QUALITY ACCOUNT
2018/2019
As a long standing and trusted NHS provider, our priority has always been to provide the highest quality services to our patients. We closely monitor quality and standards of clinical care, so we welcome the opportunity to produce this annual Quality Account and demonstrate our continued efforts to improve every year.

Covering a range of performance indicators, this summary highlights our achievements in 2018/19 and looks forward to 2019/20 across our range of diagnostic tests, scans, assessments and procedures. With a vision to make healthcare better by delivering on a continuous improvement cycle, our focus on quality is stronger than ever.

While the sector continues to face its challenges, InHealth’s ability to invest in new capital equipment and building programmes continues to be important and I am pleased that we have added to our portfolio through new MRI and CT scanners, as well as adding new clinics across the UK, many in partnership with NHS Trusts. Our services are delivered as a full part of the NHS, provided to patients free of charge and as a result, we provided a test, scan or treatment for more than 2 million people from over 300 sites in 2018/19, the majority of these to NHS patients and service users.

The last year has been one of significant digital transformation as we introduced booking via smartphone to provide instant patient appointments from any device, 24/7, as well as improving electronic report delivery into patient record and moving towards systematisation of doctors’ appraisal and revalidation. Over the coming year, our digital projects will continue to improve on patient access and efficiency and InHealth will always place quality of clinical care at the centre of success.

2018/19 demonstrated our continued focus on training the clinical workforce, delivering more than 3,000 training days and progressing both our MRI radiographer programme with some fantastic digital innovations that included virtual scanner sessions and our independent reporting sonographer programme. Management and leadership development have also been prioritised to provide our workforce with the resilience and skills to deliver high quality services, demonstrated by a number of our colleagues studying at PhD level in diagnostic imaging and pain management.

We have welcomed the recently published NHS Long Term Plan, which mirrors many of our own priorities, including the focus on prevention and earlier intervention, delivering world-class care for major health problems and reducing health inequalities. The relationships we have with many NHS partners are well-established and I am confident that we will continue to develop these by working together to focus on clinical priorities and embrace a collaborative approach to do things differently, getting the most value from taxpayer’s investment in the NHS.
We have embraced the CQC’s Independent Healthcare Single Speciality Programme of Inspection this year, which has involved key members of our InHealth team working as Specialist Advisors within the programme. I am delighted that over 95% of our services have been rated ‘GOOD’, demonstrating our continued focus on quality and the high standards of care that we place across our services. As the programme moves into our extensive fleet of mobile services, which support NHS CCG and Trust contracts across England, we look forward to the State of Care report that will be produced at the end of the programme.

Together with our Director of Clinical Quality, the area of medical governance arrangements will be a key area of work for InHealth to ensure that learning and recommendations from the Paterson inquiry are embedded into the practising privileges processes of the medical professionals that engage with InHealth and their patients.

Finally, as we embark on our next Staff Survey for 2019, I am heartened to reflect on last year’s findings, which showed that our staff believe patient safety to be a top priority at InHealth. Creating a culture where everyone is comfortable to speak up for safety is critical in our ongoing efforts to improve standards, so I value our Freedom to Speak Up Guardians and our commitment to openness and transparency.

As always, this Quality Account gives me the opportunity to look back on the previous year and I remain grateful to our 2,500 staff, and our partners, who regularly go above and beyond to make sure that our patients receive the best quality of care. As InHealth grows, so do our people and through the ongoing feedback we receive from patients, I know that they are the most valuable asset to InHealth.

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. We have gained external assurance on this report, subjecting InHealth to independent scrutiny by one of our main commissioners to validate the quality of data on which our performance reporting depends.

I declare that to the best of my knowledge, the information in the document is accurate.

Richard Bradford
Chief Executive
Part 1: Quality Accounts: Definition and Purpose

As required by the Health Care Act 2009, providers of NHS funded healthcare are legally obliged to produce an annual Quality Account.

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 organisations to assess quality across all of the healthcare services they offer.

It allows leaders, clinicians, governors 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 2019/20.

InHealth is committed to being open and honest in our reporting and where applicable comply with NHS reporting requirements and guidance.
2.1 Priorities for improvement 2019/20

InHealth’s five-year Clinical Quality Strategy was launched in April 2016 and we continue to build on 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 Clinical Quality Strategy has been created through active engagement with our staff, patients and key stakeholders and identifies 4 main priorities which remain central to all quality improvement activities undertaken within the organisation.

These are:
1) Audit and monitoring
2) Clinical practice and management
3) Communication and engagement with our patients and staff
4) Service development

We have identified 5 key priorities for improvement during 2019/20; which are all aligned with the CQC’s fundamental standards and are set out here:

**Safe**

**Root Cause Analysis:** Following recent work in the identification and reporting of incidents and their subsequent management, InHealth has identified a need to increase the number of trained investigators who can critically examine incidents using Root Cause Analysis (RCA) methodology. This ensures that contributory factors are identified and robust action plans are designed and implemented to reduce the risk of incident recurrence and improve patient and organisational safety.

Throughout 2019/20, InHealth will be providing targeted RCA training for all managers and staff who may be expected to lead or contribute to an investigation, with an expectation of training a minimum of 40 additional investigators throughout 2019/20. InHealth expects that this additional training will increase knowledge and skills across locations and drive quality improvement and patient safety, as well as provide commissioner and regulator assurance that robust and timely actions are taken following incident occurrence.
Escalation and management of urgent clinical findings: InHealth produces more than 2 million diagnostic reports per year, of which a number will have urgent clinical findings. InHealth works with several radiology reporting houses to produce these reports. Throughout 2019/20, InHealth will work with all reporting houses to standardise processes for the management of urgent findings across all suppliers reducing the risk of process failure leading to delay or harm.

In addition to the above priorities, InHealth will continue to work towards an increase of the number of non SI incidents investigated and closed within 20 working days as committed to within the 2017/18 Quality account. InHealth aims to achieve 90% compliance with closure within 20 working days by the end of 2019/20.

This will be achieved through the production of bi weekly performance dashboards and targeted support to operational managers in addition to monthly executive reporting on compliance.

Caring

Always Events – Sharing learning and improving care: Throughout 2019/20, InHealth will share and implement the learning identified within our Always Event Pilot Site, with a view to improving patient experience across our network of sites delivering similar services.

Responsive

Freedom to Speak Up Champions: InHealth recognises the value of the Freedom to Speak Up Guardian programme led by the National Guardian’s Office. During 2018/19, InHealth increased the number of trained FTSU Guardians from 2 to 3. Throughout 2019/20, InHealth will implement a programme of training and engagement aimed at recruiting dedicated Freedom to Speak Up Champions throughout the organisation.

Complaints management: Throughout 2019/20, InHealth will provide bespoke complaints management training targeting front line service managers to ensure that staff have the correct skills and knowledge to ensure that complaints raised receive a timely, compassionate and robust response.

Effective

Clinical audit – data collection: Throughout 2019/20, InHealth will design and implement a real time electronic data collection system enabling staff and managers to easily input, view and use data from across the business to support improvements in care locally.

By the end of 2019/20, the following audits will be conducted, reported and actioned using the electronic platform:

- Hand Hygiene Audits
- Health and Safety Audits
- Fire Safety Audits
- Patient Identification Audits

In addition to the above audits, InHealth will ensure that targeted audits aimed at confirming that learning identified from incidents and complaints is implemented during the next year.

In response to a number of incidents involving incomplete or incorrect patient identification during the last year, InHealth will pilot and implement an audit of patient identification during 2019/20 to ensuring that the learning shared following these incidents has been robustly implemented within practice and is sustained.

Well-led

Expansion of the electronic medical and appraisal and revalidation system to incorporate the medical governance arrangements of medical professionals holding practising privileges with InHealth.
2.2 Progress against 2018/19 priorities

Progress against the priorities committed to within our 2018/19 Quality Account is set out below. This includes our performance in 2018/19 against each priority and where relevant our performance in previous years:

**Safe**

**Priority**
Improving the quality of data held within the InHealth electronic incident reporting and management system. By the end of 2018/19 we aim to achieve the following:

- Increase the number of incidents not meeting the Serious Incident Criteria which are investigated and closed within 20 working days of being reported with a view to achieving 90% closure rate within 20 working days by the end of 2018/19
- Design and implement a programme of refresher training to support staff in recognising and responding to adverse events which occur within the business
- Design and implement a revised incident closure quality assurance framework ensuring that robust learning and action plans are identified and implemented following the occurrence of an incident or adverse event

**Progress**
Throughout 2018/19, InHealth has worked to improve the quality of data held within the electronic incident reporting and management system. Key workstreams include:

- Manager education and support in the use and management of the reporting tool
- Identification of barriers which may prevent closure within agreed timeframes
- Launching of an updated incident reporting and management module which provides greater control over the collection of mandatory data fields ensuring all core data required is collected prior to incident entry or closure
- Completion of a training needs analysis in respect of serious incident identification and management
- Implementation of a revised quality assurance reporting framework requiring all functions to provide assurance of actions taken to address incident themes and trends to the quarterly Clinical Quality Sub Committee
- Design of an internal Root Cause Analysis investigation workshop which will be rolled out during 2019/20

InHealth is disappointed not to have achieved its desired target of 90% non-SI incidents being investigated and closed within 20 working days. A review of the factors involved in this performance have identified a number of additional support needs which exist. InHealth will continue to work on this key indicator throughout 2019/20. A revised action plan to address these issues has been implemented and is being overseen by the Director of Clinical Quality and Clinical Quality Sub Committee.

**Effective**

**Priority**
- Implement a regular ‘shared learning forum’ to ensure that learning from image and report quality audits are shared widely across the organisation and that robust action plans are implemented to reduce the likelihood of recurrence of errors.

**Progress**
- During 2018/19 InHealth has implemented regular audit improvement meetings within our ultrasound services leading to increased sharing of information and outcomes to improve patient care and experience.
Caring

Priority
Adoption of ‘Always Events’:
During 2018/19, InHealth will engage with service users and other key stakeholders to ‘co-design’, trial and implement an ‘Always Event’ within 1 pilot location. Following completion of this pilot roll out, InHealth will look to expand the programme across other services and locations.

Progress
Throughout 2018/19, InHealth has used co-production with partners and patients to successfully design and implement an ‘Always Event’ within a district general hospital MRI unit.
Our ‘Always Event’ focuses on the patient experience aspect during a visit to our centre. Working with patients we have co-designed a vision statement which reflects what is important to those using our services – “I will always feel welcomed on arrival, fully informed and at ease whilst waiting for my scan.”

This vision statement has been used to inform targeted and measurable interventions which have led to tangible improvements in patient reported experience measures.
InHealth is extremely proud to be an early adopter of this NHS England methodology within diagnostic imaging settings and following evaluation of this pilot will seek to adopt the methodology more widely across our imaging services.

Responsive

Priority
Expansion of electronic patient satisfaction and feedback system:
- By the end of 2018/19, the majority of patients accessing services in London who are booked directly by InHealth will be offered the opportunity to participate in an email driven electronic satisfaction and feedback survey.

Progress
InHealth is pleased to note that except those undergoing endoscopy procedures, all patients receiving care and services in London which directly booked by InHealth are offered the opportunity to participate in email driven electronic feedback system. Throughout 2019/20, InHealth will continue to drive forward developments with this platform and work to increase the number of completed responses received in response to our electronic survey.

Well-led

Priority
During 2018/19, InHealth will implement an electronic medical appraisal and revalidation system. This system will provide all medical practitioners with a prescribed connection to InHealth with the opportunity to manage their professional appraisal and revalidation processes using a secure online portal.
This system will further be used to support regulatory compliance through tracking professional registration, insurance and other regulatory requirements of all doctors working with InHealth via practising privileges.

Progress
InHealth has successfully chosen, purchased and implemented an electronic medical appraisal and revalidation management software system. This system has initially been offered to those doctors with a prescribed connection to the organisation and has delivered tangible improvements in the timeliness and completeness of revalidation and appraisal information. These improvements have been commended by the NHS England team with oversight of the Responsible Officer regulations. This information is used to support patient safety and improvements across our business.
2.3 Statements of assurance from the Board

1. During 2018/19, InHealth provided and/or sub-contracted 472 relevant health services.

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

1.2 The income generated by the relevant health services reviewed in 2018/19 represents 100% of the total income generated from the provision of relevant health services by InHealth for 2018/19.

2. During 2018/19 two National Clinical Audits and no National Confidential Enquiries covered relevant health services which InHealth provides.

2.1 During 2018/19 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 2018/19 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 2018/19 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 2018/19, 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.

<table>
<thead>
<tr>
<th>Audit</th>
<th>Number of cases submitted</th>
<th>% of eligible cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCIS National Audit of Percutaneous Coronary Intervention Public Report</td>
<td>696</td>
<td>100%</td>
</tr>
<tr>
<td>National Institute for Cardiovascular Outcomes Research</td>
<td>512</td>
<td>100%</td>
</tr>
</tbody>
</table>

2.5 – 2.8 The reports of two National Clinical Audits were reviewed by the provider in 2018/19. 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 2018/19 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 2018/19 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 proportion of InHealth services are required to register with the Care Quality Commission and its current registration status is:

InHealth has no conditions on its registration.

The Care Quality Commission has inspected a significant proportion of InHealth registered locations throughout 2018/19 as part of its independent sector single speciality programme of inspections. InHealth is extremely pleased to note that >95% of locations with reports published in the public domain achieved an overall rating of “Good”.

InHealth is committed to continuous improvement and development of services and views CQC inspections 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 available within pages 14 and 15 of 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 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

8 NHS Digital has changed the method by which it allows organisations to assess themselves against Information Governance policies and standards (i.e. IG Toolkit) to the new Data Security and Protection (DSP) Toolkit that allows organisations to measure their performance against the National Data Guardian’s 10 data security standards.

As NHS Business Partners, InHealth has completed and submitted the DSP Toolkit, and unlike the IG toolkit there is no score, just a ‘Standards Met’ status.

9 – 9.1 InHealth was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

10 InHealth have taken the following actions to improve data quality:

A review and refinement of the SUS CDS Outpatient mandatory data requirements. This is supported by data quality reports to ensure information is correctly captured to ensure accuracy.

Amalgamating data from multiple patient administration systems used across the group is challenging and therefore processes are being formalized to ensure that master data management is in place.
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, more than 95% have been awarded an overall rating of GOOD.

InHealth views regulatory inspections as an opportunity to both showcase the excellent care we provide and additionally to assist us in identifying areas where improvements or developments may be required.

Following inspection and publication of reports, robust action plans are generated to address any areas of improvement which may be identified.

The implementation of these action plans is overseen by both operational and clinical quality functions and progress is reported quarterly to the Clinical Quality Sub Committee to ensure that necessary improvements are made to promote high quality safe care and services.

We are extremely proud to note that throughout many of our services, the CQC have noted good practice relating to the compassionate care delivered by our staff and their drive to deliver high quality safe care which is responsive to patients needs.

Areas of Outstanding Practice identified:

- Adaptation of techniques to meet individual patient needs, which included encouraging patients to bring a CD of their choice to help relieve anxiety
- Reduction in failed scans owing to Claustrophobia following equipment upgrades, through installation of a wide bore scanner
- Management of young babies requiring MRI scanning, by first attempting to scan babies without general anaesthetic by using the feed and wrap technique and then being flexible in the approach to achieve it in a safe and efficient way
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

### Areas for Improvement:

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Area for Improvement</th>
<th>Action Taken</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endoscopy</td>
<td>Ensuring that staff trained to immediate life support level (ILS) are always available during the administration of intravenous conscious sedation</td>
<td>A review of resuscitation training provision to ensure availability of ILS trained personnel during every list, offering the administration of conscious sedation</td>
<td>Completed June 2019</td>
</tr>
<tr>
<td>All</td>
<td>Management of verbal instructions to administer medications</td>
<td>A review of current policy and practice has been undertaken with support of relevant stakeholders resulting in the publication of a revised framework to support staff in the use and management of verbal instructions to administer medications</td>
<td>Completed and issued May 2019</td>
</tr>
<tr>
<td>All</td>
<td>Improve staff knowledge and understanding of the Mental Capacity Act</td>
<td>Implementation of a dedicated Mental Capacity Act training module for completion by all front line/patient facing staff</td>
<td>Commenced Q4 2018/19. Completion expected by end of Q2 2019/20</td>
</tr>
</tbody>
</table>
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 2018/19, 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.

Key changes to practice during 2018/19 include:

- **Increase in number of reported MRI safety incidents**
  - Development of the role of the ‘MR responsible person’ ensuring that each MRI magnet system has a dedicated named MR safety person who works closely with the MR clinical lead.
  - This has led to rapid sharing of learning throughout the modality. Specific practice changes include:
    - Increase in the use of positional pads to reduce the risk of MRI associated burns.
    - Improved staff knowledge in the management of clothing with a metallic component within the MRI environment.

- **Increased number of complaints highlighting poor staff attitude or communication**
  - InHealth has worked with patient experience experts to increase the training provided to both existing and new employees in managing and promoting patient experience.
  - Specific changes in practice include the implementation of our Always Events pilot programme.
  - A targeted ultrasound programme on the management of communication during intimate examinations has been designed and will be implemented throughout 2019/20.

- **Design and pilot of pharmacy led bowel preparation supply system**
  - Following a successful pilot this system will be expanded across endoscopy units throughout 2019/20.

- **A number of errors in the provision of bowel preparation agents were noted within endoscopy services**
  - Increase in number of prescribing issues within endoscopy areas

- **Expansion of the use of Patient Group Directions (PGD’s) to support nurses and other registered professionals in the administration of medications**
Following a number of unintended exposures of ionising radiation, staff education has focused on the use of the Paused and Checked system developed by the Society and College of Radiographers to identify previous similar examinations and prevent repeated exposure. This has resulted in the increase in reporting of near miss events where staff have successfully applied the Paused and Checked methodology preventing patient harm.

Review of procedures and equipment requirement to support the administration of contrast agents in InHealth locations.

Management of resuscitation equipment

Following an increased number of complaints regarding staff communication during intimate ultrasound examinations, a workshop has been launched to increase staff knowledge and competence in these situations. This will be rolled out to all sonographers throughout 2019/20.

Following a serious incident involving the care of a patient who had food present in the stomach during an endoscopy procedure leading to a potential delay in diagnosis, InHealth have implemented a standard operating procedure (SOP) describing the expectations of management for patients presenting with food in their stomach. This SOP requires these patients to be called back and re-examined.

This SOP will be monitored by the Endoscopy Clinical Leads and Medical Director.

Sharing Learning across InHealth

Throughout 2018/19, InHealth have worked to increase the sharing of learning from incidents and complaints across all areas of the organisation. Key strategies include

• Implementation of a revised quality assurance reporting framework requiring all functions to provide assurance of actions taken to address incident themes and trends to the quarterly Clinical Quality Sub Committee

• Increased focus on implementation of learning across all modalities within the monthly CLIC newsletter which is shared with all staff.

• Dedicated sharing of learning from Root Cause Analysis Investigations to all staff via the monthly CLIC newsletter

• 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 composed and shared with all areas of the organisation ensuring key messages and practice changes are widely communicated.
InHealth is a single speciality 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.

### Safe

#### 1. Incidents opened

![Graph showing incidents opened from Q1 to Q4 for 2017-18 and 2018-19.]

#### 2. Incident rate per 100 patients

![Graph showing incident rate per 100 patients from Q1 to Q4 for 2017-18 and 2018-19.]

#### 3. Externally reportable incidents (e.g. IRMER, CQC, IG SI)

![Graph showing externally reportable incidents from Q1 to Q4 for 2017-18 and 2018-19.]

#### 4. Serious incidents (SI) rate

![Graph showing serious incidents rate from Q1 to Q4 for 2017-18 and 2018-19.]

#### 5. Incident closure rate

![Graph showing incident closure rate from Q1 to Q4 for 2017-18 and 2018-19.]

#### 6. Incident closure rate – % within 20 working days

![Graph showing incident closure rate within 20 working days from Q1 to Q4 for 2017-18 and 2018-19.]

InHealth is a single speciality 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.
### EFFECTIVE

<table>
<thead>
<tr>
<th>KPI</th>
<th>Benchmark</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Clinical audits</td>
<td>N/A</td>
<td>138</td>
<td>138</td>
<td>138</td>
<td>108</td>
</tr>
<tr>
<td>8. IQIPS</td>
<td>N/A</td>
<td>Achieved accreditation</td>
<td>Achieved accreditation</td>
<td>Achieved accreditation</td>
<td>Achieved accreditation</td>
</tr>
</tbody>
</table>

### CARING

<table>
<thead>
<tr>
<th>KPI</th>
<th>Benchmark</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Complaints opened</td>
<td>N/A</td>
<td>215</td>
<td>249</td>
<td>210</td>
<td>235</td>
</tr>
<tr>
<td>10. Complaint rate per 100 patients</td>
<td>0.09 (NHS benchmark)</td>
<td>0.08</td>
<td>0.09</td>
<td>0.08</td>
<td>0.09</td>
</tr>
<tr>
<td>11. Complaints acknowledged within 3 working days</td>
<td>75% (IHG KPI)</td>
<td>88%</td>
<td>97%</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>12. Complaints upheld</td>
<td>N/A</td>
<td>100</td>
<td>125</td>
<td>112</td>
<td>76</td>
</tr>
<tr>
<td>13. Complaint response within 20 working days</td>
<td>75% (NHS Standard)</td>
<td>75%</td>
<td>74%</td>
<td>72%</td>
<td>95%</td>
</tr>
</tbody>
</table>

### RESPONSIVE

<table>
<thead>
<tr>
<th>KPI</th>
<th>Benchmark</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. NHS Friends and Family Test (FFT) response rate</td>
<td>15% (IHG KPI)</td>
<td>14%</td>
<td>10%</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>15. FFT: Patients who would recommend our services</td>
<td>95% (IHG KPI)</td>
<td>97.4%</td>
<td>97.6%</td>
<td>97.0%</td>
<td>97.6%</td>
</tr>
<tr>
<td>16. FFT: Patients who would not recommend our services</td>
<td>&lt;5% (IHG KPI)</td>
<td>0.9%</td>
<td>0.9%</td>
<td>0.9%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

### WELL-LED

<table>
<thead>
<tr>
<th>KPI</th>
<th>Benchmark</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Incidents where we exercised duty of candour</td>
<td>N/A</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
Part 3: Other information

3.1 Scope of services delivered

- Interventional cardiology, angiography and angioplasty
- Endoscopy
- Diabetic Eye Screening
- Child Health Information Systems
- Non-obstetric and vascular ultrasound
- Magnetic resonance imaging (MRI)
- Breast Screening
- Mammography
- Nuclear medicine and PET-CT
- X-ray
- Musculoskeletal condition assessment and treatment
- Endoscopy
- Pain Management
- Physiological measurement, ECG and blood pressure monitoring
- Bone densitometry (DXA)
- Audiology and ear nose & throat (ENT) services
3.1.1 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.

3.1.2 Mobile services

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.

3.1.3 Community-based services

We integrate with primary care providers and CCGs 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.
The clinical quality operational function is managed by the Clinical Quality Team, led by the Director of Clinical Quality. Executive leadership and direction is provided by our Chief Executive. The function provides advice, guidance and support to the organisation on clinical quality and patient safety, health & safety, governance and organisation-wide risk management.

The Clinical Quality Team and operational leaders are supported in delivering high quality, safe patient services by a number of appointed Specialist Clinical and Medical Physics Advisors.

Clinical Governance and quality oversight is supported through a robust structure of governance meetings and committees, which focus on specific specialisms 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.
3.2.1 Risk and Governance Committee

Risk management and governance is an integral part of InHealth’s strategic and operational objectives. The purpose of the Risk and Governance Committee is to provide assurance to the Executive Team 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.

Furthermore, the group provides assurance that processes for local risk mitigation are in place and being used to support safe and effective care. The committee supports the implementation and achievement of the organisations 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 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 providing assurance of clinical quality regulatory compliance; along with monitoring of implementation of the Clinical Quality Strategy.

The Sub Committee is chaired by the Director of Clinical Quality, meets quarterly and receives reports from all services. A quarterly report is then presented to the Risk and Governance Committee which in turn reports quarterly to the Executive Team.

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), Nursing and Midwifery Council (NMC) and all other relevant regulatory bodies. The Sub Committee works at all times 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, this meeting has been formed during 2018/19 following the amalgamation of the InHealth ISO 9001 and 27001 accreditations into a single Quality Management System. The role of this key action group is to ensure that information governance (IG) requirements are developed and met across the InHealth Group and to monitor compliance with IG practices in addition to assuring the quality and effectiveness of our Quality Management System.

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. It 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.

During 2018/19 CLIC has reviewed 3918 incidents and 904 complaints ensuring that appropriate actions were taken and that relevant information was escalated to senior leaders and the Executive Team.

3.2.5 Medicines Management Group

The InHealth Medicines Management Group (MMG) supports the work of the Clinical Quality Sub Committee in ensuring the safe and appropriate use of medicines within the organisation. The MMG is chaired by the Director of Clinical Quality and brings together operational managers with subject matter experts to support the safe handling of medicines in each of the services provided by InHealth.

During 2018/19 the MMG have driven the following key improvements:

- Implementation of a revised medicines management policy clarifying roles and responsibilities in the use and management of verbal instructions to administer medicines following CQC inspection feedback.
- Design of a standardised suite of controlled drug management procedures for implementation and use throughout all areas which use these medicines.

3.2.6 Safeguarding Board

During 2018/19 the InHealth Safeguarding Board has continued to develop and grow into a pivotal part of the organisation quality and governance framework. 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.

Following scrutiny of our 2017/18 Quality Account, we have increased the frequency of Board meetings to 4 times per year.

3.2.7 Radiation Protection Committee

Under the leadership of our Radiation Protection Lead, InHealth’s Radiation Protection Committee meets twice annually and aims to provide assurance to the organisation of the safe and appropriate use of ionising radiation within InHealth. The group is supported by our extensive network of Radiation Protection Supervisors (RPS) and specialist advisors led by our overall Radiation Protection Advisor (RPA). During 2018/19, the committee has worked extensively to develop and embed the implementation and compliance with the revised radiation protection legislation which came into force in early 2018.
3.2.8 Water Safety Group – Control of Legionella

The Water Safety Group exists to ensure all water management systems comply with current regulations and to assess all modifications which are planned in order to advise relevant contractors of the correct method of installation for all new water systems to ensure compliance is achieved.

It also aims to identify on a continual basis all emerging cases ensuring any material risks are identified for inclusion on the appropriate risk register for onward management and mitigation for the control of Legionella.

3.2.9 Management of Doctors

InHealth takes its responsibilities regarding the supervision and management of all healthcare professionals seriously. Specific focus on the management of doctors arises from the Responsible Officer Regulations which require organisations to ensure robust management and oversight systems are in place.

This meeting is chaired by the InHealth Responsible Officer and aims to promote and protect patient safety through ensuring compliance with quality and regulatory standards in medicine.

Additionally, InHealth supports and manages the medical revalidation process through the associated revalidation advisory group which focuses on doctors holding a prescribed connection to InHealth designated body ensuring they remain up to date and compliant with appraisal requirements.

Achievements and key workstreams

Throughout 2018/19, InHealth has continued to review and grow this structure to ensure appropriate oversight and support arrangements exist. Key achievements made during the year include:

- Embedding of the organisation’s Safeguarding Board which is focused on supporting staff in fulfilling their obligations relating to recognition, reporting and management of safeguarding concerns
- Planning and introduction of the InHealth Magnetic Resonance (MR) Safety and Quality [MRSAQ] Group whose inaugural meeting was held in April 2019. As one of the largest independent sector providers of MR imaging services, InHealth is committed to the continuous development of its workforce, equipment, systems and processes to ensure a high quality service which is safe and responsive to the needs of both patients and commissioners. This group is led by the InHealth MRI Clinical Lead and supported by our Medical Physics Expert aims to build upon and drive forward current achievements made in areas such as patient experience in MRI and MR safety
- Restructure of the Clinical Quality Sub Committee to ensure increased structured reporting and sharing of learning across all business areas
- Improving links between modality and central governance committees and working groups
- Implementation of a dedicated management of doctors group aimed at supporting both clinicians and managers in ensuring the promotion of good medical practice as well as attainment of the standards required by the NHS England Responsible Officer Regulations

The coming year sees the fulfilment of our five-year Clinical Quality Strategy launched in 2016. InHealth is extremely proud of the achievements made through this strategy. Throughout 2019/20 InHealth will work with stakeholders to design and launch a revised Clinical Quality Strategy which sets out our priorities and commitments for the next 5 years and links with the NHS Long Term Plan.
3.3 Performance against CQC domains

3.3.1 Safe – protecting patients from avoidable harm and abuse

- On average during 2018/19 the incident reporting rate was 0.38% per 100 patients.

- During 2018/19 63% of adverse events reported which did not meet the Serious Incident Threshold were closed within 20 working days as required by the InHealth Adverse Event reporting and management policy. InHealth recognises that further work is required in this area and has committed to this within section 1 of this document.

- During 2018/19 11 serious incidents (SI) were reported accounting for 0.3% of total incidents reported. This is significantly below the estimated NHS benchmark of 0.71% Serious Incident rate.

3.3.2 Effective – providing good outcomes and helping maintain quality of life, based on best available evidence

- In March 2019, InHealth Audiology Services successfully maintained accreditation under the Improving Quality in Physiological Services (IQIPS) Scheme which now includes the full provision of both adult and paediatric audiology services.

3.3.3 Caring – involving and treating patients with compassion, kindness, dignity and respect

• During 2018/19 the rate of complaints within the organisation has remained constant at 0.09% of patient attendances.

• Of the complaints opened in 2018/19, zero were risk severity rated as major.

• InHealth is extremely pleased to note that most complaints were resolved at stage 1 of our 3 stage complaints management process. 3 complaints were progressed to the second stage of our complaints procedure and 2 were escalated to the Parliamentary & Health Ombudsman.

3.3.4 Responsive – organising our services so that they meet patient needs

• InHealth is extremely proud of the services we provide and continuously seek feedback and comments from service users in order to improve our quality of services.

We are extremely proud that during 2018/19 97.4% of patients who responded to our Friends and Family Test questionnaire would be extremely likely or likely to recommend InHealth to a friend or family member, this is compared to 97.8% in the previous year.

• During 2018/19, InHealth has worked to improve responsiveness to patient feedback through the implementation of a real time electronic patient feedback dashboard which allows managers to identify patients who would like to be contacted and resolve any issues or concerns in a timely fashion. InHealth believes that this increased responsiveness improves patient satisfaction and reduces reliance on our formal complaints management processes.

• InHealth is committed to improving access to services in a timely and effective manner and has worked to develop the skills of our team to meet the needs of patients and referrers. As part of this work, InHealth has developed a ‘sonographer practitioner’ programme aimed at developing the skills of sonographers to become independent ‘reporting sonographers’ thus increasing capacity of appointments available within the service.

Throughout 2018/19 the first cohort of these practitioners have successfully completed this programme and have commenced independent reporting practice. This programme has increased both scanning capacity and career opportunities allowing staff to grow and develop within their roles whilst ensuring robust support and oversight to protect patient safety.

3.3.5 Well-led – leadership which fosters learning, innovation and an open and fair culture

• The Duty of Candour (DoC) Regulation 20 of the Health & Social Care Act 2014 requires that we are open and transparent with people if things go wrong with care we provide. The requirement to meet DoC is included within our Incident Reporting Policy and Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy. We review all incidents to ensure we meet our Duty of Candour obligations and that we provide patients with support, an explanation and apology when things go wrong. All such incidents are reported to our Executive Team.

• Throughout 2018/19, InHealth has continued to develop and invest in its staff and specifically its leaders through bespoke InHealth Leadership Development Programmes which aim to identify emerging talent and support managers in leading their teams in delivering excellent services to our customers.
The North West London Collaboration of Clinical Commissioning Groups (CCGs) comprising of eight CCGs has welcomed the opportunity to review your quality accounts for 2018/19.

We are delighted to note the improvement InHealth has made in the quality of service they provide and the result of the CQC inspections of your sites across the UK in 2018, where all the domains of quality were rated as ‘Good’, which reflected the significant work that has been done by the organisation in the reporting year.

The 2018/2019 Quality account covers data to reflect at least the last two reporting periods, which clearly showed the progress made against set priorities. We note that the Quality Account clearly sets out the priorities for 2018/19 and how this has been measured against the previous year- 2017/18, in order to highlight the progress made in the reporting year. The target areas that were not fully met in the reporting year were highlighted and prioritised for the next reporting year 2019/2020. The Quality Account also clearly sets out the improvement priorities for 2019/2020.

The openness and transparency, which InHealth has demonstrated in the previous year in giving details of incidents, complaints and compliments is commended.

It is noted in the report that in addition to the priorities for 2019/20, InHealth will continue to work towards improving the investigation process and close non-serious incidents within 20 working days as committed to within the 2017/18 Quality Account. It is also noted that in the year ahead InHealth aims to achieve 90% compliance with closure within 20 working days. The CCG is eager to read about how InHealth disseminates learning from incidents and complaints to ensure organisation wide quality improvement.

We are pleased to know that one of your priorities for 2019/20 is for InHealth to design and implement a real time electronic data collection system enabling staff and managers to easily input, view and use data from across the business to support improvements in care locally. It is noted that in addition, InHealth will ensure that targeted audits aimed at confirming that learning identified from incidents and complaints is implemented during the next year 2019/2020.

It is commendable that InHealth has demonstrated learning from incidents by committing to pilot and implement an audit of patient identification during 2019/20 in response to a number of incidents involving incomplete or incorrect patient identification during the last year. We are eager to read about the result of the audit in 2019/20 Quality Account.
We note that InHealth demonstrated partnership working with relevant stakeholders and during 2018/19 has used coproduction with partners and patients to successfully design and implement an ‘Always Event’ within a District General Hospital MRI unit. We highly commend the initiative ‘Always Event’ which focuses on patients experience during a visit to the InHealth clinics and how you have worked with patients to co-design the vision statement which reflects what is important to those using your service.

We are very pleased to read about improved patient experience and note that during 2018/19, 97.4% of patients who responded to your Friends and Family Test questionnaire would be extremely likely or likely to recommend InHealth to a friend or family member, this is compared to 97.8% in the previous year.

For 2019/20 we will look to strengthen the collaboration between MHCC and the service and together improve the quality of care and experience of our patients.

Please note MHCC is not responsible for verifying data contained within the Quality Account/Annual Report; that is not part of these contractual or performance monitoring processes.

Diane Jones
Chief Nurse & Director of Quality
NWL Collaboration of Clinical Commissioning Groups

We note that there has been a recent staff survey in June 2019, and are keen to read about the result and InHealth continuing support for staff and their well-being.

We recognise the hard work of your staff across the service and are pleased to see that the quality of service has improved year on year and that InHealth is committed to continuous quality improvement in all quality domains.

The NW London CCG looks forward to continuing to work with you to monitor the progress against the 2019/2020 through the Contract Review Meetings, which will provide assurance of continuous quality improvement for the North West London Population.

Ian Williamson
Chief Accountable Officer
Annex 2:

Statement of directors’ responsibilities for the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports which incorporate the above legal requirements and on the arrangements that NHS foundation trust boards 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 foundation trust annual reporting manual 2018/19 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 2018 to March 2019
  • papers relating to quality reported to the Board over the period April 2018 to March 2019
  • feedback from commissioners dated 09/07/2019
  • the [latest] national staff survey undertaken in 2017
• the Quality Account presents a balanced picture of the NHS foundation trust’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 and
• the Quality Account has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

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

By order of the Board

Chief Executive

Date: Wednesday 26th June
2018/19 Highlights

We are proud of a number of our achievements this year, in particular:

"Delivering high quality training

This year, we were delighted to become the first private Echo organisation to receive British Society of Echocardiography (BSE) Accreditation as a Training Department, training echocardiographers in the UK. This prestigious accolade was awarded alongside our BSE re-accreditation for Transthoracic Echocardiography and further certifies the competencies of InHealth Echo staff in the delivery of high-quality transthoracic echocardiography across the UK.

"Improving outcomes in screening

InHealth won the 2019 British Institute of Radiology ‘Make It Better’ award for our work in making screening more accessible for women with learning disabilities. We aimed to improve awareness and attendance of the routine NHS breast screening invitation, by spending time with women with learning disabilities, carers and support organisations to understand the barriers to women attending their appointments. As a result, the number of women with learning disabilities who attended their appointments increased from 50% in 2016/17 to 66.7% in 2017/18.

"Supporting the NHS long term plan with improved cancer diagnosis

InHealth worked with Oxfordshire CCG and Oxford University Hospital NHS Trust (OUH) to deliver a local, community-based service with shorter waiting times for patients – both routine and 2WW – where referrals could be managed within nationally set Referral to Test (RTT) and local cancer targets. InHealth took the lead in developing straight-to-test community endoscopy in the UK, offering innovation such as trans-nasal endoscopy with low levels of sedation. As a result of this partnership, InHealth currently sees an average of 600 patients per month at their sites in Witney and Bicester, 55 per cent of which are routine and 45 per cent urgent 2WW, averaging an RTT of urgent 2WW procedures: 6–9 days against a target of 10–14 days & routine procedures: 29–32 days against a target of 42 days.