



QUALITY ACCOUNT

2024 / 2025

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Part 1

Statement on Quality from the InHealth's Executive Team

Introduction from Geoff Searle, Chief Executive

During 2024/25, InHealth has experienced another year of strong growth and further expanded the services and locations where we deliver healthcare. With this growth, we have retained a strong focus on delivering safe, high-quality care to all our service users throughout the UK.

This year's **Quality Account** gives the opportunity to highlight the quality improvement and patient safety activity across the year

During 2024/25, InHealth continued to grow and evolve, expanding our reach and deepening our impact across the UK's healthcare landscape. As we scale our services, our unwavering commitment to delivering safe, high-quality care remains central to everything we do.

This year's Quality Account highlights our progress in patient safety, innovation and service excellence. I am proud to report the successful implementation of our updated Patient Safety Incident Response Plan, which now incorporates enhanced feedback cycles and real-time reporting capabilities.

These developments have been well received by our NHS partners and reflect our proactive approach to continuous quality improvement.

Our **Clinical Governance Framework** has been further strengthened to align with the latest regulatory requirements, best-practice standards and the evolving expectations of our commissioners. We've introduced new audit mechanisms and digital oversight tools, enabling more agile responses to emerging risks and service feedback.

In terms of accreditations, we are pleased to confirm:

- **Renewal of compliance with ISO 9001 and ISO 27001** with no major or minor non-conformances or opportunities for improvement.
- **Renewal and expansion of our Quality Standard for Imaging (QSI)**, now covering additional MRI and CT services across Community Diagnostic Centres.
- **Successful certification for ISO 15189** in our pathology laboratory, supporting our commitment to excellence in medical laboratory services
- **Ongoing compliance with ISO 14001 and ISO 50001**, reinforcing our environmental and energy management goals as we progress toward Net Zero.
- **Renewal of JAG accreditation at our endoscopy sites**, demonstrating our continued commitment to quality and safety.

Our mobile and peripatetic services continue to hold an **OUTSTANDING overall rating with the Care Quality Commission (CQC)**, a testament to the dedication of our teams. This means that of our services that have been inspected and rated by CQC, **>97% are rated GOOD or OUTSTANDING.**



InHealth provided diagnostic and treatment services to **over 4.5 million people** from more than **900 sites** across the UK in 2024–25, with the majority of these services delivered to NHS patients.

We have also made substantial progress in our Community Diagnostic Centre (CDC) programme, launching new centres in both Manchester and the South West. These facilities are now fully operational, delivering thousands of diagnostic tests each month, significantly reducing waiting times and enhancing access to high-quality care. These include:

- South East Manchester Community July 2024 Diagnostic Centre
- North Bristol Community September 2024 Diagnostic Centre
- Torbay and South Devon September 2024 Community Diagnostic Centre
- Weston Community Diagnostic February 2025 Centre September

A major milestone in 2024 was the **launch of our Radioligand Therapy (RLT) service**, the UK's first relocatable facility for this cutting-edge cancer treatment. This innovation, part of our nuclear medicine portfolio, will initially support NHS capacity for patients with neuroendocrine tumours and prostate cancer, offering both diagnostic and therapeutic capabilities (Theranostics).

Our **Lung Cancer Screening** has expanded to 21 locations, and our **Diabetic Eye Screening services** have grown through new NHS contracts, ensuring early detection and intervention for thousands more patients.

In total, InHealth provided diagnostic and treatment services to **over 4.5 million people** from more than **900 sites** across the UK in 2024–25, with the majority of these services delivered to NHS patients.

Our **2024 Staff Survey saw a 68% response rate**, with an engagement score of **78%**. Notably, **95% of staff** would recommend InHealth services to friends and family, and **89%** affirmed that patient safety is a top priority.

Reflecting on the past year, I am immensely proud of our 3,800 colleagues whose dedication and professionalism continue to drive our mission forward. This Quality Account outlines our achievements and sets the stage for our priorities in 2025–26. I confirm that, to the best of my knowledge, the information presented is accurate and in accordance with the Quality Account regulations.



Geoff Searle
Chief Executive Officer



95% of staff would recommend InHealth services to friends and family, and **89% affirmed** that patient safety is a top priority.

Part 1

Statement on Quality from the InHealth's Executive Team

Introduction from Dr Reem Hasan, Chief Medical Officer and Wellbeing Guardian

I am proud to reflect on the progress InHealth has made during this reporting period. As our organisation continues to grow and evolve, our commitment to patient safety, clinical excellence, and continuous improvement has remained unwavering. This year's Quality Account demonstrates not only what we have achieved, but how deliberately we have strengthened the systems, culture, and people that underpin safe, high-quality care.

One of the most encouraging indicators of organisational maturity has been the continued strengthening of our reporting culture. As detailed on page 30, incident and near-miss reporting has increased year on year and is now at its highest level. This sustained rise, occurring alongside significant organisational growth and system change, is clear evidence of a culture in which staff feel empowered to speak up, report concerns, and contribute to learning. Transparency and psychological safety are now firmly embedded across InHealth, enabling us to identify risk early and continuously improve.

Safeguarding remains a core priority. During the year, we have further developed safeguarding capability across the group, training four additional safeguarding leads to meet the needs of a growing and increasingly complex organisation. The introduction of bi-monthly safeguarding clinical supervision sessions has provided a consistent, supportive forum for clinicians to access expert guidance, reflect on practice, and share learning in a psychologically safe environment. This investment strengthens both patient protection and staff confidence (page 13).

We have also enhanced our approach to listening to patients. The transition to an internally managed patient feedback system has created a more accurate, timely, and flexible dataset, while improving access and functionality for colleagues across services (page 17). This ensures patient experience insights are readily available to inform local and organisational improvement.

To support this work, we have strengthened our Clinical Quality Team through a revised team structure, the introduction of the Senior Clinical Governance Business Partner role, and key appointments including a new Director of Clinical Quality/Chief Nursing Officer (page 19). These changes enhance our ability to provide consistent oversight, expert support, and assurance across all services, particularly within Community Diagnostic Centres.

Finally, we recognise that exceptional care is delivered by people who feel supported, valued, and able to thrive. Our commitment to colleague wellbeing has continued to deepen through the introduction of cultural appreciation and storytelling sessions, the development of our Women's Health Network, Men's Mental Health sessions, the expansion of Mental Health First Aiders with training now delivered in-house, and sustained investment in personal and professional development (page 39). Together, these initiatives reflect our firm belief that staff wellbeing is not separate from patient safety, but fundamental to it.



A handwritten signature in black ink, appearing to read 'Reem Hasan'.

Dr Reem Hasan
Chief Medical Officer
and Wellbeing Guardian

Quality Accounts: Definition and Purpose

As required under the [Health Act 2009 \(legislation.gov.uk\)](#) and subsequent [Health and Social Care Act 2012: fact sheets - GOV.UK \(www.gov.uk\)](#), providers of services under an NHS standard contract, who have staff numbers over 50 and NHS income >£130k per annum are required to publish a Quality Account for the NHS 2024/25 financial year.

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

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

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

InHealth's Quality Account aims to be both retrospective, commenting on the progress made during the previous year and forward looking, detailing our commitments and plans for improvement during 2025/26.

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

In line with NHSE publishing requirements, InHealth will upload our quality account to our organisation's website in a location that is clearly visible and easily accessed by members of the public. In addition, we will also forward the link of the webpage to QualityAccounts@dshc.gov.uk.

InHealth note that the [NHS England » National Quality Board](#) has been undertaking a review of quality accounts to determine how they could be improved and updated. Members of the InHealth Clinical Quality Team have participated in stakeholder sessions with members of the National Quality Board as part of this review. However, InHealth further note that NHSE have temporarily paused work on this review.



Part 1

Glossary of Terms

AMRC	Academy of Medical Royal Colleges
BCIS	British Cardiovascular Intervention Society
BIR	British Institute of Radiology
CDC	Community Diagnostic Centre
CHIS	Child Health Information System
CMO	Chief Medical Officer
CoRIPS	College of Radiographers Industry Partnership Scheme
CT	Computed Tomography
CQC	Care Quality Commission
CQC DSP	CQC regulated activity – Diagnostic and Screening Procedures
CQC IRMER	CQC team responsible for overseeing ionising radiation incidents
CQSC	Clinical Quality Sub-Committee
CSAUE	Clinically significant accidental or unintended exposure
DESP	Diabetic Eye Screening Programme
DNA	Did not attend
DNAR	Do Not Attempt Resuscitation
DoC	Duty of Candour
DoCQ/ CNO	Director of Clinical Quality/Chief Nursing Officer
DSP	Data Security and Protection Toolkit
ECG	Electrocardiogram
eGFR	Estimated glomerular filtration rate (kidney function)
ELfH	E-learning for Health

ENT	Ear, Nose and Throat
EP	Employer's Procedures
ET	Executive Team
FGM	Female Genital Mutilation
FSUG	Freedom to Speak Up Guardian
GMC	General Medical Council
GP	General Practitioner
HCPC	Health and Care Professions Council
HIS	Healthcare Improvement Scotland
HIW	Healthcare Inspectorate Wales
HPA	Health Protection Agency
HSE	Health and Safety Executive
IHR	InHealth Reporting
ICB	Integrated Care Board
IG	Information Governance
IPC	Infection Prevention and Control
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
IRR	Ionising Radiation Regulations
ISCAS	Independent Sector Complaints Adjudication Service
ISO	International Standards Organisation
KPI	Key Performance Indicator
LFPSE	Learn From Patient Safety Events
LRMS	Local Reporting Management Software
MAC	Medical Advisory Committee

MAG	Medical Advisory Group
MHRA	Medicines and Healthcare Products Regulatory Authority
MMG	Medicines Management Group
MPE	Medical Physics Expert
MPT	Mobile Planning Team
MRI	Magnetic Resonance Imaging
MRP	Magnet Responsible Person
MRSE	Magnetic Resonance Safety Expert
MRSAQ	MR Safety and Quality group
NHS	National Health Service
NHSE	National Health Service England
NMC	Nursing and Midwifery Council
NRLS	National Reporting and Learning System
OCT	Optical Coherence Tomography
OEM	Original Equipment Manufacturer
PACS	Picture Archiving and Communication System
PSR	Patient Safety Response
PET-CT	Positron Emission Tomography and Computed Tomography
PGD	Patient Group Direction
PHSO	Parliamentary and Health Service ombudsman
POCT	Point of Care Test
PSD	Patient Specific Direction
PSII	Patient Safety Incident Investigation

PSIRF	Patient Safety Incident Response Framework
PSP	Patient Safety Partner
QQR	Quarterly Quality Report
QRR	Quarterly Risk Report
QSI	Quality Standard for Imaging
RCA	Root Cause Analysis
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RIDDOR	Reporting of Injuries, Disease and Dangerous Occurrences Regulations
RGC	Risk and Governance Committee
RLT	Radioligand Therapy
RO	Responsible Officer
RPA	Radiation Protection Advisor
RPG	Radiation Protection Group
RPS	Radiation Protection Supervisor
RWA	Radioactive Waste Advisor
SI	Serious Incident
SLA	Service level agreement
SOP	Standard Operating Procedure
SPS	Specialist Pharmacy Services
SUS	Secondary Uses Service – NHS Digital
TLHC	Targeted Lung Health Check
TVC	Total Viable Count
UK	United Kingdom
XRM	InHealth Patient Administration and Booking System

Part 2

Priorities for improvement and statements of assurance from the Board

2.1 Priorities for improvement 2025/26

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

information related to clinical quality, patient safety and continuous quality improvement between our board and clinical frontline teams.

We have identified 5 key priorities for improvement during 2025/26, which are all aligned with this framework and CQC's fundamental standards and are set out here:



Safe

We will develop comprehensive guidance for categorising harm levels in patient safety incidents and complaints, fully aligned with the Patient Safety Incident Response Framework. This guidance will clearly define the different types of harm that may result from a patient safety event and include practical, worked examples to support staff in accurately categorising harm at the first attempt.

The Clinical Quality Team will deliver targeted training to clinical teams to ensure they fully understand the guidance on categorising harm and can confidently apply it in practice, in complete alignment with the updated Patient Safety Incident Response Framework (PSIRF) requirements.



Effective

We will strengthen our clinical governance framework and streamline related activities, so they are proportionate and effective.

This includes:

- Introducing standardised terms of reference for all governance committees and associated meetings
 - Introducing standardised agendas for committees and associated meetings to increase clarity, accountability, and efficiency
 - Enhancing our clinical governance reports so that they provide a complete view of clinical quality and facilitate robust internal assurance across the organisation.
- Developing our Clinical Quality Sub-committee into a Clinical Quality and Safety Committee
 - Enhancing our Risk and Governance Committee so it provides effective oversight, drives accountability, and ensures robust risk management and governance across all clinical and operational areas.



Caring

We will enhance our patient feedback mechanisms and strengthen the analysis of results to generate meaningful insights, enabling continuous improvement of our services both locally and nationally based on patient feedback.

We will develop a Lived Experience Advisory Group (LEAG) so we can engage with a diverse range of people with lived experience of healthcare services to support in improving our services, ensuring they meet the needs of our service users across the spectrum of their needs.



Responsive

Following the development of our Patient and Service User Accessibility Policy we will develop accessibility audits to ensure we are meeting the accessibility standards we have set ourselves and to further improve in this area.

We will launch complaint surgeries to develop complaints management capabilities across clinical teams - ensuring complaints are handled efficiently and consistently in line with best practice standards.



Well-Led

Having established a network of Freedom to Speak Up Guardians in previous years, we will introduce a cohort of Freedom to Speak Up Champions who will serve as the first point of contact for speak-up concerns within our clinical locations, strengthening accessibility and fostering a culture of openness and trust.

We will introduce a streamlined clinical governance framework that simplifies and strengthens governance processes across all geographies and service lines, ensuring full alignment with applicable regulatory requirements and recognised best-practice standards.



Part 2

2.2 Progress against 2023/24 priorities

Outlined below is a summary of our progress against the improvement priorities established in the 2023/24 Quality Account, highlighting key achievements in 2024/25 and, where applicable, referencing performance in previous years.





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

Priority – We will work to improve our overall approach to safeguarding supervision.

Progress

During 2024/25 we increased our safeguarding supervision sessions to two per month. These were led by one or more of our level 4 trained safeguarding leads and facilitated virtually. We regularly had high numbers of participants with broad representation from across the organisation at all levels and from all modalities and service types.

During open sessions, colleagues were encouraged to share pseudonymised safeguarding cases from their own services. These cases were presented for collective review and guidance by the safeguarding lead, as well as discussion among the wider group. This collaborative approach fostered a valuable learning environment, enabling participants to gain practical insights and apply best practice safeguarding principles in real-world scenarios. In addition to enhancing safeguarding knowledge, these sessions also provided an important opportunity for clinical supervision, allowing staff to reflect on their professional practice, discuss challenges, and receive peer and expert support in a structured setting.

The sessions consistently emphasised a proactive stance towards safety, focusing on early identification and effective management of safeguarding concerns. This approach was designed to optimise harm prevention and reduce negative outcomes for both patients and staff, reinforcing the organisation's commitment to a safe and supportive care environment.

During the more structured sessions, safeguarding leads delivered presentations on key safeguarding topics and contemporary issues, prompting in-depth questions and facilitating group-wide discussions.

These included:

- Management of the situation where adults attending their own medical appointment are accompanied by a child or children
- The interaction of mental health and safeguarding
- Suicidal ideation in patients and colleagues
- Understanding the 'adult at risk' and the implications for safeguarding
- How to manage difficult and/or sensitive conversations with patients and clients in a safeguarding context
- Domestic violence and abuse
- What is 'coercive control' and what action to take if this behaviour is observed in our services
- The murder – suicide link, and the importance of acting on concerns
- Managing protected disclosures from patients attending medical appointments.

Beyond these sessions, our safeguarding leads have continued to deliver prompt, personalised one-to-one support for colleagues affected by safeguarding concerns that could impact their mental wellbeing. These confidential sessions are offered in person, via Teams, or by telephone. The availability of safeguarding lead support for staff managing safeguarding issues has been consistently highlighted in staff and management communications. We are also pleased to have expanded our team this year, appointing additional level 4-trained safeguarding leads to meet the needs of our growing organisation.

Part 2

2.2 Progress against 2023/24 priorities



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

Priority – We will remodel our Clinical Governance Framework following our early PSIRF experience to ensure it is an effective system for our organisation.

Progress

- We undertook a full revision of our clinical governance framework in 2022 with further remodelling in 2024 guided by our initial implementation of PSIRF and patient safety science. Remodelling included the introduction of several new Patient Safety Responses (PSR) and investigative methodologies, including SWARM – this is one of the PSIRF learning tools and is a quick gathering of key colleagues after a patient safety incident to analyse what happened and how, and to decide what to do to reduce risk.
- After Action Review (AAR) – this is a method of evaluation that is used when outcomes of an activity or event, have been particularly successful or unsuccessful. It aims to capture learning from these tasks to avoid failure and promote success for the future.
- Patient Safety Incident Investigation (PSII) - a PSII is undertaken when an incident or near-miss indicates significant patient safety risks and potential for new learning. Investigations explore decisions or actions as they relate to the situation. The method is based on the premise that actions or decisions are consequences, not causes, and is guided by the principle that people are well intentioned and strive to do the best they can. The goal is to understand why an action and/or decision was deemed appropriate by those involved at the time.
- Thematic Review - A thematic review can identify patterns in data to help answer questions, show links or identify issues. Thematic reviews typically use qualitative (e.g. open text survey responses, field sketches, incident reports and information sourced through conversations and interviews) rather than quantitative data to identify safety themes and issues. Thematic reviews can sometimes use a combination of qualitative data with quantitative data. Quantitative data may come from closed survey responses or audit, for example.
- Systems Engineering Initiative for Patient Safety framework (SEIPs) based investigations - healthcare is complex because it is highly variable, uncertain, and dynamic. Healthcare is a socio-technical system because it is characterised by multiple interactions between various components, both human and technological. SEIPS is a framework for understanding outcomes within complex socio-technical systems. The SEIPS approach has been incorporated into all of InHealth's patient safety responses listed above.



The remodelling was led by our Director of Clinical Quality, with guidance and oversight from the Chief Medical Officer and Executive Team. This robust framework remains central to assuring regulators, commissioners, and InHealth's Executive Team and Board that our clinical care consistently meets the highest standards, underpinned by the latest evidence, best practice guidance, and current knowledge. Assurance is provided from board to floor, with clear lines of accountability and oversight that ensure the highest standards are maintained throughout the organisation (Diagram 1). Regular reporting mechanisms, audits, and feedback loops allow the Board to monitor the effectiveness of governance processes and clinical practice, while frontline teams receive ongoing support and guidance to uphold quality and safety in every aspect of patient care.

Our clinical governance framework draws on the examples of good working practice which have been developed by the NHS, Integrated Care Boards, Independent Healthcare Providers Network, Quality Standard for Imaging (QSI), UKAS BS70000. Improving Quality in Physiological Services (IQIPS), Joint Advisory Group (JAG) and the Care Quality Commission (CQC) and the healthcare regulators across the devolved nations. Our framework is reviewed regularly to incorporate new legislation and new national clinical guidance

and regulatory standards as they are published. It is also aligned with our ISO 9001: 2015 Quality Management System and ISO 27001: 2022 Information Security System overseen by our external certification body ISOQAR Alcumus.

InHealth is primarily regulated by and is required to be a registered provider with the Care Quality Commission (CQC) for England. Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW) and The Independent Healthcare Regulator (Northern Ireland) oversee healthcare regulation in the devolved nations. InHealth will register with the relevant organisations as required whenever new sites, contracts, or fixed facilities are established in these domains.

The Clinical Quality Team, led by the Director of Clinical Quality with executive oversight from the Chief Medical Officer, ensures the rigorous delivery and continual improvement of standards within our clinical governance framework. This team offers expert advice, guidance, and support across clinical quality, patient safety, health and safety, governance, and organisation-wide risk management. These responsibilities are clearly defined within the clinical governance framework and reflected in all associated policies and standard operating procedures.

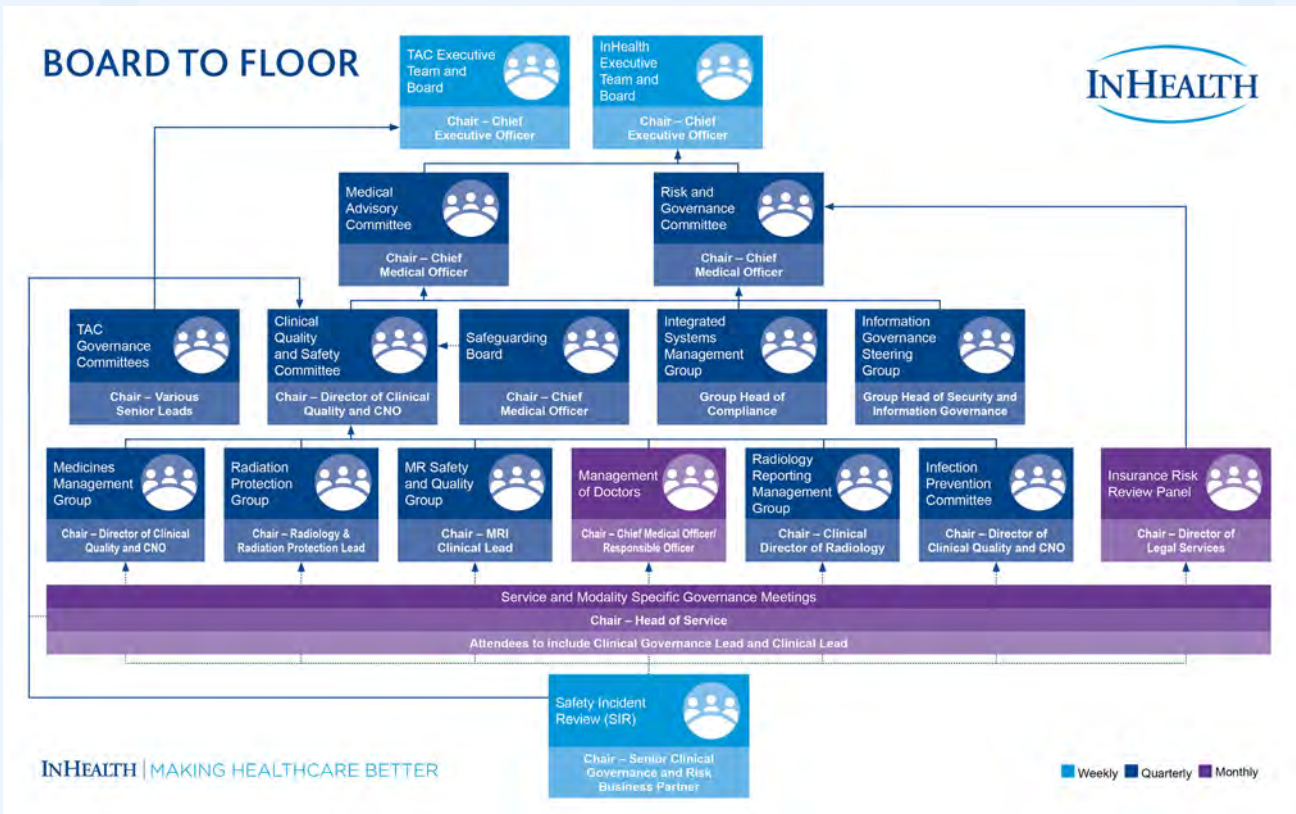
Part 2

2.2 Progress against 2023/24 priorities

During the initial implementation of PSIRF, we observed an overuse of some of the PSIRF tools. Benchmarking against NHS Trusts with inpatient beds and A&E departments (organisations with a higher risk profile due to patient acuity and care complexity) highlighted the need for capability development and a more individualised approach towards PSR utilisation.

The Director of Clinical Quality subsequently delivered targeted education and training for senior clinical governance and risk business partners, which was subsequently disseminated throughout the organisation. To address low-level, no-harm incidents, the InPhase patient safety reporting system was leveraged, allowing PSIRF tools to be reserved for complex cases with higher potential harm, thereby maximising their value for insight and learning.

Diagram 1





Caring

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

Priority – We will review our approach to patient feedback to ensure that the methodologies we utilise make giving feedback easy for as many patients as possible.

Progress

During the year we transitioned our patient feedback programme from an external provider to a bespoke, internally managed solution, led by InHealth colleagues. This approach enabled us to design a suite of feedback forms, all anchored by a set of consistent InHealth Friends and Family Test questions, while also incorporating tailored elements to reflect specific service types, locations, and commissioner requirements.

As an organisation experiencing sustained growth, we have successfully integrated new locations, such as CDCs, into the feedback system, while also efficiently removing rapidly changing services, such as mobile CT and MRI, as necessary. Greater flexibility has enabled us to create a more accurate, up-to-date dataset whilst enhancing functionality and access arrangements for colleagues.

Our feedback programme is primarily digital, reinforcing our sustainability goals and aligning with the NHS Net Zero objectives.



Part 2

2.2 Progress against 2023/24 priorities



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

Priority – We will review our initial PSIRF Policy in line with the learning from the first 18 months using the new PSIRF methodologies and tools.

Progress

Our initial PSIRF Policy was based on analysis from patient safety incident and near miss data from the previous 3 years prior to the date of changeover from the NHS Serious Incident Framework to the Patient Safety Incident Response Framework. In order to foster an organisation-wide approach, we undertook a series of stakeholder engagement events to collate the views of a wider range of stakeholders when building our initial PSIR Plan.

During 2024/25, we reviewed patient safety incident and near miss reporting since the implementation of PSIRF to inform the next iteration of our policy. In the first year, both the Clinical Quality team and local clinical leads utilised PSIRF tools more extensively than NHS Trusts, despite InHealth's lower acuity and clinical risk profile. Consequently, PSIRF tools had been applied to some incidents that could have been managed effectively through the InPhase quality management system, diverting resources from broader quality improvement initiatives.

To address this, the Director of Clinical Quality delivered targeted training to senior clinical governance and risk business partners and other clinical leads, distinguishing when to use PSIRF investigation tools vs. standardised InPhase management. This approach facilitated proportionality and ensured that recurring incidents and near misses - where causes are well understood via the SEIPS model, were managed efficiently, using the most appropriate investigational method. This in turn has enabled the team to move away from rule-based approaches and focus on the delivery of impactful quality improvement activities across the organisation.



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

Priority - We will review the structure of our clinical governance team following the expansion of our organisation and the opening of our multiple Community Diagnostic Centres to optimise our patient safety oversight and assurance remit.

Progress

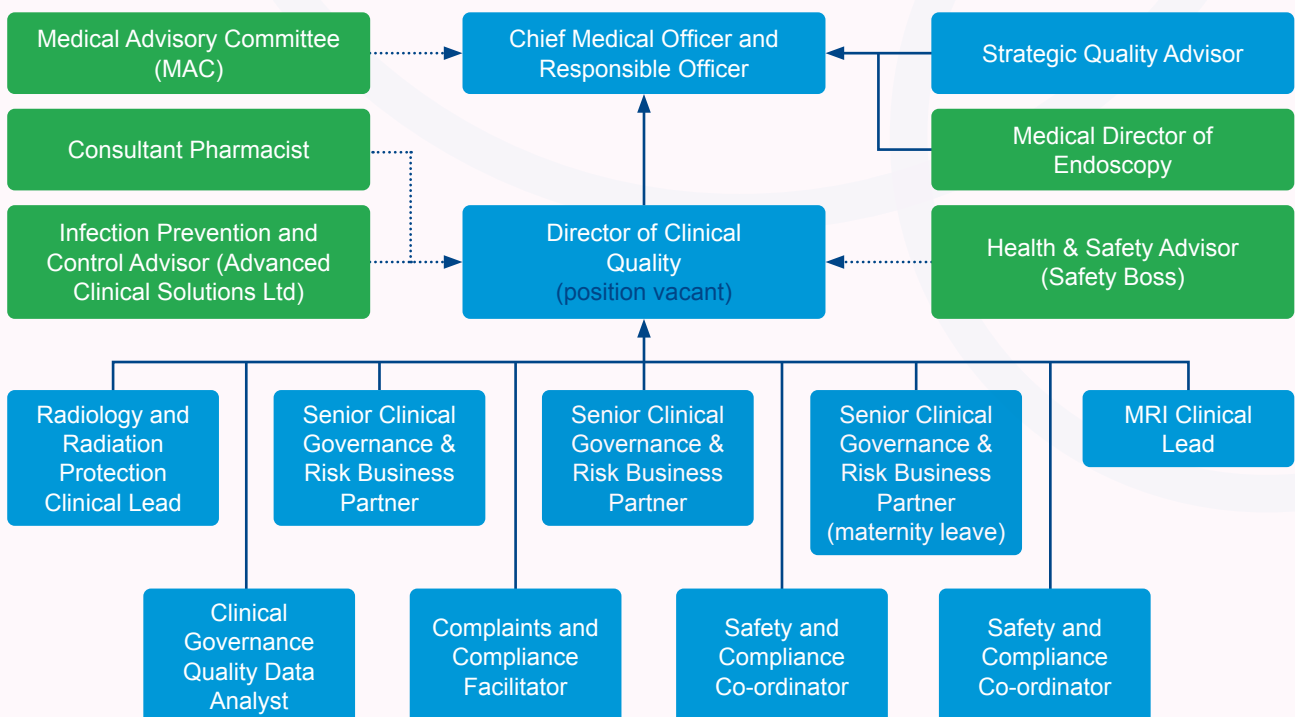
The CQC well-led domain is evidenced by strong leadership, a unified vision, robust governance, and a culture committed to learning and continuous improvement. During the reporting period, our Chief Medical Officer led a review of the clinical governance team's structure to ensure alignment with these principles. The objective was to establish a governance team capable of delivering the core components of the Clinical Governance Framework, namely:

- Develop a shared vision and strategy for clinical governance
- Foster a culture of openness and fairness
- Ensure effective governance and management across the whole organisation including all modalities and services with a particular focus on community diagnostic centres
- Promote partnership working and innovation with colleagues in frontline clinical and operational management roles

- Invest in the workforce by recruiting appropriately skilled and trained staff that have clear career development paths whilst also promoting equality, diversity, inclusion and belonging.
- Prepare evidence to demonstrate that the organisation meets the CQC fundamental standards with a well organised and current policy and standard operating procedure repository.
- Undertake gap analysis at organisational and service level to ensure all procedures and audits are up to date.

The review resulted in the creation of three senior clinical governance and risk business partner roles who directly report into the Director of Clinical Quality. The business partners work collaboratively to facilitate assurance with the Clinical Governance Framework, each focussing on designated areas within the organisation. This has enabled them to develop subject matter expertise in the modalities and services that they support whilst maintaining consistent standards of oversight and assurance.

Clinical Quality Team Structure



Part 2

2.3 Statements of assurance from the Board

1 During 2024/25, InHealth provided and/or sub-contracted 250 relevant health services.

1.1 InHealth has thoroughly reviewed all available data relating to the quality of care across its relevant health services, ensuring comprehensive oversight.

1.2 The income generated by the relevant health services reviewed in 2024/25 represents 100% of the total income generated from the provision of relevant health services by InHealth for 2024/25.

2 During 2024/25, no National Clinical Audits or Confidential Enquiries involved InHealth's service portfolio, so participation was not required.

3 No patients receiving relevant health services provided or sub-contracted by InHealth in 2024/25 were recruited during that period to participate in research approved by a research ethics committee.

4
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4.2 Less than 1% of InHealth's income in 2024/25 was conditional on achieving quality improvement and innovation goals agreed between InHealth and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services through the Commissioning for Quality and Innovation payment framework.

5
-
5.1 A significant proportion of InHealth's services are required to register with the CQC; current registration status is as follows:

InHealth has no conditions on its registration.

The CQC did not inspect any of InHealth's services in 24/25. Of all our services previously inspected and rated by the CQC, over 97% have achieved an overall rating of at least GOOD, with several recognised as OUTSTANDING in individual domains. Our largest service, which includes all our mobile and peripatetic services remains rated as OUTSTANDING overall.

Much of our engagement with the CQC centred on registering new community diagnostic centres, and we were pleased to expand the InHealth portfolio with additional service lines, including respiratory services.

6
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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 2024/25 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

9 InHealth was not subject to the Payment by Results clinical coding audit during 2024/25
-
9.1 by the Audit Commission.

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



Part 2

2.4 Care Quality Commission (CQC) Registration programme

The Care Quality Commission (CQC) is the independent 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, for all services meeting the scope of registration.

We have registered four locations during the 24/25 year, these include:

- South East Manchester Community Diagnostic centre registered July 2024
- North Bristol Community Diagnostic Centre registered September 2024
- Torbay and South Devon Community Diagnostic Centre registered September 2024
- Weston Community Diagnostic Centre registered February 2025

Each registration requires the submission of over 100 documents to the CQC for detailed review and approval. These include building plans, medical equipment acceptance tests, risk registers, and operational policies. This rigorous process ensures InHealth's services meet the highest standards for quality, safety, and compliance upon the point of registration.

2.5 Learning from patient safety incidents and complaints

2.5.1 Patient Safety Incident Investigation – an example

During the year we investigated several patient safety incidents using the swarm huddle PSIRF tool. We have included the example below to demonstrate how this tool assists in a thorough investigation with actions related to the specific incident and actions related to sharing wider learning across the service and the organisation.

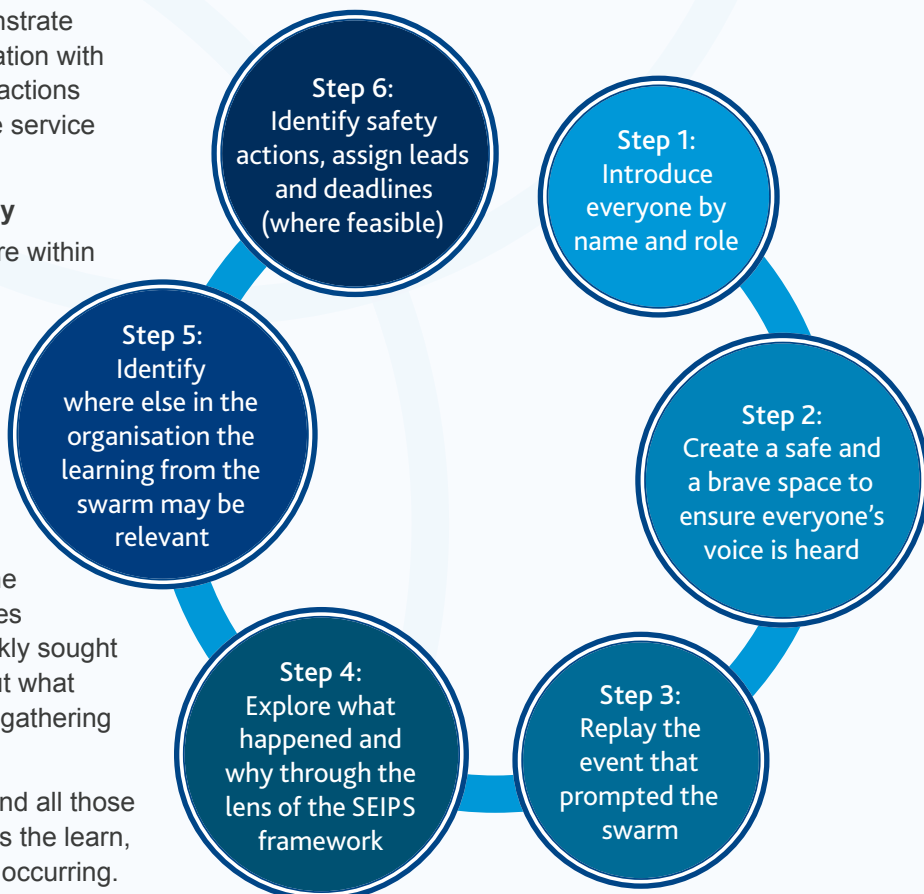
Patient Safety Incident within Endoscopy

The purpose of a swarm huddle is to explore within a post incident huddle what happened, why it happened and how it happened in the context of work is done, i.e. how healthcare is delivered routinely and within practice.

The purpose is to integrate the SEIPS framework to quickly analyse what happened and decide collectively what needs to be done to reduce the risk from the incident occurring again. The swarm enables insights, reflections and learning to be quickly sought with the aim of preventing information about what happened being lost because of a delay in gathering information.

The swarm provides an opportunity to remind all those involved that the aim following an incident is the learn, improve, and reduce further incidents from occurring.

Swarm Cycle



Title of Swarm	Perforation of Bowel at InHealth Community Diagnostic Centre	Attendees
Date and Time	DD/MM/YYYY	Clinical Quality Nurse Specialist Head of Nursing
Sponsor Name (Leadership Support)	Senior Clinical Governance and Risk Business Partner	Lead Clinical Endoscopist Director of Endoscopy
Swarm Facilitator	Clinical Quality Nurse Specialist - Endoscopy	Senior Clinical Governance and Risk Business Partner
InPhase Reference Number	XXXXX	Regional Manager Endoscopy Medical Director
Summary of Review 1. Introduce all colleagues by name 2. Create a safe space 3. Introduce summary of review		
Approval Name and Role	Director of Clinical Quality / Chief Nursing Officer	

Description of incident in reporting system - InPhase:

The patient called the unit at around 17:30, about an hour after her colonoscopy, complaining of severe abdominal pain and vomiting. Pain was rated a 10 from a 0-10 scale. The patient was advised to go to the Accident & Emergency department of her local NHS Trust immediately.

The patient was contacted on XX date. She was admitted last night, and a CT scan was done confirming a perforation of the bowel. She is on morphine for her pain and operation is to be scheduled.

The swarm was called by the Clinical Quality Nurse Specialist for endoscopy to investigate if the cause of the perforation could be identified, if the correct clinical decision making was made and whether the procedure was carried out safely as per the Inhealth document "Guidelines for the Management of Perforation during or after Endoscopy".

The swarm team noted the following information:

- Referral details to review current medications and assess any risk factors prior to booking.
- Call ahead details to understand the the patient was fully prepared, understood the procedure and no medical concerns had arisen since being triaged.
- Action on day of procedure including admission, procedure room, report, polyp removal details, histology results, recovery details and reflective accounts from the endoscopist, nurses and support staff on duty.



Part 2

2.5.1 Patient Safety Incident Investigation – an example (continued)

The medical director reviewed the information and developed a list of recommendations as follows:

- Where polyps are seen in close proximity and below 12mm the use of a cold snare is recommended.
- Feedback and further training regarding the correct use of polypectomy equipment will be given to the Clinical Lead Endoscopist.
- Any patient seen in recovery post polypectomy that show any sign of deterioration must be escalated to the endoscopist for further assessment as stated in the InHealth “Management of Deteriorating Patient and Resuscitation policy” . Further reference and guidance will be made in the new Endoscopy Complications SOP, currently in progress, and the reviewed “Guidelines for the Management of Perforation During or after Endoscopy”.
- Feedback will be given to the registered nurse and staff who work in recovery regarding clinical escalation and further assessment of patients post polypectomy in recovery in line with the policy and SOPs stated above.
- To ensure the registered nurse who was working in recovery has completed the management of the deteriorating patient mandatory training. In addition, to attend the specific scenario training where care of patients bleeding post polypectomy and post perforation is covered.
- All details of the patient care received whilst in recovery must be:
 - Clearly written
 - Have clear and accurate timelines
 - Indicate if checks for signs of bleeding have been completed.
 - Document all observations taken.
- This incident, the learnings and quality improvements required will be fed back to the the senior endoscopy team during a team meeting. This team will then cascade this information to the staff at the unit staff meeting.

- A new more detailed nursing pathway currently in production will enable the staff to document the care given in recovery in a more accurate and concise way. Clearer guidance is given within the recovery section when escalation to the endoscopist, and further assessment of the patient is needed before discharge.
- To ensure the endoscopist either has access to the patient administration system or has the notes printed off before the procedure begins.
- Staff at the unit to attend emergency scenario training relating to managing a patient with a bowel perforation.
- Learning and feedback to be given to the relevant staff so learnings can be disseminated to all teams.

Summary

Although no definitive cause of the perforation was found, the use of a hot snare on 3 polyps in close proximity may have contributed to the cause of a bowel perforation.

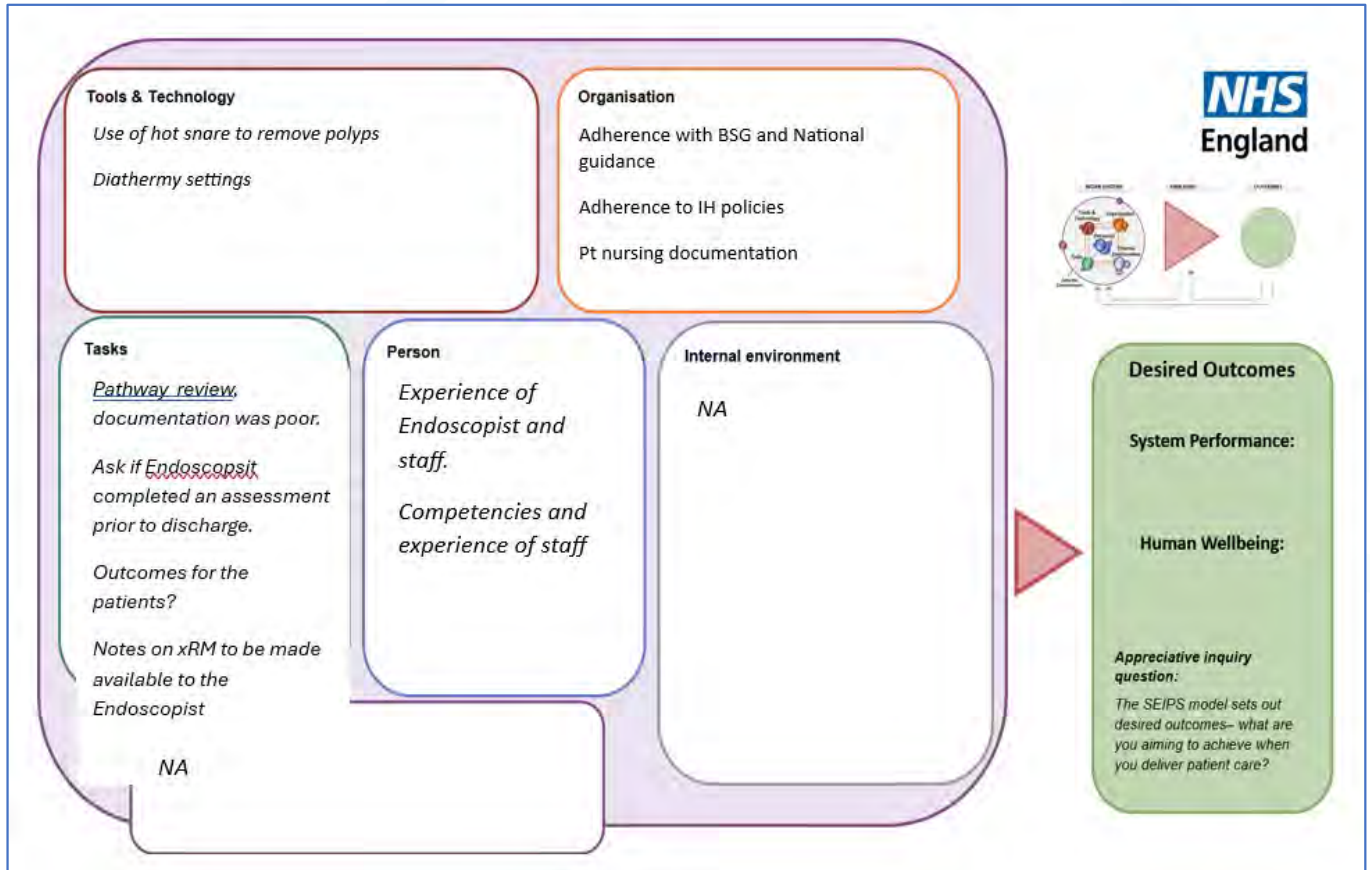
The patient did not have any active acute signs of perforation whilst in the procedure room. Whilst in recovery the patient did not have any active bleeding or pain, and their observations remained stable. The episode of vomiting may have been a reaction to the sedation which the patient had experienced before, but this should have been escalated to the endoscopist for further assessment as it may have indicated a perforation and warrant further intervention and observation.

A perforation is a known complication of endoscopy post polypectomy 1/1500 cases, and this was discussed with the patient beforehand.

Patient outcomes

The patient spent 4 days in hospital and was treated with a course of antibiotics. Surgical intervention was not necessary and the perforation has resolved.

Swarm work system prompts



Identification of where else in the organisation the learning from the swarm may be relevant:

- Feedback to all InHealth endoscopy units for dissemination to staff. To be discussed at staff meeting.
- Feedback at the next InHealth Clinical Lead Forum to all Lead Endoscopists to discuss with their teams.
- Use of appropriate decisions for the correct use of equipment when removing polyps, hot/cold snare/ lifting solutions etc.
- The implementation of the new updated Nursing pathway to be discussed with all Endoscopy Lead Nurses and for them to disseminate and give training to the staff involved in its completion.

Part 2

2.5.1 Patient Safety Incident Investigation – an example (continued)

Quality Improvement Action Plan: Area for improvement	Specific actions (SMART- specific, measurable, achievable/action-related, relevant, time-specific)	Responsible person or organisational committee (include job titles)	By when	Measuring effectiveness (What will be measured? How will it be measured? How often will it be measured? How will we know if the change represents an improvement?)
	Arrange a Swarm meeting	Clinical Quality Nurse Specialist (CQNS)	Completed XX date	Review the quality of the procedure including images, description, equipment, clinical decision making
Endoscopists performance	To ensure the Endoscopist KPI's meet JAG standards and review any previous incident and complaints KR has been involved in.	Medical Director Lead Endoscopist	Completed XX date	KPI's are taken from the National Endoscopy Database of all procedures completed by the endoscopist in the last 12 months. This will indicate the endoscopist performance against set benchmarks for the standards expected when completing a colonoscopy
Accuracy of Documentation	Review the procedure report and care pathway for accuracy and details of rationale relating to clinical decision making.	Medical Director Lead Endoscopist	Completed XX date	Medical Director to review quality and clinical decision making based on BSG, JAG guidelines and InHealth Polices/SOP's
Accuracy of Documentation	Review the nursing documentation to identify areas of improvement regarding the accurate assessment and documentation of care given throughout the patients care episode.	CQNS Head of Nursing	Completed XX date	Medical Director and CQNS to review quality and clinical decision making based on BSG, JAG guidelines and InHealth Polices/SOP's
Reflecting on Actions taken	Gather a statement from the Endoscopist	CQNS	Completed XX date	By understanding if an understanding and recognition of any errors is made and to ensure all clinical decisions made are based on BSG, JAG guidelines and InHealth Polices/SOP's
Reflecting on Actions taken	Gather a statement from the staff involved in the procedure room and recovery	CQNS	Completed XX date	By understanding if an understanding and recognition of any errors is made and to ensure all clinical decisions made are based on BSG, JAG guidelines and InHealth Polices/SOP's
Reflecting on Actions taken	To ask the recovery nurse for another statement regarding any escalation she made to the endoscopist after the patient vomited in recovery.	CQNS	Completed XX date	By understanding if an understanding and recognition of any errors is made and to ensure all clinical decisions made are based on BSG, JAG guidelines and InHealth Polices/SOP's
Improved adherence and understanding of written policies	To ensure all staff at the unit are reminded that the WHO check list is to be completed correctly, i.e. the endoscopist and a registered nurse who has completed the procedure room competencies.	Regional Manager Lead Nurse	Completed XX date	Audit of documentation as stated in the Endoscopy audit compliance calendar.
Quality improvements to patient care and learning	Feedback the learning and findings of this incident to the endoscopist. Discuss the clinical decision making relating to: <ul style="list-style-type: none"> • Choice of equipment for polypectomies • Diathermy settings • Use of polyp lifting solutions 	Lead Clinical Endoscopist Medical Director	Completed XX date	Face to face or team meeting and reassurance form the lead endoscopist that learnings are understood.

Part 2

2.5.1 Patient Safety Incident Investigation – an example (continued)

Quality Improvement Action Plan: Area for improvement	Specific actions (SMART- specific, measurable, achievable/action-related, relevant, time-specific)	Responsible person or organisational committee (include job titles)	By when	Measuring effectiveness (What will be measured? How will it be measured? How often will it be measured? How will we know if the change represents an improvement?)
Quality improvements to patient care	To discuss this incident at the next EUG meeting.	Regional Manager. Lead Nurse	XX date	Feedback and discussion of this Swarm document
Learning opportunity	Feedback learning and findings via teams to the Regional Manager and Lead nurse of the unit.	CQNS Head of Nursing	XX date	
Learning opportunity	Feedback leaning and findings to the recovery nurse and discuss the importance of escalating any concerns seen in the patient to the endoscopist.	Regional Manager Lead Nurse	XX date	Feedback and discussion of this Swarm document
Learning opportunity	Ensure the recovery nurse has completed the Managing of the Deteriorating Patient mandatory training and attended the scenario training at the InHealth CDC	Regional Manager Lead Nurse	XX date	
Learning opportunity	To audit the recovery notes and documentation of the recovery nurse monthly for 3 months.	Regional Manager Lead Nurse	Completed XX date	To repeat the documentation training and care of the deteriorating patient if no improvements are seen.
Guidance and improved documentation	To discuss the discharge criteria required for the safe discharge of patients within the endoscopy modality and if a discharge criteria SOP is required.	Medical Director CQNS	Completed XX date	No new SOP is required for highlighting discharge criteria but a review of the existing Endoscopy Management of Perforation during and after Endoscopy V003 and Management of Major Haemorrhage within Endoscopy V005 SOP's will take place to ensure accuracy and a consistent approach. A new Complications SOP is in progress. The Audit of the patient's pathway will continue as per the Endoscopy audit compliance calendar. New improved discharge criteria will be present in the new nursing pathway.
Accuracy of Documentation	Ensure the clinical notes on xRM are made available to the endoscopist before the procedure.	Regional Manager. Lead Nurse	Completed XX date	
Care of the deteriorating patient	Staff at the unit to attend emergency scenario relating to managing a patient with a bowel perforation.	Head of Nursing	Completed XX date	Assessment of knowledge and understanding by the Resus training team and Head of Nursing.

Part 2

2.5.2 Learning from Patient Safety Events and Near Misses – data

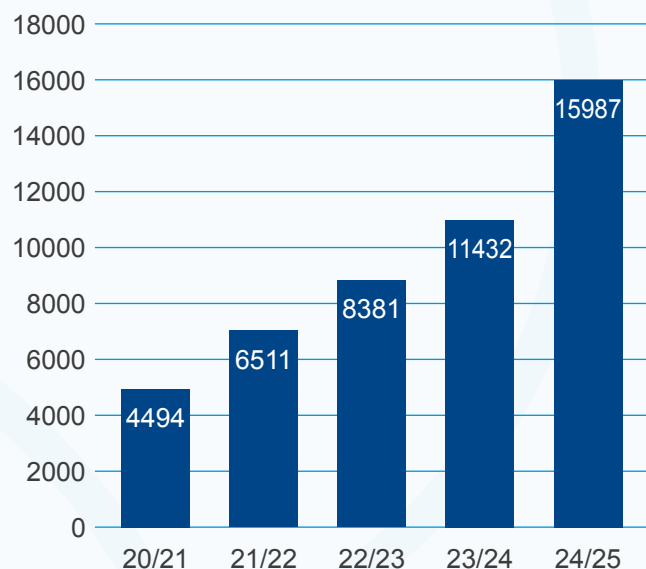
InHealth continuously strives to maintain robust incident reporting systems across the organisation. The graph below illustrates our five-year trend in reporting incidents and near misses, as set out in our Adverse Event (Incident) Reporting and Management Policy up to January 2024, and subsequently under our PSIRF Policy from February 2024 to March 2025. This data highlights our unwavering commitment to robust incident and near miss reporting across all service areas, even as our organisation has expanded. Of note, the decrease in 2020/21 reporting correlates with the compulsory closure of many community-based services due to the Covid-19 pandemic, as detailed in previous quality accounts.

Despite a significant expansion in both service provision and delivery locations over the past five years, the rate of incident reporting has consistently exceeded the pace of organisational growth, clearly evidencing the robustness of our reporting culture and unwavering commitment of our staff. Notably, the upward reporting trend in 2024/25 has continued despite several significant system changes, including the transition from the Sentinel patient safety system to InPhase, and the transition from the NHS Serious Incident Framework to PSIRF - both of which could have had a short-term disruptive influence during implementation. This sustained increase in reporting is clear evidence that a culture of safety and transparency is firmly established throughout our organisation.

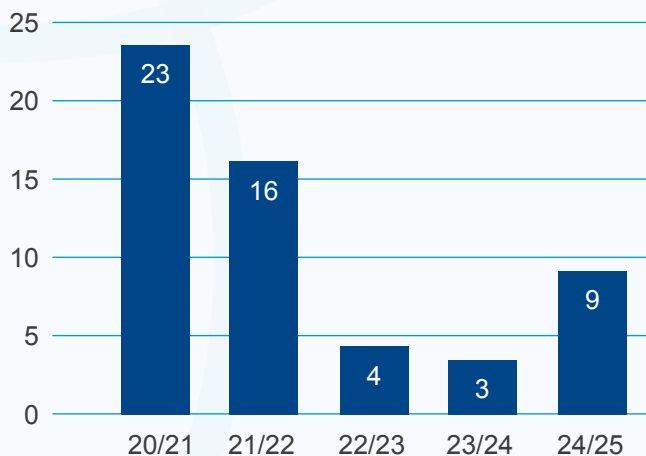
Our Clinical Quality Team and in particular, our Senior Clinical Governance and Risk Business Partners provide direct support to all our services and modalities by supporting incident and near miss identification, incident investigation, and resolution. Together with the Director of Clinical Quality and Chief Medical Officer, the team evaluate incident data each week, ensuring that all appropriate actions are deployed and identifying any themes and trends in reporting so that learnings can be used as a source of education for future prevention and continuous improvement.

In order to facilitate timely and responsive Floor to Board reporting, the team prepares a succinct weekly Clinical Quality Flash Report alongside comprehensive monthly reports. These reports ensure that the InHealth Executive Team and Board are kept fully apprised of emerging risks, significant incidents, and any clinical escalations across the organisation, thereby supporting informed decision-making and effective oversight.

Number of incidents by NHS year





Moderate and above incidents




The previously reported weekly CLIC report has been replaced with a weekly Clinical Quality Flash Report. The data is presented as visual information in a dashboard resulting in better engagement with the data as it is quickly and easily understood, and trends and outliers are highlighted. There is an example below:

Quality Flash





Escalations: Escalation of any significant adverse issues/events to the Executive Team



Compliments of the Week: Summary of key compliments that have been escalated in the previous week

Weekly Update:

- Summary of Weekly Incident Reporting Rates
- Summary of Weekly Complaint Escalations
- Regulatory/Governance activities of note
- Weekly highlights or achievements
- Any misc. information that requires escalation

Dashboard

- Total Incidents
- Deaths
- Severe Harm
- Moderate Harm
- Low Harm
- No Harm
- RIDDORs
- Safeguarding Events
- Complaints
- Claims

Incidents of Note

Date	Site	Incident Type <i>e.g., Death, Severe Harm Event, Moderate Harm Event, Significant Event</i>	InPhase Ref:	Incident Sub-Category: <i>Safeguarding Incident, RIDDOR,</i>	Incident Description: <i>Description of incident, as reported on InPhase</i>	Initial Management: <i>Any relevant information that outlines our management plan</i>
		Death				
		Severe Harm Event				
		Moderate Harm Event				
		Significant Event				



Part 2

2.6 Case study: Reasonable adjustments and how we aim to meet them

InHealth is committed to ensuring our patients are treated equally and fairly with open access to healthcare services in accordance with the Equality Act 2010.

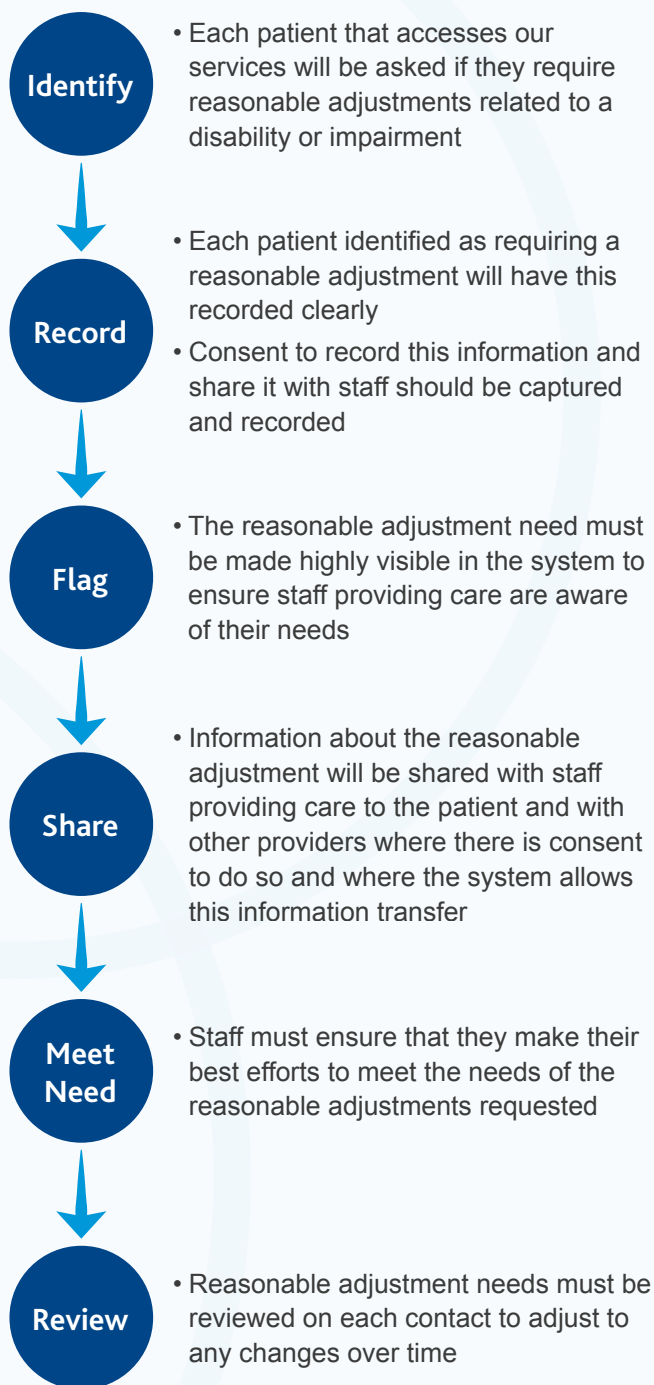
In our services we often support people with a physical/cognitive impairment or long-term condition that has a substantial and long-term impact on their activities of daily living. This may also make it more difficult for them to have good access to healthcare. During 2024/25, we have introduced a series of pathway improvements that aim to enhance the care we deliver to people with individual needs, ensuring that any reasonable adjustments are met (where possible) and their care experience is attentive and personalised to their requirements .

Our patient engagement centre serves as the first point of contact for many of our service users and is where we begin to recognise and respond to each individual's unique needs.

Our advisor responsibilities and questioning consider the following:

- It is important to remember that every patient is different. We cannot assume that the patient will require adjustments.
- Adjustment needs will vary for individuals; we must not assume that one patient with a disability will need the same adjustment as a patient with a similar disability.
- Each modality has its own complexities; therefore, it is important to ask the right question to find out the patient's needs.
- Advisors speaking to a patient or patient's representative on the phone either for booking an appointment or checking details prior to an appointment are required to ask about reasonable adjustments.

Our advisors follow a six-step process for implementing reasonable adjustments:



Reasonable adjustments are changes in our approach or provision to ensure that services are as accessible to people with disabilities as they are for everybody else. These modifications are tailored to meet individual needs, enabling all patients to receive equitable care and fully participate in their healthcare experience.

Reasonable adjustments may include but are not limited to, service users who need:

- To attend with a service animal e.g., Guide Dog
- Transport
- British Sign Language Interpreter (BSL) or hearing loop.
- Wheelchair access
- Telephone Interpreter (via a sub-contracted specialist provider)
- Patients who require a family member present, or who require extra time due to claustrophobia
- Patients who require extra time due to communication needs e.g. Learning Disabilities.
- Patients who require a chaperone, or in the case of an intimate exam, a same sex clinician.

All Advisors are equipped with clear, modality-specific guidance on reasonable adjustments, ensuring they understand both the accommodations available and any limitations across different locations. This enables patients to be booked into the most appropriate location best suited to their needs.

2.7 Reporting against core indicators

InHealth is a provider of diagnostic and screening services and as such, the majority of the core set of indicators using data made available by NHS Digital are not relevant to its services.

InHealth has therefore provided its quality performance against indicators that are relevant to the non-acute diagnostic services that we provide in community and hospital settings. InHealth does not provide any inpatient or overnight bed facilities therefore any metrics based on bed-days are not relevant.

Advisors are able to identify the requirement for a reasonable adjustment through a range of interactions:

- Information provided by the referring clinician on the digital referral form
- Information on the patient's record prior to being called forward for an appointment with an NHS Screening programme e.g. Diabetic Eye Screening, Lung Cancer Screening, Breast Screening
- The patient or their representative declares the reasonable adjustment during a booking call or within the patient portal
- Adjustments are recorded in the clinical systems with the patient's consent.

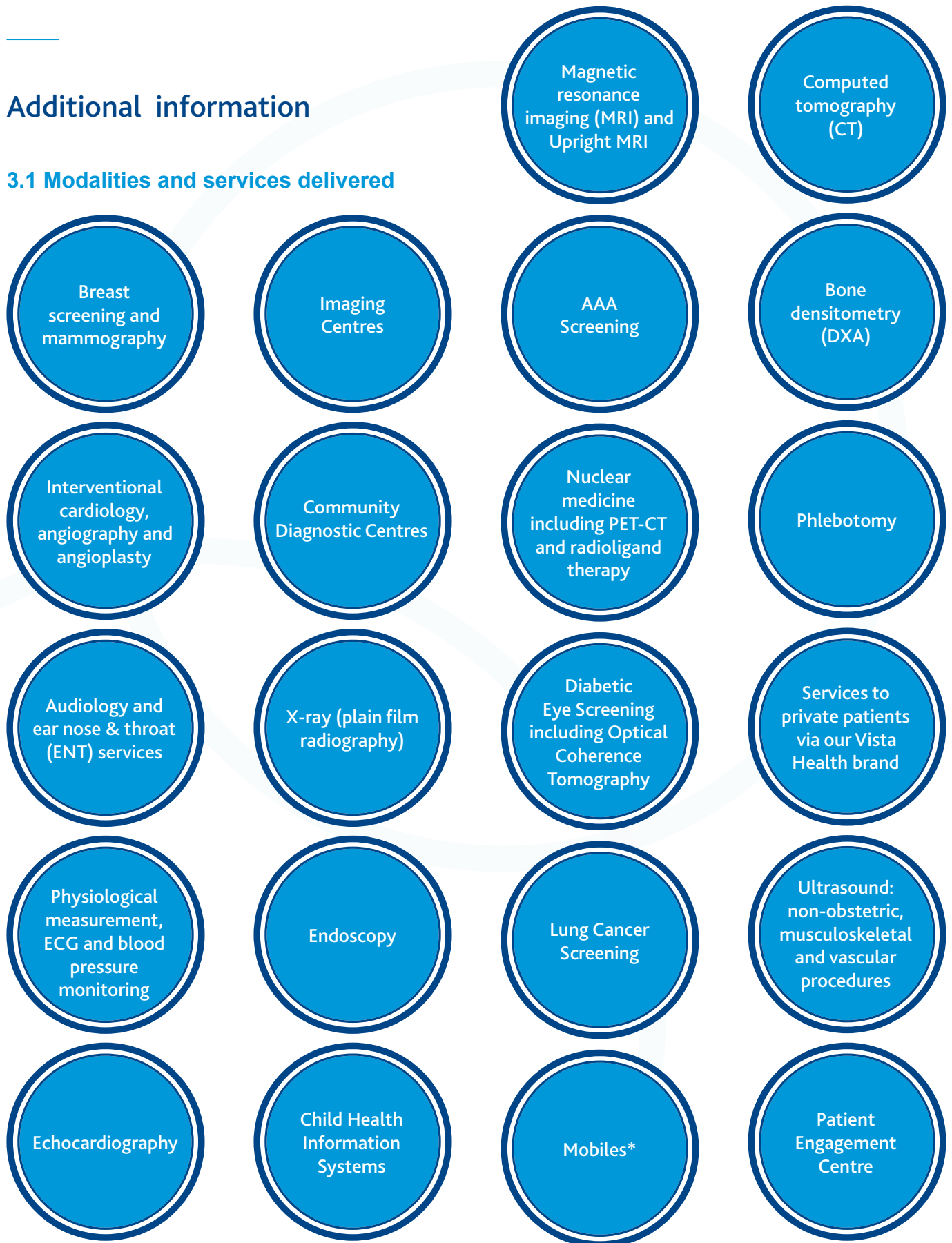
Occasionally, patients attend our services and require a reasonable adjustment that has not been anticipated in advance. All of InHealth's frontline staff are trained to discuss reasonable adjustments with patients and accommodate them where feasible and practical. Of note, there has been a significant reduction in the number of patients that have required re-booking since our enhanced policies and processes have been implemented. Our teams now have a developed understanding of how to effectively manage reasonable adjustments and a more robust decision-making framework that facilitates personalised care and equitable access.



Part 3

Additional information

3.1 Modalities and services delivered





3.2 Clinical Governance Framework

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

In this year's Quality Account, we have covered the re-modelling of our Clinical Governance Framework within the progress in our 'effective domain' above.



Part 3

3.3 Collaboration with other organisations

British Institute of Radiology

InHealth continues as corporate member of the British Institute of Radiology which is the international membership organisation for everyone working in imaging, radiation oncology and the underlying sciences.

InHealth also provides complimentary BIR membership to all employed diagnostic radiographers and PET-CT technologists so they can take advantage of BIR continuing professional development resources.

Staff have access to cutting edge research through their suite of journals and can submit research and case studies for consideration.

Several InHealth colleagues participate in specialist interest groups covering relevant areas including training and education, artificial intelligence, leadership and management.

College of Radiographers Industry Partnership Scheme (CoRIPS)

InHealth is a diamond member of CoRIPS, the scheme funds research and innovation by radiographers. InHealth representatives are invited to support the Annual Radiographer Awards during which the Radiographer of the Year and Radiography Team of the Year are announced.

College of Radiographers Patient Advisory Group

An InHealth colleague in the Clinical Quality Team is a member of this lived experience patient group whose aim is to enhance patient, public and practitioner partnership in radiography. The key document produced by the group in collaboration with academic radiographers is the Patient, Public and Practitioner Partnership within Imaging and Radiotherapy: Guiding Principles. This document aims to encourage the transfer of power within four domains of radiography practice, i.e. service delivery, service development, education and research from the practitioner to the patient which should result in an improved patient experience.

Society of Radiographers MR Advisory Group (MRAG)

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

The use of artificial intelligence is now integral in the development of faster MRI techniques, and the forum enables our MR clinical lead maintain subject matter expertise and interact with other professionals in the field.

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

Independent Healthcare Providers Network

IHPN is IHPN is the only membership network for independent healthcare providers of services ranging from acute, primary, community, clinical home healthcare, and diagnostics. Its team provide high quality, professional resources, training and for a in which members can participate. InHealth is a proactive member of IHPN and several InHealth colleagues have benefitted from attended the following:

- Chief Medical Officers forum
- Chief Nurses forum
- Clinical forum
- HR/People forum
- Practising privileges forum
- PSIRF share and learn group
- Presentations from Care Quality Commission, Medicines and Healthcare products Regulatory Agency, Specialist Pharmacy Services, General Medical Council, National Joint Registry and others on highly relevant key topics within healthcare.

3.4 Our People

This year, we delivered on our people commitment to launch the new InHealth People Strategy 2025 – 2030. This document sets out our ambitions and objectives for the next 5 years, which will guide everything we do from a people-perspective, in support of positive staff engagement, progression and development, and delivery of quality healthcare services.

The strategy is built on four core pillars and highlights how the People Services Team will work with our leadership community, and wider staff group, to contribute to the successful performance delivery of the InHealth Group:

Grow our People

1. Evolve our workforce planning
2. Grow our workforce pipelines
3. Effective and inclusive recruitment and onboarding processes

Develop our People

1. Compassionate and effective leadership
2. Transform our education and learning offer
3. Effective clinical leadership and clinical education
4. Workforce Transformation
5. Coaching and Mentoring

Value our People

1. Look after our People
2. Create an inclusive and belonging culture
3. Effective and accessible communication channels

Retain our People

1. Pay and Benefits
2. Evolve our Reward and Recognition offer
3. Develop innovative retention strategies

With our 3,800 staff now delivering services to almost 5 million people each year, our passion for people ensures that we build on our successes to create a culture where every person feels valued, heard and respected. We want to foster a sense of belonging for everyone, regardless of their background, experience, or identity.

This means that while we will continue to ensure we have the right policies, procedures, processes and frameworks in place; our ambition is much bigger than just this. The People Services Team has a wide range of skills, expertise and experience, which integrate and complement each other to support in our mission to build a high quality, patient focused workforce, who have the right skills, capabilities and capacity to succeed, grow and thrive.

Part 3

3.4.1 Learning and Development, clinical learning and apprenticeships

With our new Learning and Development Team in place as of last year, the 12 months of this reporting period have seen some fantastic progress in this area, with a real focus on improvements to the quality of learning and accessibility for all staff. Some of the highlights include:

- Securing approval to become a Resuscitation Council National Course Centre, enabling delivery of Immediate Life Support, Paediatric Immediate Life Support, and Instructor courses
- Redesigning the L&D intranet pages for enhanced accessibility to learning and development resources
- Developing and preparing to launch a training events calendar to optimise course utilisation and strengthen operational planning
- Appointing a Learning and Organisational Development Practitioner, with an emphasis on coaching, mentoring and designing an internal Leadership Development Programme
- Launching dedicated intranet pages on Deteriorating Patient, Resuscitation, and Moving and Handling
- Re-introducing the Lightning Learning series, which highlights specific clinical learning that staff can apply in their roles and clinical sites
- Increasing 'training for role' participation, reflecting a strong commitment to professional development – 'training for role' is education that has been determined to support clinical and non-clinical service delivery, support policy understanding and implementation and the clarity provided with this training has increased participation and understanding
- Launching a new cardiac arrest simulation video that supports clinical staff with supporting patients in this scenario
- Supporting over 150 colleagues through Apprenticeships, spanning a wide range of professions including Accountancy/Taxation, Business Administration, Data Protection, Diagnostic Radiography, Digital and Technology Solutions, Healthcare Assistant, Hearing Aid Dispensing, HR, Mammography, Operations Management, Procurement, MBA, Solicitor, and Team Leadership
- Achieving an overall core mandatory training compliance rate of 91% and training for role compliance rate of 92%, exceeding the national target
- Providing almost 2,000 face-to-face training places (ILS, BLS, M&H, MHFA, EFAW and cannulation)
- Publishing almost 40 new courses on our e-learning platform, across a variety of subjects
- Delivered specialist training sessions on key inclusion subjects including neurodiversity and Deaf awareness
- Hosting a successful Leadership and Management Conference for senior leaders, featuring workshops on the new InHealth mission statement, resilience in leadership, and reimagining the Employee Value Proposition.

3.4.2 Success in our Staff Survey 2024

InHealth's 2024 Staff Survey showed an overall engagement score of 78%, which is the fifth year in a row where we've seen an increase and sustained engagement in the high 70%'s. Notably, we saw the following positive results:

- 95% of staff would recommend InHealth services to friends and family
- 94% know what is expected of them at work
- 90% say that new members of the team are made to feel welcome

We asked 65 questions, compared to 50 in 2023 and across all questions, 13 saw an increase in favourability, with the most significant changes in the areas of 'My role' and 'Social value'.

3.4.3 Wellbeing support

Wellbeing of our colleagues continues to play a huge role in staff engagement and how our people feel about working at InHealth and we are proud to offer an extensive wellbeing support package for our people.

This year, we improved our approach to providing Mental Health First Aiders by training our own in-house trainers who are now able to deliver this training to new and existing MHFAs. Going forward, this allows us to deliver a regular programme of training, at any time, rather than having to seek external support for this well used programme.

The monthly 'Safeguarding support' calls, which were introduced last year, have proven to be an incredibly successful and valuable resource for staff, offering a safe space for colleagues to talk about any safeguarding cases, in or out of work, that relate to this area.

We also established a Women's Health Group, which developed and launched a new Women's Health hub on our intranet, dedicated to supporting the wellbeing of all InHealth colleagues. All staff can access valuable information on health topics, wellness programmes and services tailored to women's health needs, all in one convenient place. The group also supported InHealth in becoming an Endometriosis Friendly Employer, as well as researching approaches both within and outside our sector to learn from best practices across industries. This work will help us shape a Women's Health policy in the future, which is informed, inclusive and supportive of colleagues affected by endometriosis. We also introduced an approach to period dignity, with sites now able to order and provide free sanitary products for staff use.

As part of our commitment to colleague wellbeing, we continued our virtual Menopause Support Sessions with GP/CMO support every two months throughout the year, to provide a space for colleagues to come together to discuss, share and learn about experiences linked to the menopause, and tools for support.

We have enhanced our provision of InHealth Champions on specific Wellbeing and Inclusion subject areas - these are colleagues who nominate themselves to promote awareness and signpost support for subjects including; wellbeing, sustainability, menopause, PCOS, endometriosis, dyslexia and dementia.

We have also updated our Equality, Diversity and Inclusion Policy, ensuring clarity of our workplace commitment to eliminating discrimination and supporting inclusion for all.



Part 3

3.4.4 Communication and engagement

As InHealth continues to grow, the need for clear and open communication is critical in terms of staff engagement, alongside people being aware of priorities, progress and key projects. Our continued high levels of engagement are a testament to our communication approach and in the last 12 months, some of our key achievements include the following:

- Introduced new SharePoint intranet pages on topics such as colleague recognition, Women's Health and benefits and rewards
- Hosted a number of wellbeing and awareness sessions, including dementia awareness, bereavement, stress awareness, understanding endometriosis, and understanding learning disabilities
- Announced Parkinson's UK as our nominated charity of the year
- Became Dementia Industry Group members – the first independent diagnostic healthcare provider to sign up to this important group, we show our commitment to advanced research in dementia diagnostics and treatment
- Issued an all staff communication during the time of the riots in August 2024, supporting colleagues with how to navigate unsettling times, including a reminder of all the resources and guidance they have available
- Harmonised and improved communication channels between InHealth and InHealth Intelligence, improving the quality of communication received by all staff
- Improved our approach to facilitating and capturing Appraisals and Objectives, ensuring a consistent way of recording career progression and development conversations between staff and Managers
- Renewed our accreditation as a Disability Confident Employer
- Our weekly newsletter to all staff includes useful information on key awareness events throughout the year, signposting internal and external support resources. This includes; Men's Health Awareness, Deaf Awareness, Black History Month, Pride, Mental Health Awareness and Neurodiversity celebration



3.4.5 Staff Forums - Staff Partnership and Equality, Diversity and Inclusion (EDI)

Our two dedicated staff forums continue to shape and influence key people-related projects, and those in the EDI space, demonstrating how their input and impact on ensuring that we regularly reflect on staff voice contributes to our overall staff engagement score and approach to supporting our colleagues.

The Staff Partnership Forum meet formally on a quarterly basis and in this reporting period have discussed the following:

- The annual Staff Survey question set
- A project to create and deliver a new Employee Value Proposition
- Annual pay review
- Pensions and PMI provider review
- New approach to, and system for, Appraisals and Objectives

By working as a group of colleagues who have a responsibility of gathering feedback from key business areas, we have been able to implement and effect positive change.

The Equality, Diversity and Inclusion Forum continues to hold regular meetings, where the EDI Lead shares EDI insights, actions in progress, policy updates and awareness campaigns to capture feedback and support with delivery. Members also engage and review key documents over an interactive Teams channel.

Over the year, they have been integral in the following projects:

- Reviewing EDI reporting to ensure visibility and accessibility including: a Gender Pay Gap report, a Workforce Race Equality Standard report and an annual summary report
- Reviewing policies including; a new policy on Sexual Harassment in the Workplace and an updated policy on Patient Identification
- Forum members have led on virtual awareness sessions and staff communications, sharing personal experiences and signposting support on subjects including Ramadan, dyslexia, menopause and endometriosis
- Supporting with content and feedback on the new Women's Health intranet page

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



Part 3

3.5 Our Services





Abdominal aortic aneurysm (AAA) Screening

A free NHS check for men aged 65 and over

Abdominal Aortic Aneurysm (AAA) Screening

About the Service

The London Abdominal Aortic Aneurysm (AAA) Screening Programme provides systematic, population-based screening services to men aged 65 and over across London and East Surrey. The programme aims to detect abdominal aneurysms early and reduce mortality through timely intervention. It operates in partnership with local authorities and GP practices, with a strong focus on health equity and accessibility for underserved communities. Established as part of the NHS National Screening Programme, it has been running for several years and incorporates community engagement strategies to improve uptake.

The London AAA Screening Programme (LAAASP) delivers outpatient and community-based screening services across six Integrated Care Boards (ICBs), successfully screening over 36,879 men during 2024/25 from an eligible population of approximately 50,000, with around 1,500 individuals requiring ongoing surveillance; the service operates daily within various InHealth Community Diagnostic Centres, local health centres, acute hospitals, and GP practices, and refers patients with large aortic aneurysms (greater than 5.5 cm in diameter) to five vascular networks across London and East Surrey, including:

- St George's Hospital
- Guy's and St Thomas' Hospital
- Barts Health NHS Trust
- Imperial College Healthcare (St Mary's Hospital)
- Royal Free Hospital

Key Achievements

Improved Coverage and Equity:

- Patient experience remains a cornerstone of the service, demonstrated by an exceptional 98% average satisfaction score. Coverage rates improved during the reporting period, reaching 77.8% in South London and 75.1% in North London, with targeted interventions in deprived areas (IMD decile 1–3) boosting uptake by up to 5.2%. These achievements highlight the programme's ongoing dedication to high-quality, compassionate care and accessible screening for all.
- During the reporting period, the service delivered a series of impactful outreach initiatives, including the highly effective Peckham Library Community Event, which achieved a 75% contact success rate. In addition, targeted homeless health initiatives have been rolled out, successfully reaching some of the most vulnerable and hard-to-engage populations. These efforts have not only improved access to screening but also fostered stronger community relationships and trust in the service.
- In November 2024, InHealth was awarded the contract to provide Abdominal Aortic Aneurysm (AAA) screening services across the entirety of London and parts of East Surrey for the next five years. Securing this contract demonstrates InHealth's proven expertise and commitment to delivering high-quality, accessible screening services, building on an established track record within the NHS National Screening Programme. The new contract enables InHealth to further its partnership with local authorities and GP practices, strengthen community engagement, and continue prioritising health equity and improved outcomes for underserved populations.



Audiology & ENT

About the Service

The InHealth Audiology & Ear, Nose and Throat (ENT) Service provides comprehensive audiological and ENT care across the United Kingdom. Our service encompasses a wide range of clinical offerings, including hearing assessments, hearing aid fitting, and ongoing maintenance and repairs, delivered as part of a structured three-year pathway for adult patients in Peterborough, London and Southampton. In select locations, we also offer ear wax removal and private hearing aid sales, thereby expanding access to essential hearing health services across the regions.

ENT services are delivered across Greater Manchester and Southampton, operating from three distinct clinical sites to ensure accessibility and continuity of care for patients in these areas. Additionally, the service offers access to advanced diagnostic imaging modalities, including Magnetic Resonance Imaging (MRI), Computed Tomography (CT), and Ultrasound (US), supporting comprehensive diagnostic and treatment pathways.

All services are provided in collaboration with NHS England (NHSE) and are integrated within various Integrated Care Boards (ICBs), ensuring that clinical care aligns with regional healthcare priorities and standards. The Audiology service, in particular, is firmly established in both Southampton and London, reflecting our commitment to delivering high-quality, patient-centred care in these key locations.

Key Achievements

- Over the reporting period, our Audiology service conducted a total of 52,000 examinations across our operational sites, reflecting our commitment to accessible and high-quality hearing healthcare.
- The ENT service has provided care for 10,919 patients throughout the year. Patients benefitted from a range of specialist consultations and procedures at our clinical sites underlining our dedication to delivering expert ENT services within the community.
- Annual IQIPS inspection was successfully completed in 2025, resulting in the renewal of our IQIPS accreditation by UKAS.



Breast Screening

About the Service

InHealth is the UK's leading independent provider of National Breast Screening Services (BSS), annually serving nearly 100,000 women through three major programmes: North and East Devon (NED), Outer North East London (ONEL), and Surrey & North East Hampshire (SNEH). Commissioned by NHS England, these programmes invite women aged 50–71 for breast screening every three years, with self-referral available for those over 70. As the only independent provider to deliver breast screening programmes nationwide, InHealth also supports high-risk younger women, performing over 4,000 breast assessments, including biopsies and ultrasounds each year, and referring approximately 1,100 patients for further investigation or treatment via integrated, multidisciplinary care pathways.

To facilitate individualised care, InHealth actively engages with women with learning disabilities, carers, and support groups to identify and address barriers to attendance. Through targeted awareness initiatives and enhanced support, screening attendance among women with learning disabilities now matches the average for all women, reflecting InHealth's commitment to inclusivity and access. Further supporting its mission, the Jarvis Training School within the SNEH BSS provides a comprehensive range of specialist breast screening training services

InHealth also proudly delivers level 4 and level 5 apprenticeships for Associate Practitioners in Mammography, in collaboration with The Royal Free Hospital, the University of Manchester, and St George's Training Centre.

Key Achievements

- We prioritise achieving high participation rates, recognising the critical role of screening in the early detection of breast cancer. Our screening uptake rates during the reporting period are particularly noteworthy. ONEL achieved an impressive 64%, which is 10% higher than the average for the rest of London. Meanwhile, SNEH recorded an outstanding 71%, and NED reached a commendable 70%. These results underline the effectiveness of our targeted outreach and our ongoing commitment to maximising participation in breast screening across all regions.
- During Breast Awareness Month, we successfully screened over 10,000 women in October 2024 alone. Our targeted efforts to raise awareness and promote our screening programmes have significantly contributed towards high uptake and early detection.
- During the reporting period, our breast screening programmes made a significant impact, collectively screening 98,920 women. This includes 54,211 women screened by Jarvis, 23,340 by ONEL, and 21,369 by NED. These figures reflect our continued commitment to early breast cancer detection and the success of our targeted outreach initiatives.



About the Service

InHealth is a trusted clinical partner to the NHS, bringing over 30 years' expertise in delivering Interventional Cardiac Cath Lab services. Renowned for excellence, InHealth operates the UK's largest fleet of advanced mobile and relocatable Cardiac Cath Labs, ensuring rapid, flexible deployment to meet evolving healthcare demands. Over the past three years, Cardiac Interim Solutions have supported 30 hospitals nationwide, expertly assisting with refurbishment programmes, reducing waiting lists, and providing tailored mid- to long-term capacity solutions.

Our comprehensive service portfolio encompasses diagnostic angiography, cardiac rhythm management, and a full spectrum of PCI procedures, including primary PCI - alongside both straightforward and complex electrophysiology services. Uniquely positioned in the UK, InHealth offers relocatable interventional radiology facilities, enabling hospitals to maintain continuity of high-quality cardiac care during periods of transition or increased demand. This innovative approach underscores our commitment to enhancing patient outcomes and supporting the highest standards in cardiac services.

Key Achievements

- 0% complaint rate within Cardiac. Excellent customer feedback received within 2024-2025 with key themes of feedback being excellent communication, professionalism and support. Maintenance of quality-of-service delivery despite an internal change in structure of becoming an unstaffed service.
- Mobilisation of two relocatable units to the Royal Derby Hospital, with a short lead time, following the catastrophic failure of the hospital's two Cath Labs – This rapid deployment of the units enabled InHealth to effectively support the NHS Trust and the local demographic by maintaining 24/7 Primary PCI service for the local community.
- Successfully achieved ISO9001 accreditation, demonstrating our commitment to the highest standards of quality management and operational excellence. The assessment was completed with no recommendations, reflecting robust systems and procedural compliance.



Community Diagnostic Centres (CDC)

About the Service

InHealth is the largest provider of Community Diagnostic Centre (CDC) services across the UK, operating 17 CDCs that collectively serve more than 135,000 patients annually. Our CDCs deliver a comprehensive array of diagnostic modalities, including MRI, CT, X-ray, Ultrasound, DEXA scanning, Phlebotomy, Echocardiography, and cardio-respiratory physiological measurement services. These centres are purposefully designed to offer convenient, accessible, and high-quality diagnostic care, ensuring that patients receive prompt and accurate investigations close to home.

InHealth manages CDC services, either independently or in collaboration with local NHS Trusts, fostering strong partnerships that underpin seamless patient pathways and integrated care. By prioritising patient experience, our centres consistently achieve high satisfaction scores, reflecting our commitment to excellence in clinical quality and service delivery.

Key Achievements

- During 2024/25, InHealth has made significant progress in growing our CDC network, with the successful establishment of several new sites:
- Weston-super-Mare CDC – Opened in April 2024
- South East Manchester CDC – Opened in August 2024
- North Bristol CDC – Opened in September 2024
- Torbay CDC – Opened in September 2024
- North Solihull CDC – Opened in March 2025

All new centres have secured full CQC registration and consistently achieved patient satisfaction scores above 97%, demonstrating our commitment to accessible, high-quality diagnostics valued by local communities.

InHealth's outstanding efforts in the South West have been recognised with shortlisting for the HSJ Independent Healthcare Providers Award in two categories: Best Provider of Diagnostic Services and Best Provider of Digital Healthcare Services. The latter award highlights the significant achievements in digital integration, particularly in supporting the mobilisation of our Community Diagnostic Centres (CDCs) across the region.





Child Health Information Service (CHIS)

About the Service

InHealth has managed the Child Health Information Service (CHIS) since 2017, overseeing health records for approximately 608,000 children and young people in North West London and 450,000 in South East London. We operate collaboratively with two other London CHIS providers - North East London Foundation Trust and Your Healthcare CIC, collectively delivering a unified CHIS service to ensure seamless and efficient management of child health information across the capital.

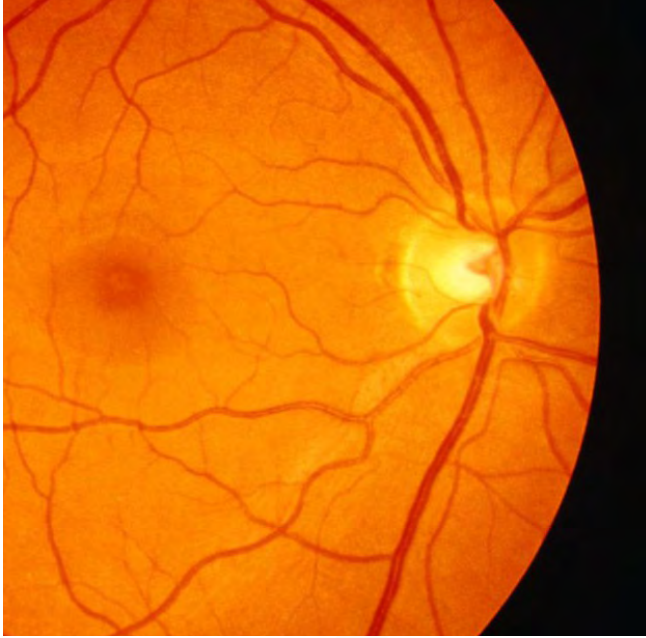
CHIS is entrusted with providing and maintaining accurate, up-to-date, and comprehensive electronic records of health interventions for all children and young people aged 0–19 years who reside, are registered with a GP, or attend school in the region. Each child receives a CHIS record from birth (for those born in the UK) or upon arrival from overseas, and this record follows them if they move home, register with a new GP, or change schools within the area. Annually, we process approximately 44,000 new birth notifications across our two London CHIS regions.

CHIS facilitates the secure exchange of information with all relevant clinical services providing healthcare to children and young people, including newborn screening services such as blood spot and hearing screening, as well as immunisation programmes. CHIS also underpins delivery of the Healthy Child Programme and provides essential secondary failsafe functions for selective immunisations and newborn screening. We supply coverage data for both national vaccination and immunisation reporting, and support vaccination catch-up initiatives.

Our collaborative approach extends to supporting healthcare services, including 0–19 public health nursing teams, maternity services, GP practices, vaccination providers, local authorities, and safeguarding services, facilitating seamless delivery of clinical care.

Key Achievements

- Our London contracts were renewed for five more years in April 2024. As part of this, we supported the MMR vaccination catch-up initiative and improved the delivery of school vaccination programmes. We streamlined data sharing and flows with local authorities, allowing CHIS to receive school census information more efficiently. Additionally, we introduced targeted solutions that improved data quality, particularly addressing issues from immunisation point-of-care recording in GP practices during the polio vaccination catch-up rollout.
- We upgraded to IM1 integration during the reporting period so GP practice data from EMIS now exports daily instead of monthly. This keeps child health records current, improves vaccination reporting, and provides near real-time updates on children's vaccination status. It also enables vaccination services to promptly invite children for appointments, strengthens GP call-and-recall systems, and ensures parents receive accurate SMS reminders for timely immunisation.
- We have enhanced our failsafe processes for the Hepatitis B vaccination programme following the introduction of the new Children and Young People's Community Immunisation Service (CYPCIS) Teams in London. These teams now provide both vaccine doses and DBS tests at home for eligible babies. Our enhanced support includes tailored reporting, vigilant monitoring, and early notifications to clinical teams, ensuring timely vaccination for at-risk infants and increasing prompt uptake.



Diabetic Eye Screening Programmes

About the Service

InHealth is a leading provider of high-quality Diabetic Eye Screening, delivering care to nearly two million patients across England - representing approximately 50% of the diabetic population. Our service comprises 19 patient-centred, community-based screening programmes, strategically located to ensure accessibility across a wide geographic area, from North of Tyne and Gateshead to Devon and Kent.

Each month, we screen over 100,000 patients and coordinate referrals to more than 60 hospitals nationwide. Our dedicated and highly skilled teams are committed to preventing sight loss by detecting diabetic retinopathy at its earliest stages. Historically, diabetic retinopathy was one of the leading causes of blindness among the working-age population. Thanks to screening services such as ours, early detection and timely intervention have significantly reduced this risk, transforming outcomes for patients and improving quality of life.

Key Achievements

- We are proud to consistently achieve over 97% positive ratings - classified as “good” or “very good” on Friends and Family feedback, with approximately 20,000 responses each month. This exceptional level of satisfaction reflects our commitment to delivering patient-centred care. Each programme actively reviews all feedback, both positive and negative, and uses these insights to drive continuous quality improvement, ensuring that patient experience remains at the heart of everything we do.
- We successfully tendered for five programmes and secured all five contracts - a remarkable achievement that underscores our strong reputation and operational capability. This outcome reflects the confidence commissioners place in our services and the dedication of our teams in delivering high-quality, patient-centred care.
- We successfully integrated Optical Coherence Tomography (OCT) into our screening pathway - a procedure previously undertaken within Hospital Eye Services (HES). By bringing OCT into community-based screening, we have freed up valuable capacity within HES, where waiting lists remain among the longest in secondary care. To date, we have procured 167 OCT machines for installation across our screening clinics. In addition, we have delivered comprehensive training for staff on both the operation of OCT equipment and the grading of OCT images, ensuring high standards of clinical quality and patient safety.



Echocardiography

About the Service

InHealth's Echocardiography service provides comprehensive echocardiography across the UK, operating from Community Diagnostic Centres, Community Hubs, and hospital settings. Delivered in close collaboration with NHS England and local Integrated Care Boards (ICBs), this well-established service has been supporting patient care for 17 years.

Key Achievements

- Echocardiography services have been successfully established at four key CDC's - Weston, Torbay, North Bristol, and Southeast Manchester. Each centre is equipped with state-of-the-art technology and staffed by experienced cardiac physiologists, enabling the delivery of timely and high-quality cardiac imaging to local populations.
- Our Southeast Manchester CDC recently marked its one-year anniversary, highlighting sustained commitment to service excellence and community health. This milestone demonstrates the dedication of our skilled team and the positive impact of our echocardiography services on patient outcomes within the local area.
- In total, 23,000 patients have been scanned during the reporting period. This reflects both the high demand for echocardiography services and the efficiency of the team in managing and delivering a large volume of cardiac assessments. This throughput underscores our commitment to providing timely access to essential cardiac diagnostics, ensuring that patients receive prompt care and support.



Endoscopy

About the Service

InHealth Endoscopy delivers comprehensive Upper and Lower GI Community Endoscopy Services, proudly holding JAG accreditation. Our reach spans various regions of the UK and Wales, with established services in Ipswich, Braintree, Birmingham, Oxford and Bristol, and forthcoming services in Cornwall, Yeovil and Swansea.

The service offers a seamless, one-stop clinical assessment, diagnosis, expert guidance, and, where appropriate, endoscopic treatment. Patients can access our services via a single point of contact—either through direct referral from their GP, the NHS E-referral system, or local trust pathways. Our suite of procedures includes:

- Gastroscopy, with or without biopsy, including transnasal endoscopy
- Colonoscopy, with or without biopsy
- Flexible Sigmoidoscopy, with or without biopsy
- Polypectomy (Colonoscopy – left-sided polyps <2.5cm, right-sided polyps ≤1.5cm)

InHealth manages every stage of the patient pathway, including pre-assessment, triage, decontamination, and maintenance to ensure quality and service completeness. Patients are managed in a timely manner in line with BSG and NICE guidance and are scheduled for procedures within three months of their recommended date. Our Clinical Governance framework facilitates consistent compliance with JAG, CQC, BSG, and JETS standards and ensures the highest quality of care throughout the patient's endoscopic journey.

Key Achievements

- Achieved 5-year JAG accreditation on the day of inspection at Suffolk Community Endoscopy Clinic, reflecting our unwavering commitment to clinical excellence, patient safety, and outstanding service standards.
- Exemplary workforce development with 90% of our staff completing the JETS workforce mandate - well surpassing the national requirement of 25% by October 2025. This reflects our dedication to continuous professional development and clinical competency.
- Expansion of community diagnostic services through the successful mobilisation of two new Community Diagnostic Centres, delivered in partnership with North Bristol Trust and North Solihull Trust. These collaborations have broadened access to high-quality endoscopy services within local communities, supporting earlier diagnosis and improved patient outcomes.





Imaging Centres

About the Service

InHealth's Imaging Centres deliver around 400,000 scans each year to over 265,000 patients at 18 UK locations, covering MRI, CT, and DEXA. Their main services operate within NHS Trusts, where highly trained teams carry out both routine and complex diagnostic studies. With over 25 years' experience, InHealth works in close partnership with numerous hospitals, ensuring integrated, seamless service delivery across inpatient and outpatient pathways. The centres are responsive to demand, offering services up to 14 hours daily, seven days a week, and supporting NHS partners during refurbishments to maintain continuity of care.

Ongoing investment in advanced imaging technology underpins InHealth's commitment to high-quality, reliable diagnostics. This is reflected in consistently excellent patient care, a reassuring patient experience, and highly positive feedback. Their teams are dedicated to delivering safe, compassionate, and efficient services, supporting both clinical partners and the communities they serve.

Key Achievements

Our patient-centred approach and commitment to the highest standards of care, responsiveness, efficiency, and technical excellence are clearly demonstrated by our consistently exceptional patient satisfaction scores, which remained at 98% throughout the reporting period. These results highlight the quality of our services, from technical accuracy to the overall patient experience.

Many patients praise minimal waiting times, clear communication, compassionate staff, and convenient, flexible appointment scheduling. By prioritising both clinical quality and patient comfort, we reinforce trust and satisfaction, underscoring our commitment to delivering outstanding imaging services.

We introduced an AI-driven analytics and reporting platform in the reporting period that unifies data from multiple sources, delivering a comprehensive and objective overview of scanner operations. By minimising reliance on inconsistent manual data entry, this system provides precise, real-time insights into capacity utilisation and service performance. Enhanced visibility enables our teams to swiftly identify inefficiencies and proactively optimise imaging protocols, streamline patient pathways, and refine appointment scheduling. As a result, patients benefit from shorter waiting times, more reliable appointment slots, and a consistently high-quality diagnostic experience. This improved operational efficiency enables faster diagnoses and treatment planning, supporting superior patient outcomes while also reinforcing our commitment to safe, responsive, and outstanding care by ensuring that every decision is guided by robust, accurate data.

During the reporting period, we adopted advanced AI image reconstruction technologies such as Siemens Deep Resolve and GE Air Recon DL, which have transformed our MRI services. These deep learning solutions deliver sharper, high-resolution images from faster scans, allowing us to reduce scan times, increase patient throughput, and maintain exceptional diagnostic accuracy. This not only benefits claustrophobic patients but also shortens waiting times and enhances clinical outcomes by improving image quality and efficiency.



Lung Cancer Screening (LCS)

About the Service

InHealth is the UK's leading independent provider of Lung Cancer Screening (LCS) Programmes, currently delivering 24 LCS programmes nationwide. We operate the UK's most extensive fleet, comprising 130 mobile units, including 31 state-of-the-art mobile CT scanners. To support these vital diagnostic resources, our CT workforce consists of 99 Radiographers and 28 Health Care Assistants (HCAs). In addition, LCS employs more than 100 full-time equivalent (FTE) patient care advisors, 69 FTE Nurses, and 45 HCAs, ensuring comprehensive support for every patient.

Our service is underpinned by an extensive breadth of expertise, enabling us continually to enhance healthcare provision and guarantee the highest standards of care for all patients. The LCS service line covers a wide geographical area, stretching from Durham to Penzance, and we collaborate closely with NHS partners—including Integrated Care Boards (ICBs), Cancer Alliances, and both Primary and Secondary Care providers. This collaborative approach allows us to deliver LCS effectively via mobile scanning units, Community Diagnostic Centres, and static locations.

We have established key partnerships with organisations such as DeepHealth and Heart and Lung Health, and, as of this year, have joined forces with a new AI reporting provider, Veolity. These strategic alliances are instrumental in ensuring timely and efficient scan reporting. We leverage artificial intelligence to optimise the precision and reliability of scan reports. Every AI-generated outcome undergoes thorough scrutiny and validation by our fully qualified radiologists, ensuring the highest standards of clinical excellence are consistently upheld.

Key Achievements

- We have achieved an impressive uptake rate of 65%, significantly outperforming the national average for Lung Cancer Screening.
- Patient satisfaction scores have witnessed a remarkable increase this year, with nearly 99% of survey respondents rating our service as 'very good or 'good'. This success reflects our dedicated efforts to actively engage with patients, ensuring their voices are heard and their feedback is integrated into service improvements.
- Our continued growth and demonstrable outputs have opened up valuable opportunities for sharing our expertise. During the reporting period, we hosted delegates from Norway and Portugal, who visited to observe our service in operation. The LCS team was also privileged to attend a celebratory reception at Downing Street alongside The Roy Castle Charity. Furthermore, we have taken an active role in a range of high-profile engagement events, helping to raise the profile of Lung Cancer Screening across the UK as we work towards a planned national rollout by 2029/2030.



Mobile Service

About the Service

InHealth's Mobile Service is the UK's largest independent provider of mobile diagnostic imaging, offering comprehensive MRI and CT services nationwide. Supporting NHS Trusts, CDCs, and independent healthcare providers, the service delivers a full range of MRI examinations, including neuro, musculoskeletal, abdominal, and cardiac imaging, as well as routine and specialised CT scanning. With more than 50 mobile units operating across over 70 locations, InHealth partners with NHS and independent sector organisations to boost capacity and reduce waiting times. Established for over 30 years, InHealth's trusted mobile fleet continues to invest in innovation, ensuring high-quality diagnostic imaging for patients nationwide.

Key Achievements

- In collaboration with Nottingham University Hospitals NHS Trust, we successfully launched the first community-based contrast MRI service to boost CDC capacity. Following its success, this innovative model has since been adopted at additional locations, including Great Western Hospitals NHS Foundation Trust.
- Introduced AI capabilities across the mobile MRI fleet to enhance scanning efficiency, increase capacity, and improve service delivery for patients and healthcare partners.
- Achieved sustained high patient satisfaction scores, consistently above 95%, alongside robust incident management and low harm categorisation for reported events. This strong track record demonstrates our commitment to delivering safe, patient-centred care and maintaining excellence in quality assurance.



Patient Engagement Centre (PEC)

About the Service

Our Patient Engagement Centre (PEC) teams serve as the dedicated point of contact for all InHealth patients, ensuring a seamless experience throughout their healthcare journey. We take full responsibility for every stage, from initial enquiry through to the delivery of the final report. Our highly trained staff are committed to providing compassionate care and tailored support at every step, guaranteeing that patients feel informed and reassured at all times.

We operate two principal Patient Engagement Centres, based in Rochdale and Middlewich, which support both the Diagnostics and Screening divisions of the InHealth Group. With a workforce of over 300 skilled professionals, our PEC teams deliver services across more than 20 different modalities:

- Facilitating over 3.5 million patient interactions annually, ensuring every individual receives attentive and timely support.
- Managing more than 2.75 million appointment bookings each year, efficiently coordinating care across our various services.
- Achieving an average booking utilisation rate of over 98% and industry-leading DNA rates that demonstrate our commitment towards operational excellence.
- Ensuring initial patient contact is made within 24 hours of receiving a referral, reinforcing our commitment to prompt and proactive communication.
- Offering a user-friendly patient portal that enables digital engagement, allowing patients to access information and engage with us at their convenience.

- Providing access to the soonest available appointments across a wide network of convenient locations, enhancing accessibility and patient / customer choice.
- Delivering flexible appointment options, empowering patients / customers to easily re-book or cancel as needed, supporting a truly patient-centred approach.

Key Achievements

- Proud to have supported the rollout of several new Community Diagnostic Centres, expanding access to essential health services.
- We now conduct over 27,000 telephone triages for Lung Cancer Screening each month, ensuring timely assessments and support for patients across our network.
- Our efforts have contributed to maintaining an outstanding patient satisfaction score of 97%, reflecting our unwavering commitment to delivering exceptional care and service.



PET-CT

About the Service

InHealth has partnered with the NHS for 19 years to deliver high-quality PET-CT services. During the reporting period, our PET-CT teams scanned over 25,000 patients, the vast majority of whom were oncology patients requiring prompt and precise assessments. Our commitment to accessible, excellent care is reflected in the provision of PET-CT imaging at both fixed and mobile sites nationwide, supporting various NHS Trusts and hospitals such as Nottingham City Hospital, St Bartholomew's, the Royal Marsden, and others. This approach ensures patients across the UK benefit from timely, local diagnostics and streamlined treatment pathways.

Our highly skilled, specialist teams are dedicated to delivering modern, efficient PET-CT services, operating the latest scanners and employing best practices to maximise patient comfort and diagnostic accuracy. During the reporting period, we enhanced both technology and service capacity by deploying extra mobile units and upgrading our software platforms, underscoring our commitment to continuous improvement and innovation.

InHealth's PET-CT services uphold rigorous standards of safety, quality, and compliance, as reflected in our accreditations and licences from leading organisations, including:

- ARSAC (Administration of Radioactive Substances Advisory Committee)
- EARL Accreditation (European Association of Nuclear Medicine Research Limited)
- NCRI (National Cancer Research Institute)
- NEMA (National Electrical Manufacturers Association)
- EANM (European Association of Nuclear Medicine)
- BNMS (British Nuclear Medicine Society)
- IPEM (Institute of Physics and Engineering in Medicine)
- NPL (National Physical Laboratory)
- EA (Environmental Agency)

Through our ongoing partnerships and service enhancements, InHealth remains steadfast in its mission to deliver exceptional PET-CT services, supporting the NHS in improving patient outcomes and meeting the growing demand for advanced cancer diagnostics across the nation.



Key Achievements

- In February 2025, InHealth orchestrated a seamless and highly complex installation of a mobile PET-CT scanner at The Royal Marsden NHS Foundation Trust in Chelsea, directly addressing cancer waiting list pressures and enhancing patient access to cutting-edge diagnostics. This achievement required meticulous months-long planning with Quest Medical and the London Borough of Transport, including a full road closure and a carefully executed delivery utilising 'skates' to navigate exceptionally restricted site access. The successful launch of this facility has boosted operational capacity, enabling the Royal Marsden to continue providing world-class cancer services.
- Implemented a software upgrade on our 3T MRI scanner in Nottingham, which has cut scan times from 30 to 20 minutes, saving around 10 minutes per patient. This improvement boosts workflow efficiency, enabling more scans per day, but also substantially improves the patient experience, especially for those who may find MRI procedures claustrophobic or stressful. The reduced scan duration is expected to lower non-attendance rates, as patients are more likely to tolerate the shorter procedure and improve image quality by minimising patient movement, resulting in more reliable diagnostic outcomes.
- To accommodate the ongoing year-on-year growth in PET-CT services, InHealth introduced an additional mobile unit into its fleet during the reporting period, expanding capacity by up to 6,000 scans annually. With referral rates rising by approximately 13% across England, this unit enables InHealth to support both existing and new services, consistently achieving rapid turnaround times of seven working days. Additionally, this extra mobile strengthens network resilience by providing essential contingency during planned or unplanned downtime, minimising disruptions to patient pathways and supporting the NHS in meeting increased demand while maintaining high standards of care.



Phlebotomy

About the Service

InHealth's Phlebotomy Service provides high-quality blood collection within the Torbay community, offering routine venepuncture to facilitate essential diagnostic testing. Delivered in collaboration with the local NHS Trust and community partners, the service ensures prompt and safe collection of blood samples, supporting seamless patient care pathways. Established as a core service during the reporting period, our phlebotomy provision is carried out by fully trained and competency-assessed staff, in strict accordance with national guidelines and best practice standards.

Key Achievements

- Consistently achieved patient satisfaction rates exceeding 98% across all locations, demonstrating the ongoing delivery of an outstanding patient experience.
- Successfully launched a new community phlebotomy hub, significantly enhancing accessibility and further reducing patient waiting times.
- Recorded zero reportable safety incidents, underscoring our commitment to patient safety and the highest standards of clinical practice.



Respiratory

About the Service

InHealth's Respiratory Service delivers comprehensive pulmonary function testing at multiple sites across the UK, including Bristol, Weston, and Torbay. Our service is essential in facilitating the accurate diagnosis and effective management of respiratory conditions, consistently providing high-quality, patient-centred care.

Referral pathways are tailored to each location. In some regions, we accept referrals directly from acute hospital trusts, while in others, referrals are predominantly received from primary care providers, such as GPs. This adaptable approach ensures our service is responsive to the specific needs of both patients and clinicians within each community.

We offer a full range of diagnostic tests, including fractional exhaled nitric oxide (feNO), spirometry, gas transfer, and lung volume assessments. These investigations are fundamental for the thorough evaluation and monitoring of respiratory health.

Key Achievements

- Consistently maintained patient satisfaction ratings exceeding 98% across all sites, reflecting our commitment to delivering exceptional, patient-centred care and ensuring a positive experience for every individual we serve.
- Successfully mobilised and launched new respiratory services at multiple locations, expanding our reach and improving accessibility for patients in diverse communities.
- Performed over 3,000 comprehensive respiratory examinations during the reporting period, significantly contributing to timely and accurate diagnoses and supporting effective management of respiratory conditions throughout the UK.



Ultrasound

About the Service

The Ultrasound service delivers comprehensive diagnostic imaging across 17 locations in the UK. Services include general, musculoskeletal, gynaecological, and vascular ultrasound examinations, supporting both GP and outpatient referrals. The service operates in partnership with ICBs and NHS Trusts, specifically North Central London, University Hospitals Bristol and Weston NHS, Torbay and South Devon NHS. The Ultrasound service is delivered by highly trained sonographers, with ongoing clinical governance and quality assurance. The service is digitally integrated, enabling clinicians to review prior images and reports for enhanced diagnostic accuracy, and is supported by robust operational protocols, local SOPs, and a dedicated clinical quality team to ensure safety, effectiveness, and a high-quality patient experience.

Key Achievements

- Performed 91,799 ultrasound scans nationwide during the reporting period, showcasing the extensive scale and reach of the service. This significant activity highlights the service's crucial contribution to strengthening NHS diagnostic capacity and improving patient access to timely imaging.
- Successfully launched and embedded new ultrasound services across Bristol, Weston, and Torbay in the reporting period, establishing strategic collaborations with NHS Trusts. This expansion has significantly broadened patient access to high-quality, timely diagnostic imaging, reinforcing our commitment to supporting local healthcare needs and NHS service delivery.
- The ultrasound service was digitally integrated with Trust systems at new CDCs during the reporting period, giving clinicians secure, real-time access to imaging data. This streamlines diagnostics, fosters collaboration, and improves patient pathway coordination.



Upright MRI

About the Service

The London Open MRI Centre and Birmingham Upright MRI Centre became part of InHealth in 2018. Since then, the London site has undergone substantial development and transformation into the Fitzrovia Community Diagnostic Centre in 2023, following extensive refurbishment and modernisation.

These centres specialise in MRI examinations for adults who are claustrophobic, claustrophobic, or anxious during conventional scans. To meet these needs, the sites feature three open MRI scanners, which provide a more comfortable experience, with some models offering weight-bearing imaging tailored to clinical requirements.

Our Upright service is recognised both nationally and internationally, with referrals received from across the United Kingdom and abroad. This is a testament to the limited availability of open MRI scanners worldwide and our reputation for successfully imaging patients who have previously been unable to complete scans using conventional MRI technology.

Key Achievements

- The centre launched Lung Cancer Screening services in the reporting period, expanding its portfolio of advanced diagnostic offerings. This new service enables early detection of lung cancer, greatly improving patient outcomes through timely intervention and specialist care.
- During the reporting period, we successfully scanned over 5,000 patients who had previously been unable to complete conventional MRI scans. This achievement highlights the essential role our specialist open MRI services play in providing vital diagnostic imaging for individuals with complex and specialised needs.
- Launch of a Cardiac CT (with calcium scoring) service at Fitzrovia CDC that supports early detection of cardiovascular disease.



Vista | HEALTH

About the Service

Vista Health is a leading UK provider of high-quality, accessible, and rapid diagnostic services. As one of the nation's largest private healthcare providers, operating across more than 50 sites nationwide, we work in close partnership with leading insurers and clinical experts to ensure individuals can access our services conveniently and on their own terms. Our unwavering commitment is to deliver equitable, timely, and expert diagnostics precisely when they are needed most, making healthcare both accessible and reassuring for all.

Key Achievements

- We successfully launched our first television advertising campaign, strategically designed to engage new audiences and elevate brand recognition. This initiative showcased our core values of accessibility, affordability, and reassurance, further building trust with both our current and prospective patients.
- Introduced a comprehensive range of tailored health assessment services, championing proactive and preventative health management. Through strategic collaborations with prominent media partners, we spotlighted the significance of routine screening - placing special emphasis on increasing awareness of prostate cancer. This initiative has not only broadened our range of services but has also further demonstrated our dedication to empowering individuals to take charge of their health and wellbeing.
- We have consistently maintained an 'Excellent' rating on Trustpilot, currently holding a score of 4.5 out of 5 based on feedback from more than 6,000 patients. This feedback showcases our commitment towards patient experience and empowers prospective patients to make well-informed choices regarding their care.

Annex

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

The directors are required under the [Health Act 2009 \(legislation.gov.uk\)](#) and subsequent [Health and Social Care Act 2012: fact sheets - GOV.UK \(www.gov.uk\)](#) to publish a Quality Account for the NHS 2024/25 financial year. This is as a result of the organisation being an independent provider of healthcare services under NHS standard contracts that met the necessary staff number and turnover threshold to trigger the requirement.

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

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

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

- the content of the Quality Account meets the requirements set out in the [NHS England » Quality Accounts requirements 2024/25](#) 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 2024 to March 2025
 - Papers relating to quality reported to the Board over the period April 2024 to March 2025
 - The national staff survey undertaken in July 2024
- the Quality Account presents a balanced picture of the organisation's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.

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



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