre, staff sensitively checked patient’s identity including date of birth and address in a way to respect patient’s privacy.

## Emotional support

- **Staff provided emotional support to patients to minimise their distress. Radiography staff respected patients’ wishes and allowed them to make their own decisions in their care and consent.**
- Staff explained to patients in basic terms what procedures they were performing. We saw a radiographer eased a patient's anxieties before a scan by performing the cannulation procedure as gently as possible and explaining each part of the process.
- Patients could visit the centre before their scan if they felt anxious about their appointment. Staff supported claustrophobic or nervous patients during their MRI scan by regularly talking to them and helping alleviate any anxieties. Staff could play music through headphones worn by patients during the scan so advised patients they could bring in their own music to listen to.

- One patient described the environment at the centre as “soothing.” The service played relaxing music in the reception area, which the patient told us helped make the centre feel less clinical. This patient felt their appointment was a positive experience and told us “if the service continues this way, they can’t go wrong.”

## Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment. Staff described to patients what they were doing in simple terms and avoided technical information.**
- Staff provided patients with information explaining the MRI scanning process with their appointment letter. An MRI scan patient information leaflet was given to patients when they arrived at the centre. This information explained the scanning process and what to expect before and after the scan.
- Staff informed patients of how and when they would receive their scan results. Patients confirmed they were aware of the results process. Staff informed patients the local NHS trust would receive the scan report within a week and the radiographer would not be able to provide results on the day of the scan.

## Are diagnostic imaging services responsive?

Good 

### Are services responsive?

We rated responsive as **Good** because:

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

- **The service planned and provided its services in a way that met the needs of local people.**
- The centre was suitable for the scanning service it delivered. The waiting area was patient friendly and pleasantly decorated. The service only treated a small number of older children and the environment was suitable for this age group.
- Patients received MRI scanning information and details about the centre with their appointment letter.

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This included a map and directions to locate the centre. MRI information leaflets were available in the waiting area and useful patient information was displayed on the waiting room noticeboard. Staff explained the full patient pathway to patients on arrival at the centre and gave patients and relatives an indication of how long the scan appointment would take.

- The centre was open 12 hours a day, seven days a week to offer a choice of appointments to patients. The service ensured it was flexible to meet the requirements of the referring NHS trust. If all allocated research appointment slots were not used these were made available to the booking team at the trust to allow additional scan appointments, particularly urgent patient referrals to be booked.
- The centre reflected the needs of the local population it served. Service leaders coordinated closely with the local NHS trust to ensure the service was meeting the requirements of the contract. Regular meetings were held between the two organisations to discuss the centre's performance against key performance indicators and the quality of scanning images produced.

## Meeting people's individual needs

- **The service took account of patients' individual needs. The service worked closely with the referring NHS trust to ensure all patient needs were catered for regardless of age, disability, gender, gender reassignment, pregnancy, race, religion or belief and sexual orientation.**
- Staff ensured translation services were available to patients whose first language was not English. Staff could book face-to-face translators with the referring NHS trust and they were easily accessible. Staff knew if patients needed translation services before they arrived for appointments as staff asked patients if they needed translation services when appointments were booked.
- The service made reasonable adjustments to ensure patients with a disability or limited mobility could access the service. The MRI Imaging Centre was purpose built and provided disabled access and facilities.

- Staff did not scan any patients with learning disabilities or complex needs. These patients would be scanned by the referring NHS trust in accordance with the formal agreements in place.
- The MRI technology at the centre was suitable for a range of patients. The scanner had a wide bore which could help patients who felt anxious, were claustrophobic, were in pain or had mobility concerns. The large bore size allowed staff to scan bariatric patients. The scanner bed could take a patient's weight up to 250 kilograms.
- The scanner had ambient lighting options and soft-tone gradients for reduced noise. This made it more suitable for anxious patients and children.
- The service was sensitive to the religious and cultural needs of patients. Patients could wear headscarves during their scans. The service provided clothing for patients to wear during the scan. This further protected privacy and dignity particularly where this was required for religious purposes.
- Staff had undertaken equality and diversity training and were up-to-date with related legislation.

## Access and flow

- **Patients could access the MRI scanning service at the centre when they needed it.**
- It was the responsibility of the referring NHS trust to report on waiting times from referral to treatment and arrangements to admit, treat and discharge patients. As of January 2019, this was six weeks at the trust. The ITM Imaging Centre did not have a specific waiting list and it was therefore not possible to report on their referral to scan time. The ITM Centre received bookings from the trust one or two weeks in advance. Any patients requiring additional imaging could be booked in for further scans within seven days.
- The referring NHS trust triaged all patient referrals with suitable patients referred to the centre. The service worked with the NHS trust to ensure adequate capacity was available to meet the needs of the service. The waiting list was controlled by the trust. There were approximately 150 patients who had an appointment waiting for a scan.

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- The centre had referral criteria for patients who could have their MRI scans at the centre. This criterion specified low risk patients would be scanned at the centre and any high-risk patients or patients with limited mobility would be scanned at the trust. The centre was located away from the main hospital site so the risk assessment ensured appropriate referrals were made to ensure patient safety.
- All appointments were booked by the referring NHS trust's booking team. This team worked closely with the centre staff as some patient groups required dedicated appointment slots. Staff at the centre could access the trust's patient booking system so they were aware of what patients were booked in. All waiting times were controlled by the trust in line with national waiting times and pathways.
- Short notice appointment slots were also held for urgent or high priority patients. The centre could hold some appointment slots for any urgent referrals. These patients could usually be scanned within 48 hours. Daily research session slots were allocated and released at 48 hours for clinical bookings if not used.
- The centre was open seven days a week so could offer patients a choice of appointment slots. Appointment slots could range from 30 minutes to one hour and 30 minutes depending on the scan required. Staff requested patients arrive 15 minutes before their appointment to ensure all safety information was provided to patients and patient consent could be obtained before the scan. Staff at the centre contacted patients by phone two days before their appointment to discuss any individual needs and ensure they could still attend the appointment.
- Staff contacted patients by phone two days before their appointment to check if patients were still attending and if they had any additional needs. This also gave patients the opportunity to ask any questions about their scan. The service hoped this would help to reduce the number of patient that 'did not attend' for their appointments. From October 2017 to October 2018, the service had 175 patients who did not attend for their scan.
- If patients did not attend for their scan appointment, staff referred them back to the trust's booking team to re-schedule. Patients could not attend an appointment twice before having to be re-referred by their clinician. During our inspection, there was one patient who did not attend their appointment. Staff contacted the trust booking team to let them know to contact the patient to re-book.
- Staff were trained to ensure they communicated well with patients. Staff informed patients of any delays to the scanning process at the centre. We requested the total number of delays and length of delays at the service from October 2017 to October 2018. The service was unable to provide this information as this information was not available from the referring NHS trust's Radiology Information System.
- From October 2017 to October 2018, the service cancelled 60 appointments for non-clinical reasons. Most of these instances occurred in the early stages of the centre opening. The most frequent reason for cancellation was intermittent power supply, MRI scanner system or equipment in unit faults or breakdowns. The service had put measures in place to prevent reoccurrences of these faults.
- The centre monitored the main reasons for recall such as patient movement during scanning, contrast medium required or the patient felt claustrophobic. From November 2017 to January 2019, there had been 23 instances of patient recalls. Staff referred all recalls back to the named radiographer.

## Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared these with all staff.**
- All complaints were managed by either the Patient Advice and Liaison Service (PALS) at the referring NHS trust or Cobalt Health, dependent on the nature of the complaint. Both organisations recorded all complaints about the service. The centre's superintendent research radiographer and the Cobalt Health clinical governance committee reviewed and monitored all complaints. Service leaders shared complaints with the staff involved to identify if staff needed further training. The service used concerns and complaints as an opportunity to learn and drive improvement in the service. We saw learning from complaints was shared at staff meetings.

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- The service clearly displayed information about how patients and relatives could make a complaint on the reception noticeboard. Patients could make a complaint through the Cobalt Health website or through the Patient Advice and Liaison Service (PALS) at the referring NHS trust. Patients we spoke to understood how to make a complaint.
  - From October 2017 to October 2018, the service had two complaints they managed under the formal complaints procedure. None of these complaints were upheld. The provider had a concerns, complaints and feedback policy which was up-to-date. This policy stated an acknowledgement of receipt of the complaint should be sent to the complainant within one to three days and investigate the issues raised. The provider was required to provide the complainant with a full written explanation and response within 20 working days. These complaints had been investigated in detail and in the necessary timescales.
- Staff felt the leadership team were visible and approachable and “would sort anything out.” Staff felt supported by their management team as they were friendly and approachable. Staff told us they felt confident in approaching managers to raise issues and stated there was a no blame culture.
- The latest organisation staff survey results from 2017 showed for the question regarding visibility of senior leaders, this scored highly at 4.4 out of a maximum score of five.
  - The centre had recently employed an agency senior radiographer. This meant the centre’s superintendent research radiographer could conduct their managerial role more effectively. This allowed them to develop the service by splitting their time equally between clinical and managerial tasks.

## Are diagnostic imaging services well-led?

Good 

### Are services well-led?

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

#### Leadership

- **Managers had the right skills and abilities to run the ITM Imaging Centre providing high-quality sustainable care. All line managers undertook leadership training for managing people.**
  - The service had clear lines of accountability. The centre was managed by the superintendent research radiographer who was on site most days. They reported to the provider’s MRI manager who was contactable for operational issues.
  - The superintendent research radiographer had recently submitted their application to become the registered manager for the service. They were knowledgeable about the main service risks and challenges. We discussed the national shortage of radiographers and the mitigations the service had put in place to prevent this affecting the treatment the service could provide.
  - Staff at all levels were supported by their immediate managers and senior Cobalt Health leadership team.
- The service had a clear vision for what it wanted to achieve and workable plans to turn it into action. Senior leaders developed the service with the referring NHS trust, staff and patients.**
- Cobalt Health had an overall organisational strategy which was for the organisation to be patient focussed. The ITM Imaging Centre had individual objectives in line with this strategy for all staff to meet. The organisation’s leadership team used feedback from the management team and staff to develop the strategy.
  - The organisation had five key areas of the strategy which included inspiring vision, governance, leadership, culture and values and learning and innovation. Staff were aware of the values which were displayed in the staff office. We saw staff demonstrated these values when providing care and treatment to patients.
  - The local strategy for the centre included a structured planning process for developing the service provided with the local NHS trust. In addition, service leaders aimed to further develop the role of the applications specialist as this had been a positive addition to the service.
  - However, the latest staff survey results from 2017 showed a decline in the number of staff across the organisation who felt like they were part of Cobalt

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Health's vision for the future. Results had improved slightly for the number of staff who thought the provider had a clear vision for the future. The organisation had an action plan in place to help increase staff awareness of vision and values.

## Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- Staff told us there was a strong, supportive team at the centre and it had a personal, family feel. A staff member told us “everyone knows you and you feel valued.”
- Staff were most passionate about providing high-quality treatment to patients. All staff we spoke with enjoyed working at the centre and were proud to work for the organisation. Staff obtained job satisfaction from being able to make arrangements to see patients quickly. Staff felt the team was now more settled which allowed for the smooth running of the service.
- The organisation and local leadership team encouraged staff to raise all levels of incidents. Staff felt able to raise concerns to their immediate managers and senior leadership team. Staff described being open and honest with patients which staff demonstrated during our inspection.
- Equality and diversity was a priority for the service. The provider had an equality and diversity policy which was up-to-date and in line with the Equality Act.
- From 2017, all independent healthcare providers were required to collect data, monitor and publish their Workforce Race Equality Standard (WRES) data. Service leaders were aware that the NHS contract they had with the local NHS trust required them to publish an annual report of WRES data. However, senior leaders told us the contract allowed for local agreement regarding the format, timing and method of delivery of the report. The service planned to discuss these requirements with their NHS commissioners during 2019.

Service leaders stated they were a very small organisation employing 95 members of staff and had

concerns if they published this data it would be difficult not to identify individuals. Their intention was to assure their commissioners during their first contract review in 2019, that they were meeting the WRES. The provider was exploring possible reporting methods that would allow publication without potentially identifying individuals.

- ITM Imaging Centre staff had access to two Freedom To Speak Up Guardians (FTSUG); one was employed by the trust and one was employed by Cobalt Health. The provider also had a FTSUG champion. Staff we spoke with felt comfortable to raise any concerns with their direct managers so had not needed to contact them. Details of guardians were displayed on the patient waiting area noticeboard.

## Governance

- **The service had developed a governance and management framework to support the delivery of the strategy and ensure high quality care is provided to patients. This was regularly reviewed and improvements made as a result.**
- Cobalt Health had a range of different leads for example in governance, quality and research, radiographic assistants, MRI manager, safeguarding, information governance manager and head of human resources. Their role was to monitor performance in their particular area of expertise. Staff could contact leads for specific guidance.
- The service had clear lines of accountability. Staff understood whom they reported to and how they could contact specific individuals for support or to raise concerns.
- Service performance was regularly monitored through a number of specific committees. The clinical governance committees were multidisciplinary to ensure there was a range of input and oversight of the governance framework.
- The centre had a formal agreement with the local NHS trust to provide an MRI scanning service. This described the services staff at the centre conducted for the trust. Staff understood the contract requirements and leaders of the service held regular meetings with the referring NHS trust to discuss performance and how to further develop the service.

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- It was the responsibility of the referring NHS trust to monitor the turnaround times of reports. The service monitored the number of patients it scanned. Service leaders had regular communication with the imaging managers at the NHS trust regarding patients who 'did not attend' their appointment. Patient scan slots varied dependant on the type of scans patients needed.

## Managing risks, issues and performance

- **The service had clear systems to identify risks, plan to eliminate or reduce them and cope with both the expected and unexpected.**
- The centre had a number of safety measures in place to reduce risks to patients during their MRI scan. Warning notices and controlled area signs were displayed on the MRI scanner door.
- On arrival at the centre before patients had their scan, staff requested patients complete an MRI safety screening questionnaire. This included important information about a patient's allergies, implants, tattoos and pregnancy status. The noticeboard in the waiting area also displayed a safety document regarding patients with tattoos. Some tattoo ink contains a metallic element which may react with the MRI scan especially as it was a very powerful scanner.
- Staff would not conduct contrast scans during lunchtime if possible to ensure sufficient staff were on site to monitor the patients for any adverse reactions. Patients were given an aftercare form to advise of symptoms they should be aware of. Staff requested patients stay at the centre for 30 minutes after receiving contrast to ensure they did not suffer any adverse reactions.
- To ensure staff had as much information about risks to patients as possible, blood results within the last three months were required for patients with diabetes, kidney or liver disease regardless of patient age.
- The service regularly reviewed the risks to the service recorded on the local risk register. This clearly listed individual risks, the grading of risks, review dates and owner of the risks. Senior leaders reviewed the local risk registers quarterly. The risk register included the

main risks staff told us applied to the service. For example, the risk register included the potential challenge with recruitment of radiographers due to lack of availability of radiographers nationally.

- The service had plans in place in the event of business disruption. The centre had a back-up emergency generator which was checked each month to ensure it was fully functional in the event of a power failure.

## Managing information

- **Staff could access the referring NHS trusts' electronic systems and used security safeguards.**
- All non-research NHS patient records were electronic. The patient safety questionnaire recording patient consent at each part of the scanning process was scanned as part of the record and securely disposed of as confidential waste.
- The service was linked to the local NHS trust's imaging systems allowing patient scan results to be transferred to the clinician for timely review. All systems were password protected and only accessible by authorised staff.
- Staff understood their responsibilities to ensure all information was stored and shared with the referring NHS trust in line with data security standards. Staff were up-to-date with their information governance training which they completed each year.

## Engagement

- **The service engaged well with patients, staff and the referring NHS trust to effectively manage and develop their scanning services.**
- The service encouraged patients to provide feedback about their needs and experiences at the centre. Leaders of the service were in the process of working with the trust's patient experience team to introduce a questionnaire for the ITM Imaging Centre in line with Cobalt Health requirements. Service leaders wished to obtain patient's views and experiences to help shape and improve the service.
- The service had acted on patient feedback and made several improvements in response. This included: improving the on-site signage directing patients to the centre more easily, inclusion of the centre on the NHS

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trust's campus map and sending more information to patients with their appointment letter. This included a map and MRI safety guidance. Staff contacted patients by telephone two days before their appointment to check if they had any MRI safety issues and discuss any individual needs.

- The service had a range of communication methods to ensure open and clear communication pathways between all staff groups. These included a daily report sent to all ITM staff, the MRI lead for the service, the operations manager at Cobalt Health and MRI lead at the NHS trust. This report included the number of appointments where patients 'did not attend' and incidents for example. This improved the continuity of the service by improving communications between both organisations.
- The service collated staff views and made changes in response. The provider conducted an anonymous annual staff survey to collect staff views about working at the centre and for the provider. The provider developed and monitored action plans where staff survey results had declined from the previous year's survey. Staff were currently completing the 2018 staff survey.
- Research meetings were held every month to ensure staff were aware of new projects, understood each trial workflow and where to find the relevant protocol. The MRI scanning protocols have been reviewed and standardised.
- The centre held quarterly staff meetings with Cobalt Health and NHS trust staff. Minutes of the meetings were recorded to ensure all staff remained up-to-date even if they were unable to attend.
- Cobalt Health produced a staff newsletter each quarter to keep staff up-to-date with developments throughout the organisation. A new Cobalt Health staff intranet and staff forum was also planned for the first quarter of 2019. The MRI department at the NHS trust had produced their first imaging newsletter in December 2018. This had input from staff at the centre and the NHS trust. The NHS trust produced an MRI newsletter which included important information for the centre. Staff working at the centre had input into the newsletter.

- Staff from the ITM centre were invited to meetings for the whole organisation held at the Cobalt Health headquarters. Staff were invited to social events organised by the provider and the NHS trust.
- At the time of our inspection, the service did not formally record compliments received about the service. However, senior leaders ensured positive feedback was shared with the team to ensure they received recognition for the high level of care they provided.

## Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong and promoting training, research and innovation.**
- The service strove for continuous learning, improvement and innovation. The ITM imaging centre was set up in 2017 following a collaboration between Cobalt Health and the referring NHS trust. The aim was for the imaging centre to support the trust with a wide range of research to create a 'bench to bedside' delivery of improvements. The two organisations worked closely together which enabled the development of best practice and sharing ideas across the MRI services.
- The centre conducted research using MRI scanning as well as hospital scans. Leaders of the centre worked with staff at the NHS trust to identify areas of improvement in patient pathways. This was to reduce the time it took to diagnose patients' conditions which was supported by the research function.
- The centre had conducted a significant amount of research on MRI protocol development to improve diagnostic accuracy and assist in treatment in many pathways. The service demonstrated an innovative approach to the clinical application role to ensure staff utilised the full functionality of the MRI scanner. This had been supported by the MRI scanner applications specialist from the manufacturing company. The centre was one of the only MRI centres in the UK which had a dedicated MRI applications specialist on site each week leading to the development of best practice and innovation. They had ensured the MRI scanner had the very latest

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hardware and software updates. The MRI scanner manufacturer benchmarked the centres performance against leading international centres regarding protocol development.

- Clinical patients were selected for scanning at the centre according to their clinical need or advantages the centre's MRI scanner offered patients. The MRI scanner was one of the most up-to-date models and was used for research trials to utilise the latest hardware and software specifically provided to support the trust's research function.
- The ITM imaging centre was an innovative partnership with a local NHS trust. The aim of this partnership was to help progress and implement new clinical treatments. The service had given clinicians at the trust access to the latest MRI systems and produced detailed, high quality images with the aim of improving diagnostics treatments and patient outcomes. The trust's trauma research team had used the centre for research opportunities and held discussions well established international medical institutes. The sharing of the organisations' information technology and operational and staffing resources had allowed the centre to deliver a high-quality imaging facility. The imaging centre and NHS trust shared good practice. The ITM imaging centre's patient consent form was developed to meet Cobalt Health standards. The trust had also started to use this consent form.
- The MRI technology used at the centre was constantly reviewed and all upgrades were applied so patients could access the latest MRI technology. The provider's Board had oversight of the technology used to ensure it was responsive to the needs of the service.
- The centre had successfully attained ISAS accreditation in July 2018. This had provided opportunities to benchmark the service against other similar services within the UK. The local NHS trust was currently undertaking the ISAS accreditation process and Cobalt Health had been supporting them to align their policies, procedures and operational processes.
- The centre was in the process of planning future trials such as a trial for Alzheimer's disease patients. The centre had introduced functional imaging for guided neurosurgery to avoid damage to speech and motor areas of the brain during surgery. The centre was supporting a significant number of research trials including cardiology, neurology and neurosurgery which enabled the NHS trust and a local university to increase their research portfolio.
- The ITM imaging centre was in the process of implementing Magnetic Resonance Elastography (MRE) for patients to improve diagnostic accuracy particularly in the liver, breast and brain. The centre already had the necessary equipment in place. MRE is a non-invasive procedure that works by combining MRI imaging with sound waves to create a visual map showing the stiffness of body tissues. This method had the potential to diagnose disease in parts of the body.
- The provider had agreed to fund a research fellow for the Institute of Translational Medicine to support research in the area of MR imaging and oncology. Cobalt Health had also agreed to fund pilot studies for research projects to support better diagnosis and treatment.
- The service had not had any internal or external reviews in the year before our inspection.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should consider holding emergency drills at the centre.
- The provider should ensure all medication is within its expiry date.
- The provider should ensure all hard copies of the risk assessments, policies and procedures are up-to-date.