

Unannounced Inspection Report: Independent Healthcare

St. Margaret of Scotland Hospice | St. Margaret of Scotland Hospice | Clydebank

26–27 April 2016

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1 A summary of our inspection

About the service we inspected

St. Margaret of Scotland Hospice, Clydebank is set in a quiet residential area close to local amenities. The grounds and building are accessible for people who have mobility problems. The garden area is well maintained, pleasant and has seating areas. There is car parking at the front and rear of the premises.

The hospice provides 30 specialist palliative care places on St. Joseph ward and 28 continuing care of older people beds in the Mary Aikenhead Centre. There is an outpatient clinic and the Edwina Bradley Day Hospice. A community palliative care service and a bereavement service are also provided. The hospice provides care for adults with life-limiting conditions that require assessment and management of complex symptoms and specialist care. This is provided by a specialist multi-professional team.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

Grades may change after this inspection due to other regulatory activity, for example if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

We carried out an unannounced inspection to St Margaret of Scotland Hospice on 26 and 27 April 2016.

The inspection team was made up of two inspectors, Julie Miller (Lead Inspector), Winnie McLure (Inspector) and Daniel McQueen (public partner). A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

- Quality Theme 0 – Quality of information: 6 - Excellent**
- Quality Theme 1 – Quality of care and support: 6 - Excellent**
- Quality Theme 2 – Quality of environment: 6 - Excellent**
- Quality Theme 3 – Quality of staffing: 6 – Excellent**
- Quality Theme 4 – Quality of management and leadership: 6 - Excellent**

The grading history for St Margaret of Scotland Hospice and more information about grading can be found on our website.

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.

What the service did well

- The service provided an excellent standard of care to patients and relatives. Staff, including senior management, knew the patients extremely well.
- The service had an excellent range of methods to gather feedback from patients and relatives. Patients were asked each day if there was anything that could make their stay better and wherever possible any suggestions were acted on immediately.
- The 'Mission Effectiveness' programme was very successful in embedding the values of the service in day to day practice.

What the service could do better

- The staff survey did not particularly encourage staff to make suggestions for improvement. The process for submitting completed questionnaires could be improved to enable staff to submit comments anonymously.

This inspection resulted in no requirements and no recommendations.

We would like to thank all staff at St Margaret of Scotland Hospice for their assistance during the inspection.

2 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 3 and 4 September 2014.

3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 6 - Excellent

Prior to the inspection we reviewed the service website and found this contained excellent information to help people decide about using the service. This included the results of patient satisfaction questionnaires and other audits so that enquirers could see how the service was performing.

We spoke to patients and relatives who told us they had received lots of information and support to help them decide to use the service. This included home visits, visits to the hospice, attending the day hospice and receiving information leaflets alongside having in-depth conversations with staff.

We looked at the range of leaflets and saw that these were well laid out, detailed and easy to read and contained clear, up to date photographs of the staff who worked in certain areas.

From speaking to staff it was evident that they spend considerable time meeting with patients and relatives to ensure their referral to the service is appropriate, to inform them about the options available and tailor the service to meet individual needs. Patients also told us this was the case and that the on-site information was excellent with nursing and medical staff reinforcing the messages contained in the leaflets.

The service had an excellent 'history room' where staff, patients and visitors could learn about the origins and ethos of the service from inception to the present day. Open events were also held for the community to learn about and engage with the service.

- No requirements
- No recommendations.

Quality Statement 0.3

We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 6 - Excellent

The service used a combination of paper records and an electronic care record to record patient consent to care and treatment. We looked at eight paper patient records and saw that each contained a referral form and a communications sheet. The referral form included a check that the patient was aware of the referral, their diagnosis and prognosis. It also contained information on any resuscitation decisions, anticipatory care plans, the person's preferred place for care and capacity to give consent. Staff were knowledgeable about the legal aspects surrounding adults with incapacity and had received training on this.

The communications sheet recorded that the patient's proposed plan of care had been discussed with them and the patient signed this when agreed. This sheet also contained a section to record who the patient wished their care to be discussed with or otherwise. All the patients we spoke with knew what their plan of care was and said they had been fully involved in discussions about their care and treatment.

We looked at the electronic patient care record, which all staff who are caring for the patient contribute to, and saw that discussions about consent were also recorded in this.

Patients and families were given a small, detailed leaflet, adapted from NHS Greater Glasgow and Clyde's information on consent.

The service policy, Informed Consent, was up to date and provided comprehensive guidance for staff.

- No requirements
- No recommendations.

Quality Theme 1 – Quality of care and support

Quality Statement 1.1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 6 - Excellent

The service had a participation strategy in place. This had been reviewed and updated for October 2015- October 2016. The strategy set out the various methods that patients and relatives could use to provide feedback and be involved in developing the service. The strategy also included case studies which helped staff to understand the different methods of involving patients and relatives.

The methods of gathering feedback from patients and relatives included:

- questionnaires
- focus groups
- 'My Hospice Story' testimonies
- Comments cards completed at the memorial services held twice a year
- web-based feedback and social media, and
- informal feedback during management walk-rounds.

Staff told us that they made great effort to obtain the views of patients and relatives. We saw the satisfaction survey results for:

- the Edwina Bradley Day Hospice
- St Joseph's ward
- the Mary Aikenhead Centre, and
- relatives attending the memorial services.

These surveys asked patient and their relatives a wide range of questions about aspects of care and support.

The results of the surveys were overwhelmingly positive and return rates were good. We also saw minutes of a focus group detailing how patients had reviewed information leaflets.

The results of the satisfaction surveys were published on the service website meaning these were available to the public.

We saw that the service was very proactive in involving, preparing and supporting patients and families affected by life-limiting conditions. For example the day hospice facilitated group discussions on important aspects of palliative care by using innovative methods such as 'cat out of the bag'. This activity involved patients choosing a topic from the bag and everyone had a chance to have their say and ask questions about topics such as advance care planning and spirituality.

- No requirements
- No recommendations.

Quality Statement 1.4

We are confident that within our service, all medication is managed during the service user's journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 6 - Excellent

There was a good governance structure in place around medicine management. There was a service level agreement with Greater Glasgow and Clyde for pharmacy support. The service had a clinical pharmacist and a pharmacy technician in place as well as an accountable officer for controlled drugs.

We saw minutes of medicine management meetings and evidence that these were reported into the clinical governance structure of the service.

We spoke to the clinical pharmacist and saw that there was a comprehensive medicine management policy in place and that further development was taking place around the management of systemic anti-cancer treatment. We spoke with nursing staff who were able to discuss the processes for medicine reconciliation, storage, administration and safe disposal of medicines.

The pharmacist in the service had an overview of the prescribing practices and checked prescriptions to ensure medicines had been prescribed appropriately.

We looked at five medication records and saw that these had all been fully completed. The service had a medicine reconciliation form for medical staff to use within the patient notes. We looked at three forms and saw that they had been fully completed with two sources used for verification in line with current guidance.

Nursing staff undertook initial medicine administration training as part of their induction with competences to be completed and supervised practice. Nursing staff completed an annual update. The hospice had developed a single nurse administration of controlled drugs

programme which included an education programme, competencies and assessment including annual updates. This ensured that patients were receiving controlled drugs, strong painkillers, in a timely manner. Staff had also undertaken intrathecal (delivering medication into the spinal cord) and syringe driver training.

Small training sessions for specific subjects were delivered by the pharmacist, doctors or senior nursing staff. Staff were able to show us the process for reporting and managing any medication errors and we were able to track a medication error from when it occurred to it being reported to Healthcare Improvement Scotland to the measures taken to prevent a reoccurrence.

Staff we spoke with were happy with the amount of training and education provided. For example, they said:

- 'We have lots of training here'.
- 'Any medications incidents are thoroughly investigated and lessons learned fed back to staff'.

There was a programme of medicine management audits undertaken including medication administration records and medicine reconciliation. We saw that these were discussed at the medicine management meeting and reported to the clinical governance meetings.

- No requirements
- No recommendations.

Quality Theme 2 – Quality of environment

Quality Statement 2.2

We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 6 Excellent

We walked around the service and saw that all of the areas looked clean, fresh, spacious and well maintained. The service had a number of single and shared bedrooms all with ensuite facilities. There were quiet lounge areas, a prayer room, spa, therapy rooms, and accommodation available for families.

Staff and people who use the service had access to a hydrotherapy pool, sauna and steam room. There was also a garden room restaurant for people who use the service, families and staff, at the time of the inspection this area was being refurbished.

The service is set within lovely gardens and provided a quiet space when sitting outdoors. The service had a lift and was suitably designed with access for people who were affected by mobility problems. Staff and visitors to the service used a sign-in and sign-out system at the front reception which helped maintain the security of the building.

Health and safety policies were in place and we saw that all staff had up to date health and safety training. Senior staff had attended this which had led to them achieving the National Examination Board in Occupational Safety and Health qualification. We saw a range of infection protection and control policies were in place at the service.

In the areas of the service we inspected, the standard of cleaning was very good. We spoke with the housekeepers who were able to tell us about the systems and processes in place for the cleaning of the hospital including cleaning schedules, daily walkabout and a checking system with housekeeping staff. We saw evidence of cleaning schedules, both domestic and clinical, and monthly audits and action plans were carried out.

We saw environmental risk assessments including fire and water assessments and evidence of fire education and drills being carried out twice a year.

- No requirements
- No recommendations.

Quality Statement 2.3

We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.

Grade awarded for this statement: 6 - Excellent

We spoke with the maintenance manager who showed us service records for equipment both clinical and non-clinical, including equipment serviced by outside contractors. He was also able to show us the process for reporting and recording issues with equipment and how that was dealt with on a daily basis.

We saw that a computerised maintenance programme was used which generates work orders and maintenance requests. Clinical equipment was serviced by manufacturers with specialised servicing and repairs carried out by medical physics at Stobhill Hospital, Glasgow. A timetable was in place to make sure checks were carried out routinely. These included servicing security systems, fire systems and annual water testing. We saw that equipment servicing was up to date.

All staff we spoke with knew how to report issues with equipment. We saw that testing of portable equipment (PAT testing) was taking place and the service had recently updated their patient information to ensure any patients or relatives who brought electronic personal equipment into the service ensured that it was tested by the maintenance staff prior to being used.

We saw that all equipment was, or was in the process of, being asset tagged. This system allowed all equipment to be tracked easily for maintenance and replacement.

- No requirements
- No recommendations.

Quality Theme 3 – Quality of staffing

Quality Statement 3.2

We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 6 - Excellent

The service had a stable workforce with a low staff turnover. The majority of staff we spoke with were long-serving, many with around 12 years of service.

The service had a comprehensive safe recruitment policy.

We looked at four staff files and other personnel information folders and documentation. Each staff file was in an individualised pocket folder which incorporated a pre-printed recruitment checklist on the front. We found the expected processes had been followed and recruitment checks had been carried out. Files included references, health checks and copies of qualifications.

Staff and volunteers undertook a comprehensive induction day. The staff induction programme covered the service's core values and mission statement. The core values outlined personal and professional conduct and the 'Mission Effectiveness' programme was carried out by all staff every six months. This was where reflective practice helped to analyse case examples and compare them to the core values. New staff also undertook a mandatory training day which included:

As well as an induction booklet there were role specific competence-based workbooks for all staff to complete. All new staff were allocated a mentor and undertook a 13 week probationary period with three assessments within that period. The probationary period could be extended, if required.

We saw that annual professional registrations were checked and recorded using online verification systems. We saw evidence of disclosure checks, including retrospective checks, for staff through the Protecting Vulnerable Groups (PVG) scheme had been carried out.

- No requirements
- No recommendations.

Quality Statement 3.4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Grade awarded for this statement: 6 - Excellent

All staff and patients spoken with during the inspection told us they felt they were treated with respect and all interactions we observed between staff and patients and between colleagues appeared to be respectful.

The service had a mission statement incorporating the core values of the registered Sisters of Charity. There was a philosophy of care and aims of care which included 'to improve the quality of life and allow rehabilitation within the limits imposed by the patient's illness'. This

was built into the 'Mission Effectiveness' programme. All staff we spoke to said this philosophy was essential to their work to ensure the best outcomes for their patients.

Staff we spoke with were very committed to the work of the service and everyone was proud of their association with it. Volunteers were valued and had access to training events and induction to the hospice. During the inspection we spoke with patients to discuss their impressions of the service's staff. We asked patients if they were treated with dignity and respect and received the following comments:

- 'Yes, from admission to leaving the service and all staff have been absolutely excellent, very human and caring'.
- 'Settled my fears about moving in'.
- 'Amazing treatment'.
- 'Absolutely excellent, everyone is so good'.
- 'Don't have sufficient superlatives to praise the hospice care and compassion.

- No requirements
- No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.2

We involve our workforce in determining the direction and future objectives of the service.

Grade awarded for this statement: 6 - Excellent

The staff we spoke to were highly aware of the core values of:

- dignity
- quality
- advocacy
- compassion, and
- justice.

These values were evident when they spoke to us about caring for patients and families. Each mandatory training session began with a session on the values. The practice of staff reflecting on how they demonstrate the values was excellent and we saw that these sessions were received positively.

Staff told us they felt well consulted with and listened to about changes in the service. They said they were often issued with questionnaires to enable them to give opinions. We saw for example that a consultation on shift patterns had taken place and on menu changes in the restaurant. Staff completed an annual staff survey. We saw the latest results from April 2016 which were very positive.

Area for improvement:

The staff survey could be developed to include a section to ask if there was anything about working in the service that could be improved. The practice of gathering in paper copies also meant that staff were perhaps less able to comment anonymously if they were unhappy about anything. The service could explore how to support staff to be able to comment anonymously.

- No requirements
- No recommendations.

Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 6 - Excellent

The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. This self-assessment is completed by the service each year and provides a measure of how the service has assessed themselves against the quality themes and the National Care Standards. We found very good quality information that we were able to verify during our inspection.

A well-established clinical governance system was in place at the service. This comprised of subgroups that reported to an overarching clinical governance committee. Since the last inspection the service had made further improvements to the clinical governance structure and had been able to refine the subgroups. The subgroups were as follows:

- medicine management
- policies and protocols
- medical meetings
- health and safety/infection control, and
- audit and research.

Clinical governance meetings were held every four to six weeks and attendance from all heads of department was mandatory. Minutes from each meeting had to be written within three working days and we saw that this was adhered to.

Each subgroup was colour-coded on a planner and the dates of each were set for the coming year. This made the system easy to follow.

The service had developed an audit register which detailed the timescales for audits, who was responsible, the action plan and review date.

We saw a good system for recording and analysing accidents and incidents. This was an electronic spreadsheet that enabled staff to see at a glance if there were any patterns emerging and to tackle this with respect to preventing further events occurring. We also saw the policies register which gave a clear overview of where each policy was at with respect to completion or review.

- No requirements
- No recommendations.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

This inspection resulted in no requirements and no recommendations.

Appendix 2 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: comments.his@nhs.net

Appendix 3 – How our inspection process works

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information:** this is how the service looks after information and manages record-keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support:** how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment:** the environment within the service.
- **Quality Theme 3 – Quality of staffing:** the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 5.

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection:** the service provider will be given **at least 4 weeks' notice** of the inspection by letter or email.
- **Unannounced inspection:** the service provider **will not be given any advance warning** of the inspection.

Grading

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.

For example:

Quality Theme 1 – Quality of care and support: 4 - Good

Quality Statement 1.1 – 3 - Adequate

Quality Statement 1.2 – 5 - Very good

Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

Follow-up activity

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:

http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx

Appendix 4 – Inspection process flow chart

We follow a number of stages in our inspection process.



Appendix 5 – Terms we use in this report

Terms and explanation

- provider** A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.
- service** A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.

We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.



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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.