



# QUALITY ACCOUNT

2020/2021



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## Part 1:

# Statement on quality from the Chief Executive of InHealth

Since the publication of our last Quality Account, never has InHealth, or the healthcare sector as a whole, faced such challenges as brought about by the global pandemic.

With every InHealth service impacted, it was clear from March 2020 that the way we supported patients would change and their interaction with healthcare services would be very different.

Yet in the face of adversity, and a time where both our personal and professional lives were affected in unforeseen ways, InHealth's response to COVID-19 brought out the best in both our people and our services, with one goal as the focus – to continue supporting the NHS wherever possible, delivering high quality services to those who needed them.

With clinical quality and safety as our overriding priority, InHealth remained resolutely focussed on keeping both our patients and staff safe, working in line with Government and NHS England guidance. Through regular communication and with the importance of teamwork so clearly highlighted, we were able to respond quickly and effectively to changing requirements across the year, to continue providing quality services as much as possible.

Through the first lockdown, we established a contract with NHS England for our mobile CT services, increasing CT capacity across the country at a critical time. We also supported the NHS111 service and made 1,000 staff available for redeployment into the NHS wherever they were needed.

These partnerships further strengthened our already longstanding and trusted relationship with the NHS and as a result, we were able to support more NHS patients.

We were also able to restart InHealth services as soon as guidance allowed, supported by robust and comprehensive COVID-19 precautions. As a result, we continued to see wonderful patient feedback about how safe they felt in our facilities and during their appointments, demonstrating the passion and dedication that our staff have for delivering the very best services.

While COVID-19 dominated InHealth's story over 2020/21, we were thrilled to achieve our first 'OUTSTANDING' CQC rating in June 2020 for mobile and peripatetic services – an achievement that we were particularly proud of in light of the pandemic, further demonstrating our continued focus on quality and the high standards of care that we place across our mobile services, which are now in more demand than ever.

While InHealth and the sector has, and will continue to, face challenges, our ability to invest in new capital equipment and building programmes has continued in response to growing demand and we were delighted to have not only expanded our fleet of mobile imaging services, but we also created a number of new, permanent diagnostic facilities in the South East, growing our own portfolio of MRI and PET-CT services, but also other screening services including lung screening and diabetic eye screening.

“

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In 2020/2021, we were providing a test, scan or treatment for more than 3 million people from over 800 sites across the UK, the majority of these to NHS patients and service users.

Having also carried out our annual InHealth Staff Survey in 2020, which saw a record 75% response rate and an overall staff engagement score of 74%, responses showed that 96% of InHealth staff believe that patient safety is a top priority and 92% feel that InHealth is focused on improving patient care – a great foundation for us to continue on our journey and develop ongoing improvements, with staff at the centre of how we retain and build on our patient-centric approach.

Over the last 12 months, we have welcomed both the Professor Sir Mike Richards report into diagnostic services and the Health and Social Care Bill. These documents are helping to shape our plans for the future of InHealth, particularly around the topic of Community Diagnostic Centres and the model to improve access to services for patients in dedicated facilities. Our existing relationships with many NHS partners are already well-established and provide a great opportunity for InHealth to play a key role in the development of these proposed facilities and we will continue to work alongside the NHS to improve access to early diagnosis for patients.

This year more than most, the annual Quality Account has given me the opportunity to look back on the previous year and reflect on the fantastic work and effort that our 2,500 staff have put in to delivering quality services for patients, even in the most challenging of circumstances. At a time when the health of our population has never been more of a focus, I am proud and humbled by how the InHealth team came together to provide continued support and capacity to the NHS, while managing their own personal challenges through the pandemic.

I am pleased to report on our progress against our priorities in this Quality Account, which incorporates and takes account of all the requirements of the Quality Account regulations where relevant.

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

**Geoff Searle**  
Chief Executive Officer

## 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 2021/22.

InHealth is committed to being open and honest in our reporting and where applicable comply with NHS reporting requirements and guidance.







## Part 2:

# Priorities for improvement and statements of assurance from the Board

## 2.1 Priorities for improvement 2021/22

InHealth's 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

A new streamlined Clinical Quality & Governance framework will be issued in 2021 and will include the main strategic aims of the organisation in relation to Clinical Quality & Governance. We have identified 5 key priorities for improvement during 2021/22; which are all aligned with the CQC's fundamental standards and are set out here:

### Safe

**Patient Safety Incident Response Framework (PSIRF):** PSIRF was launched as part of the NHS Patient Safety Strategy published in July 2019. Early adopter organisations had been nominated to drive the new framework, however progress was thwarted due to the Covid-19 pandemic. A final version of the PSIRF is anticipated in Spring 2022, however InHealth is keen to adopt the principles of PSIRF and embed its methodology into the way we deliver care to patients.

Throughout 2021/22, InHealth will be aligning its Risk Management system to the national Learning From Patient Safety Events (LFPSE) portal which will allow learning to be shared with our partner organisations and across the rest of the health sector. InHealth is committed to sharing and receiving learning within the healthcare system so that we continue to retain an organisational memory to safeguard our patients, staff and external stakeholders.



## Effective

### **The Quality Standard for Imaging (QSI):**

InHealth is dedicated to ensuring continuous quality improvement is achieved across all modalities. We are therefore working towards attaining QSI accreditation for Imaging Services and have set this as a priority objective for the organisation throughout 2021/22.

## Caring

### **Equality, Diversity & Inclusion (ED&I):**

InHealth are developing a long-term strategy to continually improve ED&I and have recently published a Workforce Race Equality Standard action plan on our website. Together with our dedicated ED&I Steering Group, who have regular meetings to discuss next steps and actions, this action plan will be regularly updated as we complete actions and explore new steps that we can take to further improve. As a reminder of our journey so far, we have already:

- Carried out a short staff survey to collate feedback on areas staff want us to focus on and how life is for them at InHealth
- Published a breakdown of the top-level engagement survey results on our Intranet
- Used the survey results to run a confidential focus group to dig deeper into the topics of discrimination, micro-aggressions and racism
- Held a training session on equality and diversity for our Executive team
- Published our Gender Pay gap report
- Developed and issued a new Menopause Policy for all staff
- Raised awareness of Dyslexia, signposting to support resources
- Explored and accessed relevant online training to share best practice across the organisation
- Refreshed our approach to reviewing all key policies, to ensure equality and fairness for all

We are excited to continue to shape, influence and strengthen our ongoing ED&I strategy to make InHealth an inclusive and diverse environment for all staff.

## Responsive

### **NHS Complaint Standards – Parliamentary and Health Service Ombudsman (PHSO):**

InHealth are delighted to have been selected by PHSO to participate in the NHS Complaint Standards pilot programme. The Clinical Quality Team are overseeing a self-assessment of complaint handling within the organisation to inform an implementation plan for piloting the new standards in 2021-22. This will support InHealth to embed a learning and Just Culture by distinguishing complaints as sources of opportunity for continuous quality improvement. It will also provide InHealth with access to the other pilot sites so that cross-organisational learning can be captured.

## Well-led

### **Implementation of the Just Culture guide:**

InHealth recognises the complexities faced by healthcare professionals operating in a safety-critical industry and the need to support staff when things go wrong. It is for this reason that InHealth promotes the Just Culture guide so that staff feel confident to speak up when errors occur rather than fearing blame.

Throughout 2021/22, InHealth will build on previous work to establish a Speak Up culture by encapsulating the Just Culture guide within policies and processes for management of incidents, complaints and speak up concerns. Our main aim is to create a psychologically safe space to encourage the open discussion of safety matters and enhance collaboration between teams in the interests of staff welfare and patient safety.

## 2.2 Progress against 2019/20 priorities

Progress against the priorities committed to within our 2018/19 Quality Account is set out below. This includes our performance in 2020/21 against each priority and where relevant our performance in previous years:

### Safe

#### Priority 1 – 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.

#### Progress

Throughout 2020/21, InHealth delivered training to 40 members of staff in RCA methodology over 3 courses. These staff were made up of operational leaders and CQC registered managers who would be expected to lead on RCA investigations. A significant improvement in the quality of these investigations was identified with robust action planning in response to findings. Every RCA investigation was allocated a trained person so that the methodology was lived throughout the process. In addition, InHealth has produced an Investigator's checklist to remind investigation teams of the key timeframes and report requirements during each investigation.

#### Priority 2 – 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.

#### Progress

InHealth has developed an escalation procedure which it follows for each of its reporting houses when urgent or unexpected findings are reported. This ensures timely escalation to referrers, reducing the risk of process failure leading to delay or harm.

InHealth achieved 88% compliance with closure within 20 working days at the end of 2020/21. This is a significant improvement compared to the performance at the end of 2018/19. Adverse events and near misses are continuously reviewed with a multi-disciplinary input so that action plans are robust and address the root causes of safety events.

## Effective

### **Priority – 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.

### **Progress**

InHealth has implemented an electronic audit system to enable real time data collection, analysis and action planning and this includes the audit of patient identification. An ongoing audit programme is in place which involves the agreement of audit standards and review of audit results throughout the audit cycle and benchmarking sites so that best practice is shared across the organisation.

## Caring

### **Priority – 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.

### **Progress**

InHealth marked the Experience of Care Week by sharing the learning identified from the Always Events pilot programme. The programme highlighted key themes and areas for improvement which we have responded to and made changes to our service to enhance the patient experience. The Always Events produced as part of the programme are now benchmarked against patient experience performance so that all areas of the organisation continue to strive to the highest standards of service and quality of care.

## Responsive

### Priority 1 – 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.

#### Progress

During 2020/21 InHealth has continued to promote a Freedom to Speak Up Guardian programme based on the aims and vision of the National Guardian's Office. InHealth now has 5 trained FTSU Guardians. Unfortunately owing to the demands of the COVID-19 pandemic, InHealth was unable to recruit additional Freedom To Speak Up Champions. However, InHealth recognises that this is a key component to Freedom to Speak Up and will continue with its plan to recruit FTSU Champions across the organisation.

### Priority 2 – 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.

#### Progress

Throughout 2020/21, complaints management training was delivered to front line service managers to ensure they were equipped with the correct skills and knowledge to manage complaints. 5 bespoke training sessions were held which were attended by 56 InHealth service managers. As a result of the training, the quality of complaint responses has improved across the board to ensure complainants receive a timely, compassionate and robust response.

## Well-led

### Priority – Management of Practising Privileges

Expansion of the electronic medical and appraisal and revalidation system to incorporate the medical governance arrangements of medical professionals holding practising privileges with InHealth.

#### Progress

The arrangements for management of medical professionals' practising privileges is now integrated into our electronic contract management system. This has enabled more timely and robust monitoring of compliance and is aligned to the principles of good medical governance. InHealth is continuing to evaluate how this system operates and is currently looking into an automatic alerts mechanism within the system to highlight credential documents due for review.



## 2.3 Statements of assurance from the Board

**1** During 2020/21, InHealth provided and/or sub-contracted 346 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 2020/21 represents 100% of the total income generated from the provision of relevant health services by InHealth for 2020/21.

**2** During 2020/21 two National Clinical Audits and no National Confidential Enquiries covered relevant health services which InHealth provides.

**2.1** During 2020/21 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 2020/21 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 2020/21 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 2020/21, 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.

**2.5 – 2.8** The reports of two National Clinical Audits were reviewed by the provider in 2020/21. InHealth plans to take actions to improve the quality of healthcare provided.

Audit	Number of cases submitted	% of eligible cases
BCIS National Audit of Percutaneous Coronary Intervention Public Report	698	100%
National Institute for Cardiovascular Outcomes Research	557	100%

3

No patients receiving relevant health services provided or sub-contracted by InHealth in 2020/21 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 2020/21 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 suspended on-site inspections in 2020/21 due to the Covid-19 pandemic.

InHealth participated in the CQC’s new Transitional Monitoring Approach to inspection thereafter. InHealth is extremely pleased to note that its Beechwood Hall registration achieved an overall “Outstanding” rating whilst all other locations achieved an overall rating of “Good”. InHealth is committed to continuous improvement and development of services and views CQC inspection as an opportunity to further enhance care provision. Following inspections, action plans are generated to address any areas for improvement identified. Further details of CQC inspection outcomes are 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 2020/21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

9 –  
9.1

InHealth was not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission.

8

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

10

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

## 2.4 Care Quality Commission (CQC) Inspection programme

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

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

InHealth is extremely proud that of those locations which have been inspected and rated, 100% have been awarded an overall rating of at least 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 patient's needs.

### Areas of Outstanding Practice identified:

- Completed a large project in conjunction with a patient network group to use the eight C's of caring; consider, compassion, comfort, confidence, communication, control, calming and change, to better understand patient anxiety in relation to scans and make changes to practice as a result of these findings
- Abdominal Aortic Aneurysm staff provided services at residential and nursing homes to support patients with difficulties getting to a clinic. This was to support older men, the group of patients most likely to suffer an aneurysm
- Worked with learning disability nurses to promote the importance of breast screening for patients with learning disabilities. This was after a project found that health screening for patients focused on their learning disability rather than other possible co-morbidities.

### Areas for Improvement:

Service Area	Area for Improvement	Action Taken	Timeframe
All	Provision of trained mental health first aiders within the business.	Training arranged for 60 InHealth staff members.	Completed December 2020
All	Increase the level of safeguarding L4 trained staff members within the business.	Training has been provided to a further two staff members.	Completed June 2021
All	Arrange training for IPC champions across the business.	Training arranged for 14 InHealth staff members.	Completed June 2021

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](http://www.inhealthgroup.com/cqc-ratings)

## Learning from incidents and complaints:

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

During 2020/21, 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 2020/21 include:

### Magnetic interlock failure resulting in a fall from a mobile CT Unit

Significant learning was identified from this serious incident which includes the following;

1. It is essential that appropriate analysis of risk, via the completion of a risk assessment, is undertaken upon identification/notification of any incident raised with MPT that represent a Health and Safety or Operational risk
2. Two people must be present to use the lift door/ roller shutter door
3. Verbal confirmation between the two people that the lift is in the up position before the door/roller shutter door is opened must occur
4. All staff are to perform a second visual check once the door/roller shutter door has been opened to ensure that the lift is in the correct position prior to stepping out onto it
5. Communication of intermittent faults should be made to host trust/ organisation.

### Various implant related incidents

Educational content from the MRSE (Magnetic Resonance Safety Expert) was delivered to the MRRPs (Magnetic Resonance Responsible Person) via the MRSAQ (Magnetic Resonance Safety & Quality Group) to enhance awareness in relation to these incidents.

This led to rapid shared learning to prevent the risk of recurrence, including the following key recommendations to practice;

1. Individually assess each patient for every patient episode
2. For every table movement, inform the patient what is occurring and why, and visually observe throughout the movement
3. For every patient episode the radiographer should verbally confirm ID and safety with the patient, as well as any patient specific needs. Where responsibility is shared amongst team members, clear verbal communication is necessary for effective handover of care
4. For every patient assess the potential to create conduction loops and bore contact when positioning patients for scans
5. Implement local records of staff training on new equipment to evidence awareness of correct use
6. When performing patient set-up; centring and registration should not occur simultaneously. Ideally the patient should be registered before being centred into the scanner.

### Accidental limb injury during patient removal from magnet bore

### Potential litigation over cauda equina syndrome

A bespoke online learning module was introduced to raise awareness of cauda equina syndrome amongst radiographers

Updates were made to guidance and pathways to support staff in safe management of this patient group.

### Clothing technology related heating incident in MRI

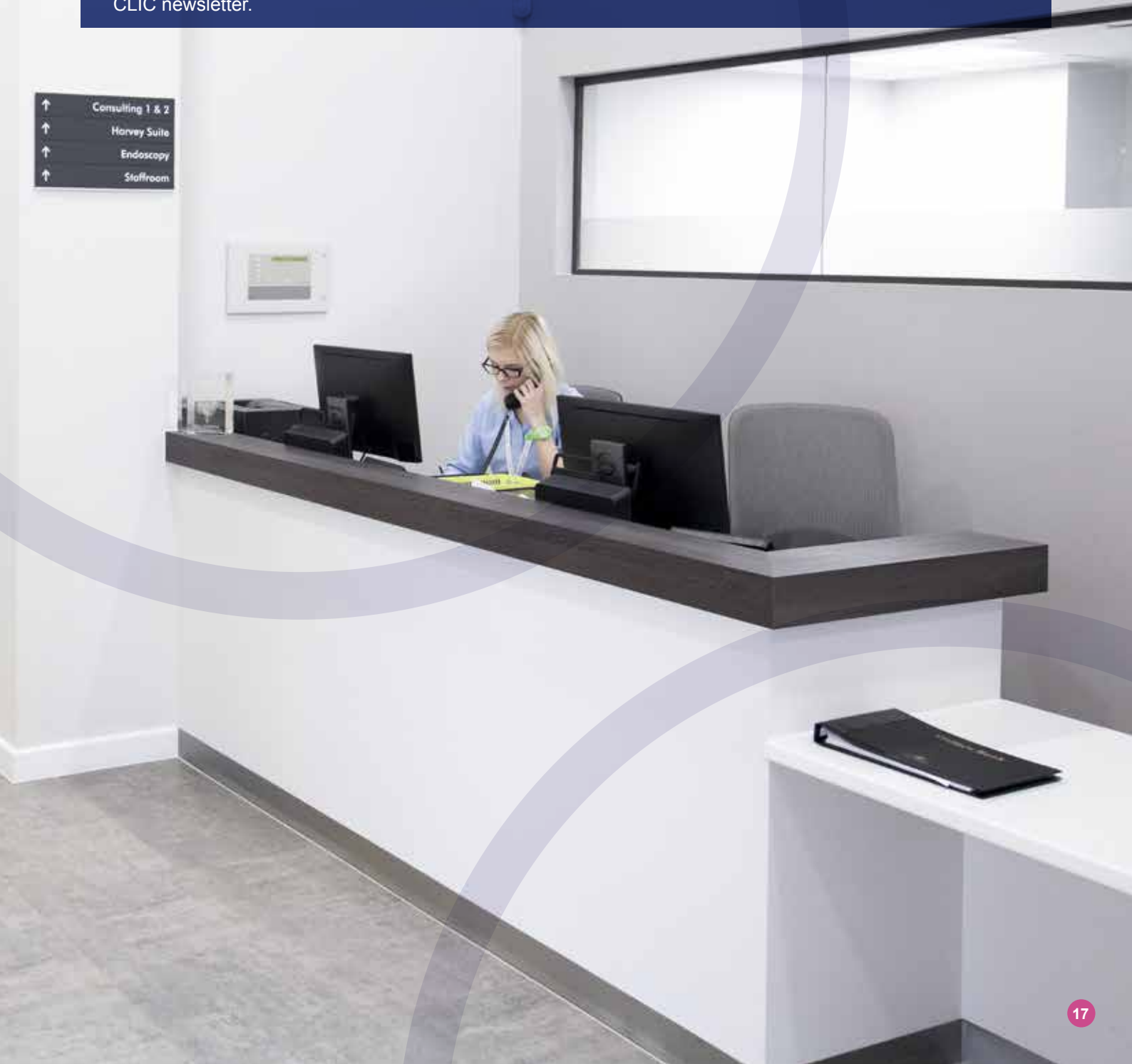
As well as developed into a shared learning opportunity across InHealth and being reported to MHRA, a case study for publication is being looked at to support wider awareness of this issue across the MR community.



## Sharing learning across InHealth

Throughout 2020/21, InHealth continues to focus on a shared learning approach to management of 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 Complaints, Litigation, Incidents and Compliments (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.



## Reporting against core indicators

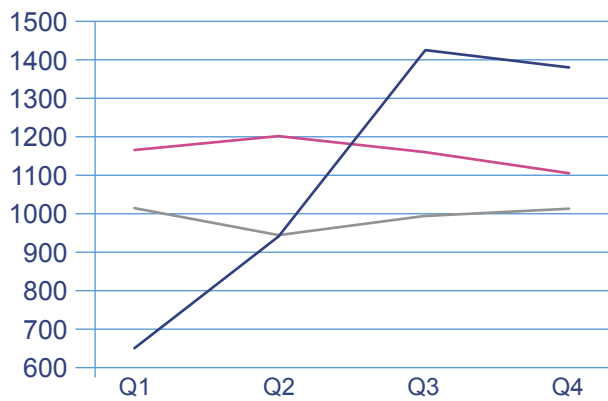
InHealth is a single speciality provider of diagnostic and screening services and as such the majority of the core set of indicators using data made available by NHS Digital are not relevant to its services. InHealth has therefore provided its quality performance against

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.

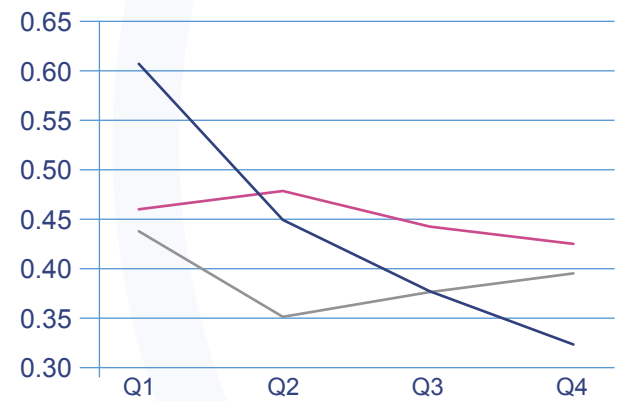
### Safe

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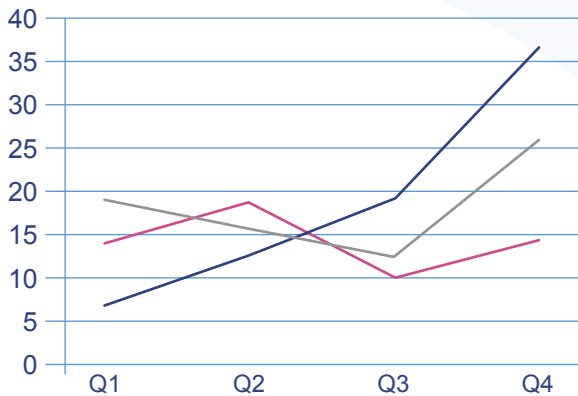
#### 1. Incidents opened



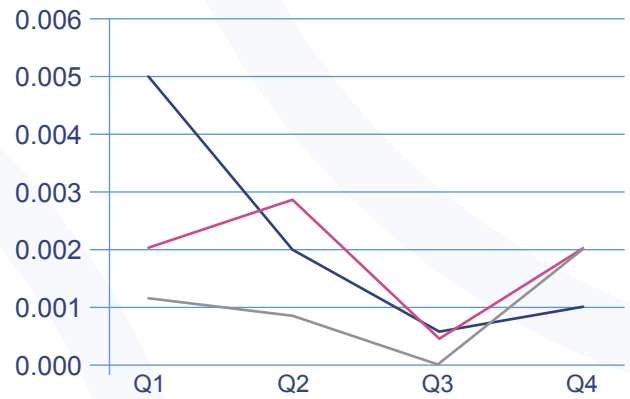
#### 2. Incident rate per 100 patients



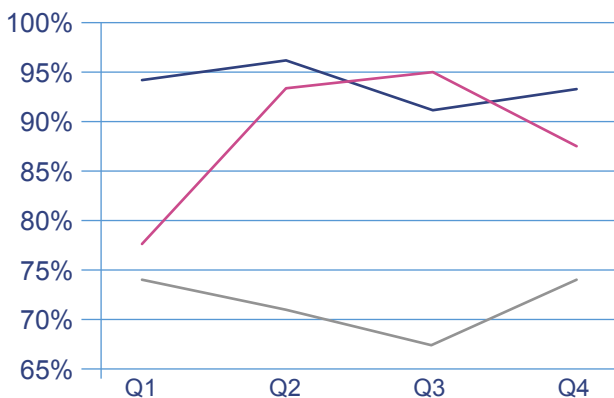
#### 3. Externally reportable incidents (e.g. IRMER, CQC, IG SI)



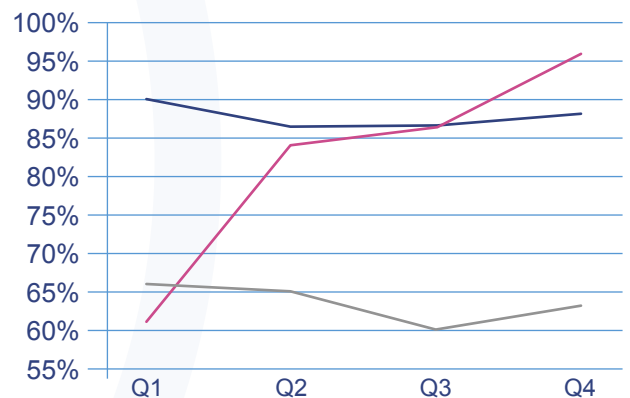
#### 4. Serious incidents (SI) rate



#### 5. Incident closure rate



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



		KPI Benchmark	Q1	Q2	Q3	Q4
EFFECTIVE	7. Clinical audits	N/A	138	138	138	138
	8. IQIPS	N/A	100%	100%	100%	100%

		KPI Benchmark	Q1	Q2	Q3	Q4
CARING	9. Complaints opened	N/A	74	155	221	214
	10. Complaint rate per 100 patients	0.09 (NHS benchmark)	0.07	0.07	0.06	0.05
	11. Complaints acknowledged within 3 working days	75% (IHG KPI)	95%	93%	95%	97%
	12. Complaints upheld	N/A	18	47	63	62
	13. Complaint response within 20 working days	75% (NHS Standard)	95%	90%	89%	97%

		KPI Benchmark	Q1	Q2	Q3	Q4
RESPONSIVE	14. NHS Friends and Family Test (FFT) response rate	15% (IHG KPI)	N/A	N/A	1%	2%
	15. FFT: Patients who would recommend our services	95% (IHG KPI)	N/A	N/A	93%	97%
	16. FFT: Patients who would not recommend our services	<5% (IHG KPI)	N/A	N/A	2.9%	0.9%

		KPI Benchmark	Q1	Q2	Q3	Q4
WELL-LED	17. Incidents where we exercised duty of candour	N/A	2	4	1	2

## Part 3:

# Other information

Computed tomography (CT)

Magnetic resonance imaging (MRI)

Non-obstetric and vascular ultrasound

Mammography

### 3.1 Scope of services delivered

Breast Screening

Bone densitometry (DXA)

Interventional cardiology, angiography and angioplasty

Nuclear medicine and PET-CT

X-ray

Audiology and ear nose & throat (ENT) services

Lung screening

Histopathology

Diabetic Eye Screening

Physiological measurement, ECG and blood pressure monitoring

Endoscopy

Child Health Information Systems



### 3.1.1 Fixed sites

Our extensive fixed site network includes diagnostic and screening 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 and screening 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 and screening service, whether from a GP practice, a community health centre or a community hospital.

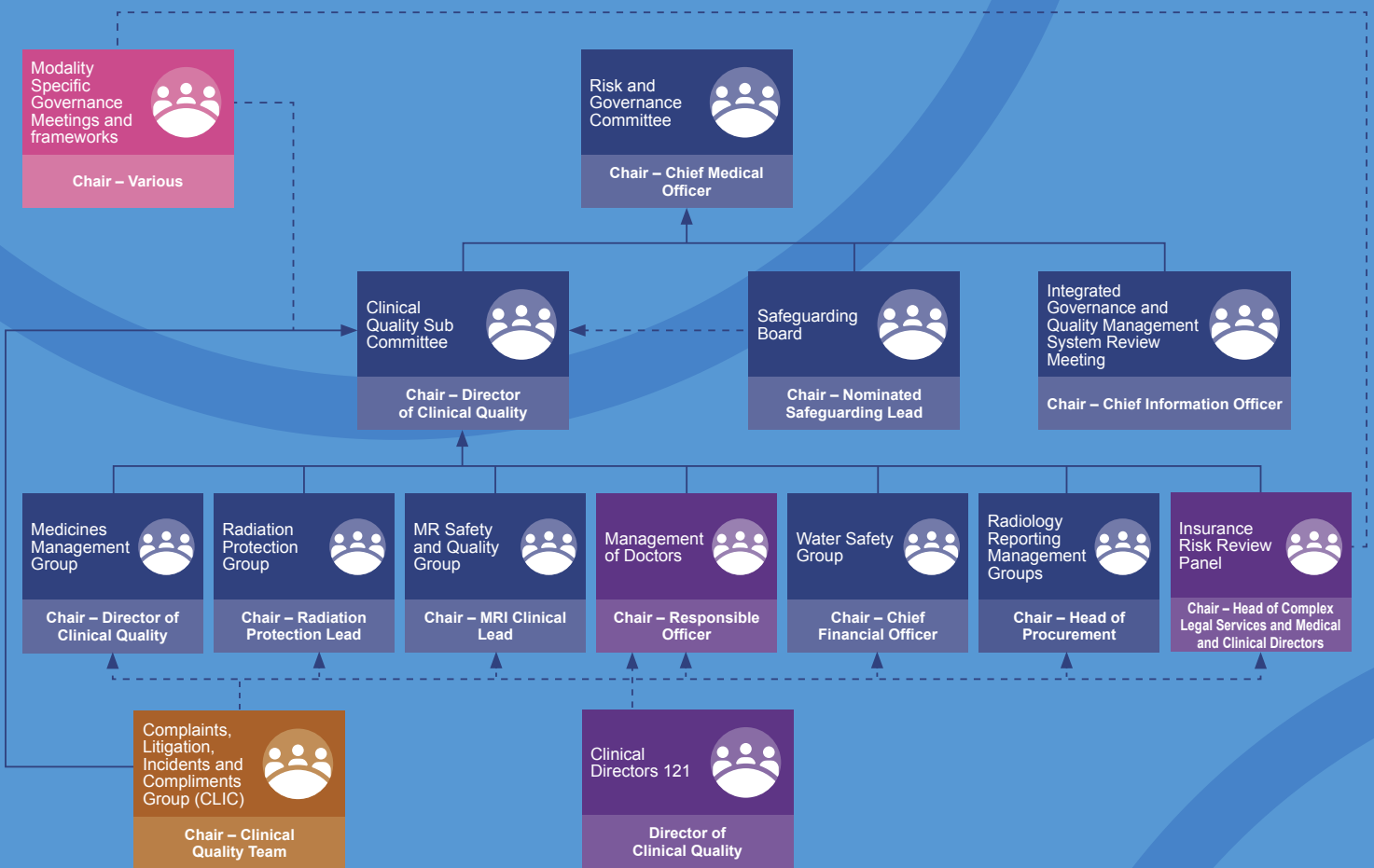
We are fully committed to ongoing investment in technology which delivers clinically dependable results, safely, efficiently and cost effectively.

### 3.2 Quality Governance Framework

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 Medical Officer. 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 Advisors, Radiation Protection Advisors and Medical Physics Experts.

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), Health and Care Professions Council (HCPC), 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

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Reporting to the Risk and Governance Committee, this meeting has been functioning since 2018/19 following the amalgamation of the InHealth ISO 9001 and 27001 accreditations into a single Quality Management System. The 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

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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 2020/21 CLIC has reviewed 4411 incidents and 664 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

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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.

### 3.2.6 Safeguarding Board

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During 2020/21 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.

### 3.2.7 Radiation Protection Committee

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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 2020/21, the committee has continued to monitor compliance with the revised radiation protection legislation which came into force in early 2018.

### 3.2.8 Water Safety Group – Control of Legionella

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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 and other waterborne pathogens.



### 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 by connected doctors and medical practitioners engaged via practising privileges and a consultancy agreement.

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 2020/21, InHealth has continued to review and grow this structure to ensure appropriate oversight and support arrangements exist. Key achievements made during the year include:

- Streamlining the Integrated Information Governance and Quality Management System (IGQMS) meeting to evidence our management review as required by the ISO9001:2015 and 27001:2013 standards. A quarterly virtual review mechanism was established within Microsoft Teams involving all committee members
- Increasing interaction in Microsoft Teams meetings by using the poll function to generate input and discussion from committee members
- Refreshed the Complaints, Litigation, Incidents and Compliments Group (CLIC) meeting to focus on 'Incidents of Concern' and produced a documented and rolling action plan to ensure appropriate follow up of learning outcomes
- Broadened the meeting structure within the Quality Governance framework to include a monthly Insurance Risk Review panel and monthly 1-2-1 meetings between the Director of Clinical Quality and the InHealth Medical and Clinical Directors

Throughout 2021/22 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 2020/21 the incident reporting rate was 0.36% per 100 patients.
- During 2020/21 89% 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.
- During 2020/21 18 serious incidents (SI) were reported accounting for 0.001% of patients seen.
- During 2020/21, InHealth developed an Infection Prevention & Control link practitioner programme of monthly meetings and training sessions to include a review of new clinical evidence, papers for discussion and monthly themes to include items such as Hand Hygiene, Transmission Based Precautions and Cleaning & Disinfection.

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

- In December 2020, 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.
- In September 2020, InHealth maintained ISO 9001 and ISO 27001 accredited status for its combined Integrated Information Governance Quality Management System.



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

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- During 2020/21 the rate of complaints within the organisation has remained constant at 0.05% of patient attendances.
- Of the complaints opened in 2020/21, 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. 18 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

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- 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 2020/21, 95% of patients who responded to our Friends and Family Test questionnaire rated their experience as good or very good.
- We made it clearer to our patients that our patient feedback system is co-ordinated by a 3rd party supplier and not used for any purpose other than care quality and service improvement to improve engagement in the process.
- We liaised with our radiology reporting houses to add the contact number of the reporting house. This will make it easier for the referrer to speak directly to the reporting radiology team that produce the report if they have any complex questions about interpretation and next steps.

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

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- 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 2020/21, 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.

## 3.4 Our People

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With more than 2,500 staff delivering services to over 3 million people each year, we place a huge emphasis on making sure that every member of staff has access to the tools, resources and training to ultimately ensure that they deliver the highest quality care, in the safest way.

Despite the challenges of the pandemic, this year, we have made great strides in developing our people, both as healthcare professionals and individuals, with a focus on collaboration, leadership and influencing.

### 3.4.1 InHealth People Strategy

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Our InHealth People Strategy is centred around four pillars – attract, recruit, develop and retain. With the infinite employment lifecycle at its heart, our philosophy is to find the right people, at the right time, with the right skills, motivations and behaviours. We want people to love where they work, so from the very start of a candidate journey, we focus on values and behaviours, as well as cultural fit, so that we can be sure that all our people take pride in what they do and deliver quality services to the absolute best of their ability. As part of reviewing the strategy in 2020, we will continue to reflect on the people learnings from the COVID-19 pandemic and recalibrate our actions so that they continue to drive the right approach from all our staff.

- Dealing with change
- Building trust
- Improving engagement, productivity and performance
- A sounding board for decisions
- Staff ideas

Going forward, the Staff Partnership Forum is there to support InHealth deliver a culture of openness and trust, partnership working and information sharing. Alongside a backdrop of providing high-quality services, the Forum is on track to make a positive impact on all our people, shaping and influencing all key decisions around our people.

### 3.4.2 Creation of a new Staff Partnership Forum

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In March 2020, we brought forward the launch of a brand new InHealth Staff Partnership Forum, made up of staff and senior leaders, as a safe space for open discussion, constructive challenge and meaningful consultation. Faced with COVID-19, we recognised the valuable contribution that members through this Forum could make, when thinking about the need to support our people over the course of the coming months.

Within its first few weeks, the Forum proved invaluable as an effective communication and engagement channel, gathering feedback and sharing key messages. They also helped to shape key decisions with the Executive Team, bringing grass-roots level insight into areas of the business which may have otherwise been missed.

Nominated members, who represent every service area across InHealth, embarked on a programme of weekly bitesized training sessions to help develop their skills and embed the five key roles of members, which are:

### 3.4.3 Leadership development

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

- Level 3 diploma (Chartered Institute of Management) – 70 managers have completed this diploma
- Leadership and Development programme (Level 5 diploma, Chartered Institute of Management) – 84 managers have completed this diploma. Talent plans are derived from this programme, which are reviewed by the InHealth Executive team. We also hold an alumni event every year, to share updates and developments and allow a review of career plans
- Mentorship and coaching utilising 'Insights' profiles and strengths, ensuring people are able to approach situations in line with their own behavioural preferences and understand those of others
- All managers are regularly reminded about and coached alongside the InHealth 'Role of the InHealth People Manager and Leader', which sets out specific duties of each role and their accountability and duties.



### 3.4.4 Fantastic engagement results in our Staff Survey 2020

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The InHealth 2020 Staff Survey was carried out in June and showed fantastic overall staff engagement of 74%, which retains our score from 2019. Highlights from this year's survey include:

- 96% believe patient safety is a top priority – 1% increase from last year
- 92% feel that InHealth is focused on improving patient care – 3% increase from last year
- 92% believe Equality and Diversity are valued at InHealth – the same as last year
- 91% have the information to do their job properly – 4% increase from last year
- 89% have the equipment to do their job properly – 5% increase from last year
- 88% believe they have the opportunity to do their best every day – 4% increase from last year
- 88% believe someone at work cares about them as a person – 4% increase from last year
- 85% believe that InHealth encourages innovative ideas to improve efficiency and patient care – 5% increase from last year
- 84% of people describe InHealth as an organisation that care for its people – new question

The results show that since last year, the time we have spent focusing on the areas that scored less positively, has paid off, because we have seen improvements in almost every area. For the coming year, our areas of focus include further improving on reward and recognition initiatives, as well as exploring different ways to recognise high performance.

### 3.4.5 Improved access to training

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In the last 12 months, we have improved the quality of our mandatory training programme, providing better access and overall experience for all staff. For the year 2020/21, we delivered 5,929 days of training, averaging 3.6 per person. From digitising our corporate induction through a series of bespoke videos, to rolling out virtual Basic Life Support training, interaction with and speed of completion has significantly improved. Staff have reported higher levels of satisfaction with the programme and feedback has reflected the change in people's expectations when it comes to online learning.

### 3.4.6 Communication and engagement

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We have also improved our approach to sharing information with all staff, recognising that as one of the most prevalent topics in exit interviews, staff survey feedback and discussions with managers, communication makes a huge difference to how our staff feel about working for InHealth. Over the last 12 months, we have:

- Refreshed our staff newsletter, moving to a weekly edition that provides more timely updates
- Introduced regular video updates from our Chief Executive, capturing good news stories, important updates and service changes
- Set up dedicated Microsoft Teams channels for People Managers and Leaders, our Staff Partnership Forum and other key groups, giving them access on personal mobiles and providing a discussion forum that has become their 'go-to' for all people-related information
- Introduced a new internal communications brand, using colour and formatting to create visually engaging and memorable information
- Setting up weekly Senior Leader calls, to work through any people-related topics and queries

## Annex 1:

# 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 2020/21 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 2020 to March 2021
  - papers relating to quality reported to the Board over the period April 2020 to March 2021
  - the [latest] national staff survey undertaken in 2020

- 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: October 2021





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