

# Standing CT Head Office

## Quality Report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

# Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. We do not rate effective for diagnostic imaging services.

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

This was the first time we had rated this service, and we rated it as **Good** overall.

We found the following good practices at this diagnostic and imaging service:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. This included training in how to protect patients from abuse. Staff knew how to recognise and report abuse.
- The service controlled infection risk well and staff kept the equipment and premises clean. The premises and equipment were suitable and staff checked they were safe.
- Staff followed processes to ensure the right person received the right radiological scan at the right time.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm. Managers made sure staff had the skills needed to provide high-quality care. They supported staff with appraisals, and opportunities to update their skills.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available and accessible to others involved in patient care. Staff sought patients' consent for a scan and for holding personal information.
- The service had systems to manage patient safety incidents.
- The service provided care and treatment based on available guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance and monitored the effectiveness of care to improve outcomes for patients.
- Staff from different disciplines worked together to benefit patients. They supported each other so patients had no gaps in their care.
- The provider cared for patients with compassion. Feedback from patients we spoke with confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress and involved patients and those close to them in decisions about their care.
- The service was set up to put patients at the heart of the services and to have a scan at the time of their outpatient consultant appointment.
- The service planned and provided services in a way that met the needs of people who used the service. The environment was appropriate for patients, including those with mobility or other individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.
- Managers had the right skills and abilities to run a service providing high-quality sustainable care.

# Summary of findings

- The service had a vision for what it wanted to achieve and reviewed this based on patient feedback and local engagements with services.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The service had identified risks and put in plans to eliminate or reduce them.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

We found areas of practice that require improvement:

- The site survey risk assessment did not reflect the risks associated with parking the mobile unit in a temporary position at a host hospital.
- Although almost all the policies had been reviewed and updated, the radiation protection policy did not refer to the latest IR(MER)R legislation.

Following this inspection, we told the provider it should make improvements, even though a regulation had not been breached, to help the service improve.

## **Nigel Acheson**

Deputy Chief Inspector of Hospitals (London and South)

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Good



### Summary of each main service

This was a mobile diagnostic imaging service for patients referred by consultants for foot or ankle CT scans. At the time of inspection, the service had one mobile unit, but was aiming to expand. We rated this service as good because it was safe, caring, responsive and well-led. We do not rate effective for this type of service.

# Summary of findings

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Good 

# Standing CT Head Office

**Services we looked at**

Diagnostic imaging

# Summary of this inspection

## Background to Standing CT Head Office

Standing CT Head Office is operated by The Standing CT Company Limited. The service registered in June 2017, to provide mobile 'cone beam computerised tomography' (CBCT) to scan patient's ankles and feet, whilst in a standing position. The CBCT scanner rotates and a series of X-rays are combined so the software can create different images. This technology permits scans while the patient is standing and bearing weight on their feet and ankles.

At the time of inspection, the company had one mobile unit and regular contracts with an NHS trust and a private acute hospital in Hertfordshire. The mobile unit was

based at these two hospitals one day a week. It also provided services at a third hospital, on an ad hoc basis, in line with contracted arrangements. Almost all referrals were from these hospitals but the service also accepted patient referrals from outside the area.

The service's current manager was registered with CQC in September 2018.

This inspection took place on 7 March 2019, and the inspection team visited the mobile scanning unit whilst it was parked at the NHS hospital.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Amanda Williams Interim Head of Hospital Inspections for South London and South-Central region.

## Information about Standing CT Head Office

The service had one mobile unit and was registered to provide the following regulated activities to adults and children:

- Diagnostic and screening procedures.

During the inspection, we visited the mobile unit whilst it was located at an NHS trust. We spoke with three staff including the registered manager, a newly appointed bank radiographer and the business manager who also provides a health care assistant role. We did not visit the head office registered location, located in High Wycombe, as all documents for review were held electronically and could be viewed remotely.

During our inspection, we reviewed nine sets of patient records. We spoke with five patients by telephone, after the inspection visit.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

Activity (1 January 2018 to 31 December 2018)

- In the reporting period 1 January 2018 to 31 December 2018 the service scanned 635 patients, of these 34 were children.
- Of the 635 patients scanned, 87% were NHS-funded and 13% other funded.

Operational staffing consisted of the registered manager, who was the only employed radiographer and the business manager/healthcare assistant. The service regularly used two bank radiographers, and had contracts with two radiologists who they used on a sessional basis.

Track record on safety:



# Summary of this inspection

- No Never Events
- No serious clinical incidents, nor incidents reportable to Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) or to the CQC,
- No deaths.
- No incidences of hospital acquired infections
- One complaint.
- Laser protection service.
- Maintenance of scanning equipment.
- Cleaning services.
- Vehicle maintenance.
- Host hospital resources, including utilities, patient waiting facilities, emergency procedures support.
- Human resources.

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

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

This was the first time this service has been rated for safe. We rated it as **Good** because:

- The service provided mandatory training to all staff and made sure everyone completed it. This included face to face and e-learning in key topic areas.
- Staff understood how to protect people from abuse. They had completed level 3 training in adult and child safeguarding and the registered manager was the safeguarding lead for the service.
- The premises and equipment was clean, and there were systems to monitor cleaning procedures and to prevent the spread of infection.
- The mobile unit provided suitable premises and the provider looked after the premises and equipment well. The mobile unit had been developed to meet the needs of patients and there were systems to check equipment was safe for patients and staff.
- Staff checked patient identity, the area to be scanned, and risk assessed the procedure to minimise the risks of radiation exposure.
- The service had enough staff with the right skills, training and experience to keep people safe from avoidable harm and to provide the right care. The service had a lone working policy and procedure.
- Staff kept electronic records and shared information securely.
- The service had systems to manage and learn from patient safety incidents.

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

- The provider had not completed site surveys and risk assessments when the mobile unit was parked in a temporary location on a hospital site, to identify any potential impacts of the change, such as on emergency procedures.

Good



### Are services effective?

We do not rate effective for this type of service.

- The service provided care and treatment based on the most up to date guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

# Summary of this inspection

- Managers monitored the effectiveness of care and used findings to improve outcomes for patients. The service audited 10% of scans each month, to check they were of diagnostic quality, and complied with the referrer request. If the audit showed any shortfalls, these were shared with the radiographer concerned for learning.
- Managers made sure staff had the skills needed to provide high-quality care. They supported staff with appraisals, and the registered manager had completed the radiation protection supervisor training in September 2018. The contracted radiology staff provided Standing CT Head Office with evidence of their registration, competency and professional development.
- Staff worked together to benefit patients. They supported each other so patients had no gaps in their care and the provider had effective links with contracting NHS and private orthopaedic services as well as host hospitals.

## Are services caring?

This was the first time this service has been rated for caring. We rated it as Good because:

- Staff cared for patients with compassion. There was consistently good feedback from patients that confirmed staff treated them well and with kindness. They said staff were friendly and professional.
- Staff provided emotional support to patients to minimise their distress. Staff explained the scanning procedure and provided reassurance, and patients commented that staff made them feel at ease.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients said they could recall how the risks were explained to them and said staff were provided enough information.

Good



## Are services responsive?

This was the first time this service has been rated for responsive. We rated it as **Good** because:

- The mobile unit had been designed specifically for providing a safe, convenient way of providing high quality cone beam CT imaging. Patients said the mobile unit met their needs.
- There was no waiting list and the service provided a 'one-stop shop' for patients needing a scan prior to their consultant appointment at the host hospital. The service operating hours were aligned to those of the clinics.

Good



# Summary of this inspection

- The service provided clear information for patients, with a detailed leaflet and information on their website. Information could be provided in different formats and languages.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

## Are services well-led?

This was the first time this service has been rated for well led. We rated it as **Good** because:

- Managers had the right skills and abilities to run a service providing high-quality sustainable care. There was a clear leadership structure and staff had appropriate experience for their roles.
- There was a vision and strategy for the service, which had been clearly communicated to staff. This was based on supporting patients, referrers and hospitals to deliver high quality responsive care.
- Managers promoted a positive culture that supported and valued staff, which created a sense of common purpose based on shared values. Staff enjoyed working at the company and there was consistent feedback from patients that staff were friendly and professional.
- The provider had a systematic approach to improving the quality of service, and there was an effective governance structure in place. This included reviewing safety procedures, incidents, complaints and patient feedback on a regular basis, to improve quality of care.
- The service had identified risks and put in plans to eliminate or reduce them. These included risks relating to information management, radiation safety and commercial risks. The risk register was regularly reviewed and updated through the governance framework.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients and collaborated with partner organisations effectively. The service achieved a very high level of patient engagement, and feedback was positive. Staff used patients' suggestions for improvements.
- The staff were committed to improving services by learning from when things went well or wrong, promoting training, research and innovation. For example, they had changed their induction competency checklist in response to audit results.

**Good**



# Summary of this inspection

- The service was working towards the Imaging Services Accreditation Scheme (ISAS) process to demonstrate its competency and quality status.

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

- Although almost all the policies had been reviewed and updated, the radiation protection policy did not refer to the latest IR(MER)R legislation.





# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
<b>Overall</b>	Good	N/A	Good	Good	Good	Good

# Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

This was the first time we rated the safe. We rated it as **good**.

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Both permanent and bank staff had completed a wide range of annual mandatory training. This included training in basic life support, adult and paediatric life support, safeguarding (adults and children), manual handling, infection control. It also included health safety and welfare, equality and diversity, information governance, lone working, fire safety and complaints handling. Some courses were face to face, such as basic life support and manual handling, and others were delivered as e-learning modules.
- The provider monitored when staff were due to undertake refresher courses. Records showed what training staff in different roles were required to complete and when it was booked or completed.
- Some mandatory training was required for operational staff only, such as training in Control of Substances Hazardous to Health (COSHH), Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and the Mental Capacity Act 2005.

- At the time of this inspection, operational staff had completed almost all their mandatory training. They were booked to complete the outstanding modules (one bank staff member to complete RIDDOR, COSHH and first aid training) in March 2019.
- The radiographers had completed training in the safe use of equipment and radiation risks. The radiographers were registered with the Health Care Professionals Council and had completed induction including signing the local rules. The registered manager was trained as the Radiation Protection Supervisor.

### Safeguarding

**Staff understood how to protect patients from abuse.** Staff had training on how to recognise and report abuse and they knew how to apply it.

- All operational staff had completed adult and child safeguarding training to level 3, and the registered manager was the service lead for adult and child safeguarding. As lead for safeguarding, the registered manager would investigate allegations of abuse and they understood how to raise a safeguarding referral to the local authority.
- The provider's safeguarding policy and procedures referred to safeguarding vulnerable adults as well as safeguarding children and outlined what constitutes abuse. The policy described the actions staff must take should they have concerns. It made reference to the PREVENT strategy, to safeguard people from becoming terrorists or supporting terrorism.

# Diagnostic imaging

- Staff had access to contact details for the local safeguarding authority for the location of the mobile unit as well as those for the head office local authority. The registered manager had access to safeguarding support from these services.
- Staff we spoke with understood their responsibilities in relation to safeguarding practices. This included checking to ensure the right person received the right radiological scan at the right time.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well.** Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.

- During this inspection we observed all areas to be visibly clean. The service employed a contractor to deep clean the interior of the mobile unit each month, and radiographers were responsible for cleaning the scanning unit and processor each day. They also wiped down equipment between clients. The frequency of the deep clean was based on the utilisation rate of the vehicle and the registered manager said this would be reviewed if the service carried out more scans.
- The registered manager was the lead for infection control. The Standing CT Company Limited's infection prevention and control (IPC) policy (February 2018) provided staff with guidance on appropriate IPC practice. It covered hand hygiene, the use of personal protective equipment, clinical and non-clinical waste and cleaning schedules. The policy included weekly and monthly cleaning lists and clear guidance to the external cleaning company not to clean the scanner, monitor or server.
- Staff completed checklists to demonstrate that cleaning tasks were completed and these were held on the mobile unit for review.
- Staff wore protective personal equipment (PPE), such as gloves.
- There were no hand wash basins within the mobile unit, and staff used antibacterial hand gel after patient contacts. There were toilets and handwashing facilities in the main hospitals for patients and staff.

- The service's infection prevention and control procedures had been audited by an external company, with the results reported in March 2019. Results showed 100% compliance with the eight areas of IPC audited, including governance, hand hygiene, clinical practice and environment. There were no areas identified that required improvement.
- The provider contracted a logistics company to manage some aspects of the mobile unit's maintenance. This included cleaning the exterior of the mobile unit.
- Between 1 January 2018 and 31 December 2018 there had been no incidences of health care acquired infection in the service.

## Environment and equipment

**The service had suitable premises and equipment and looked after them well.**

- The mobile unit was parked near the outpatients' clinic area whilst at the NHS trust, and close to the main entrance when parked at the nearby private hospital. There were toilets in the main hospitals waiting area, including those with disabled access.
- Patients used the main hospital waiting rooms. Standing CT Head Office allocated a member of staff to collect patients from the waiting room in the NHS hospital. When the mobile unit was at the private hospital, patients made their own way to the unit, which was parked a few steps from the main entrance, or were collected by the radiographer. There was no waiting area within the mobile unit itself.
- Patients and staff accessed the unit's control room through the side door, using an integral step. There was a ramp available for people using wheelchairs. Positioning the ramp had been risk assessed for safe moving and handling.
- The CBCT unit was located in the room adjacent to the control room/entrance area and there was sufficient space for staff to guide patients onto the standing unit, and if necessary, support them into a sitting position. This room was the 'controlled area' for radiation exposure.
- The unit had heating and air conditioning but no water facilities. Usually the mobile linked to mains



## Diagnostic imaging

electricity and landline telephones when located at the hospital sites. When we visited, the mobile unit was in a temporary location for 6-8 weeks, due to building work on the hospital site, and the service used its own back-up generators instead of mains electricity and staff relied on their work mobile telephones. This had not been risk assessed as an impact of the temporary relocation.

- The registered manager was responsible for ensuring the scanning equipment was serviced and quality tested regularly, following the service's radiation protection policy. The service's cone beam CT scanner was in a lead-lined controlled area within the mobile unit, in line with Ionising Radiation Regulations 2017 guidance. The critical examination and acceptance result from 2017 showed the scanner had been installed safely and was suitable for use.
- The service had a protective lead garment to offer patients, however the local rules did not require it to be routinely offered to patients, for example to protect the groin area from scatter radiation. Patients rarely requested additional protection and the radiographer only offered it if additional reassurance was necessary. The radiation protection supervisor (RPS) checked this equipment visually before use and annually.
- The Radiation Protection Advisor had visited in April 2018 to test the unit for radiation safety and this was reported in June 2018. Recommendations for the service had been addressed, such as holding relevant details in the radiation protection folder on the mobile unit. Although on the day we visited some hard copy documents had been removed from the radiation protection folder for scanning, all copies were available on the shared drive.
- Staff carried personal dosimetry (badges) so the company could monitor their exposure to radiation. The provider sent these to an independent company for testing every three months and results showed staff had not exceeded the recommended dose limit and had not been exposed to harmful levels of radiation. The radiation safety policy stated that staff who worked for different employers, such as bank staff, the RPS must liaise with the other employers to ensure that dose limits are safe. The registered manager confirmed there were personal dosimetry arrangements for bank staff.
- The scanner was linked to an automatic warning light in the reception/control room, to warn people of the radiation risk, and this lit up when the scanner was in operation. This procedure was detailed in the local rules and had been approved and tested by the radiation protection advisor.
- There was a fire extinguisher on the mobile which was maintained under contract and replaced in line with its expiry date.
- The provider had agreements with the host hospitals for the provision of emergency services including resuscitation equipment. The host hospitals were responsible for maintaining and checking the equipment and shared their own emergency policies with Standing CT Head Office. The provider had planned an audit of hospital equipment in the next quarter.
- The mobile unit was locked when not in use and either stored within the hospital site or at the site of the logistic company providing transport services. The provider had contracts with the vehicle manufacturer and IT supplier to provide responsive maintenance. The provider had a contract for 24-hours technical support replacement of scanning equipment if there were any faults.
- The service had an up-to-date basic life support policy and a medical emergency policy. In an emergency, the staff were instructed to use the hospital site phone number or 999, however at the time of our visit, access to this number via the hospital phone network was not possible as the mobile unit was parked at a temporary location on the hospital site. Instead, staff would use their mobile phones. This had not been risk assessed.
- The provider had undertaken the assessment and reviews of their activities, under the Control of Substances Hazardous to Health Regulations 2002 (COSHH), and these assessments were maintained on file. The provider had equipment for cleaning body fluid spills.

### Assessing and responding to patient risk

# Diagnostic imaging

## Staff followed processes to ensure the right person received the right radiological scan at the right time.

- Staff kept clear records and staff ensured referrers completed patient information on their referral forms in line with IR(ME)R 2017 guidance. The registered manager said that if referrers omitted key information, such as whether they required a scan of one ankle or both, they could contact the relevant referrer promptly for further clarity before taking the scan.
- The referrers completed patient referral forms, including patient identity details, weight bearing status, side and site to be scanned and further clinical details. The referring clinician included their name, profession, contact details and address for the image, and signature.
- The service did not take referrals from non-medically qualified professionals. Private patients required a consultant to make the referral to ensure the diagnostic scan was clinically relevant.
- Staff used the 'pause and check' checklist procedure, produced by The Society and College of Radiographers, to check they scanned the right patient, right place, to produce relevant images. We observed staff completed a six-point check of name, date of birth, address, body part, clinical information and previous imaging checks in line with the legal requirements of IR(ME)R to safeguard patients against experiencing the wrong investigations.
- We observed six patients on the day of inspection and all patient identity details and pregnancy risks were checked before staff carried out the scan. Staff oil-marked the foot/ankle before scanning so the images could be interpreted correctly.
- The provider had an appointed radiation protection advisor (RPA) and medical physics expert (MPE), in accordance with IR(ME)R 2017. The registered manager was the service's radiation protection supervisor (RPS). The RPA checked the service annually for compliance with radiation safety legislation, under contract.
- There were local rules available on the provider's intranet outlining the safety arrangements to restrict people's exposure to ionising radiation, which had been updated in line with the latest legislation. There

was a sign sheet to show permanent and bank radiographers had read the local rules. However, the most recent, hard copy version of the local rules and the sign sheet were not available within the mobile unit's radiation protection folder.

- There were procedures for staff to support patients who became clinically unwell. All operational staff were trained in basic life support for adults and children. In an emergency, the process was to call for help, which might be to call the host hospital or 999 if not on site. The site emergency numbers were included on the site survey report and within the site folder. Staff said that whilst the mobile unit was sited in a temporary location, without access to the host hospital phone lines, they would use their mobile phones to call for assistance.
- The service received safety alerts relating to medical devices and took appropriate action when relevant.

## Staffing

### The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

- The service was relatively new and had plans for expansion. At the time of inspection, the registered manager was the only appointed radiographer and was the service's radiation protection supervisor. The service used bank radiographers to provide support when the registered manager was not available. The service had recently recruited a new bank radiographer and had a total of two bank staff under contract. The provider's model was to rely on bank radiographers until the business justified additional permanent staff.
- The registered manager explained they had plans to develop the business with a new mobile unit due to be commissioned in 2019.
- When the mobile unit was located at the NHS trust, it received patients from four different outpatient lists. The service allocated the business manager/health care assistant to support patients by accompanying

# Diagnostic imaging

them between the waiting area and the unit. At other times, the business manager/healthcare assistant supported the chief executive and registered manager in managing the business.

- The service had contracts with two consultant radiologists, to report on the few cases where patients were referred to the service through the self-pay route. The radiographers could seek advice if necessary from these clinicians via the telephone or through direct face to face contact on clinic days. The radiologists had provided evidence of their GMC registration, scope of practice, professional indemnity, mandatory training and appraisals.
- Standing CT Company Limited had an established medical advisory board, chaired by a consultant orthopaedic surgeon and supported by a consultant radiologist. The medical advisory board (MAB) chair was also the medical director for Standing CT Company Limited.
- The service had a lone working policy and all staff had completed training their lone working training. Staff were required to risk assess situations and report any incidents that might make them feel unsafe.

## Records

**Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and easily available and accessible to others involved in patient care.

- The provider had set up a secure electronic records and picture archiving communication system (PACS) to enable staff and referrers to access the scans and records from different workplaces. Staff accessed the systems using their personal security passwords. The service could also link to hospital's own PACS and transfer images via the NHS image exchange portal.
- The service held patient appointment, attendances and reports on their radiology information system (RIS). Access to this was password protected. Any patient-related electronic communication was sent using a secure data transfer system, to protect confidentiality.
- In the majority of cases, the referrer maintained the main patient record, and the service recorded patient data on its RIS system. This data consisted of patient

name, address, contact number, date of birth, gender, NHS and hospital number, referrer, patient GP and scan procedure. Standing CT Head Office created anonymised patient codes for data analysis and patient confidentiality. Staff scanned the consent forms and referrals into the patient record the service held images for 90 days and then deleted them. For the few self-pay referrals received (seven in 2018), the service added the patient phone and email details and retained the image on their own PACS. The service sent images to referring clinicians using agreed formats.

- The service aimed to use paper records as little as possible. Any hard copy documents were shredded after the details were entered into the electronic records.
- There were information folders on the unit with printed information, with duplicates held on the provider's shared drive. The electronic folder held the up to date policies, protocols and guidelines. We noted the printed radiation protection folder contained some out of date documents, such as the previous local rules, and the registered manager explained that the most recent data had been removed for scanning this was replaced after our visit.
- The Standing CT Company Limited privacy notice explained the company's role in protecting personal information. This made reference the General Data Protection Regulation and the other legislation relating to data protection and confidentiality, and explained how the company managed and protected patients' personal information, as well as patients' rights.
- The provider's information lifecycle management policy included retention and destruction guidance for records.

## Medicines

**The service did not order, store or use medicines.**

## Incidents

**The service had systems to manage patient safety incidents.**

- The registered manager was the lead for incident management. The service had an incident

# Diagnostic imaging

management policy that outlined the reporting process, the report template and guidance on the types of incident that must be reported to external bodies.

- The provider's duty of candour and being open policy (February 2018) outlined the principles that staff must be open and honest with patients when things go wrong and apologise. The policy summarised the regulatory requirement to notify CQC if such an incident resulted in death, severe or moderate harm or prolonged psychological harm.
- There had been no incidents in the period January 2018 to December 2018, but one incident in January 2019, and the registered manager completed an incident form and carried out a root cause analysis. This incident occurred when a patient was scanned and the service used incorrect data to create the image for the referrer. The referrer identified the error and the root cause analysis showed there had been human and procedural errors. The registered manager sought advice from the RPA and this incident was not considered reportable under the IR(ME)R regulations. The patient required a repeat scan and the registered manager explained their error to the patient and apologised, in line with their duty of candour and being open policy.
- Following the incident, the service implemented revised procedures and trained staff in how to apply them, to ensure there was learning to minimise the risk staff causing a similar incident again.
- We saw from minutes of operational and medical advisory board minutes, that incidents were discussed and learning was shared and implemented. For example, there was greater vigilance in marking patients prior to their scans.

## Are diagnostic imaging services effective?

We do not rate effective for this type of service.

### Evidence-based care and treatment

**The service provided care and treatment based on available guidance and evidence of its effectiveness.**

Managers checked to make sure staff followed guidance.

- The service based its policies and procedures for the CBCT equipment on the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017). The local rules held electronically were up to date and reflected the service's equipment, staff and practices.
- There were no national diagnostic reference levels for the standing CT unit, as it was the only one in the UK. The service worked closely with the equipment developers and medical referrers to optimise quality and standards, and the service followed local reference levels.
- The Radiation Protection Advisor was under contract to carry out annual audits against the IR(ME)R 2017 regulations. The local rules defined the safety parameters for the CBCT, including exposure levels for adults and children. The most recent audit, in April 2018, showed the service followed the dose levels provided in the manufacturer's manual.
- The service only carried out scans from medical referrers, where the need for a CT had been justified, which was also in accordance with the local rules.
- The provider was working closely with the manufacturers of the standing CT equipment to optimise the quality of images using this equipment.

### Nutrition and hydration

**The service did not have facilities to provide food or drinks.**

- The mobile units were parked close the host hospital waiting rooms, and patients could access refreshments, including water, from the host hospital.

### Pain relief

**This type of service did not need to provide pain relief routinely.**

- The provider did not offer patients pain relief as part of the services provided.

### Patient outcomes

**Managers monitored the effectiveness of care and used findings to improve outcomes for patients**

- The provider had set up a routine of auditing 10% of all scans each month, to check they were of diagnostic quality, and complied with the referrer request. If the

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audit showed any shortfalls, these were shared with the radiographer concerned for learning. The audits were discussed at the monthly operations meetings and at the quarterly medical advisory board meetings. Any learning was shared with the referrers or equipment manufacturers as required.

- The image quality audit report for July 2018 - September 2018 showed that for the 18 images reviewed, all were within diagnostic imaging tolerances. Three images did not have a marker present, as per clinical scanning policy, however there was no adverse impact on the scan, and no repeats required. Learning from this was shared at operational meetings and discussed at the medical advisory board, and staff were aware of the importance of marking positions consistently.
- The service had received feedback from referrers on poor image quality. This led to Standing CT Head Office providing referrers with additional guidance on how best to manipulate the image for their purposes.
- The service also audited the radiology reports created by their contracted radiologists. They had only generated seven radiological reports in 2018 (1.4% of scanned imaged), and the audit of two of these reports in February 2019, by a consultant radiologist, concluded they were of satisfactory quality. The audit process identified agreement with the report findings.
- There was an annual audit schedule, that included monthly image audits. In 2019, the programme of audits had been extended to include quarterly audits of the CT scanner.
- The service participated in the Imaging Services Accreditation Scheme, and planned to achieve accreditation in 2019. This is a scheme developed by **The Royal College of Radiologists and the College of Radiographers to promote high standards and quality imaging.**

## Competent staff

**Managers made sure staff had the skills needed to provide high-quality care.** They supported staff with appraisals, and opportunities to update their skills.

- The service ensured staff completed an induction programme, which included shadowing and formal

training. The registered manager signed off competency checklists for radiography bank staff. The induction included demonstrating competency in the use of equipment and IT programmes.

- The registered manager was registered with the Health and Care Professions Council, and was the service's radiation protection supervisor (RPS). They had completed RPS training in September 2018. The two bank staff were also registered with the Health and Care Professions Council.
- The registered manager received update training from the manufacturers in the use of the CT scanning equipment.
- The contracted radiology staff provided Standing CT Company Limited with evidence of their registration, competency and professional development.
- All staff had completed appraisals, including the chief executive. The appraisal process had recently been revised to be based on company values and behaviours. The service also carried out in year reviews as short conversations to support staff with their development and objectives.

## Multidisciplinary working

**Staff from different disciplines worked together to benefit patients.** They supported each other so patients had no gaps in their care.

- The provider had links with contracting NHS and private orthopaedic services. The registered manager and chief executive met regularly with referring clinicians, and discussed the quality of images and information sharing. Standing CT Company Limited had formal and informal meetings with the radiology manager and hospital staff at host hospitals. Topics for discussion included logistical issues, such as where to park the unit to suit local requirements.
- Standing CT Head Office staff also met with hospital administration staff when they were on site, to receive the day's list of screening appointments.

## Seven-day services

**The service was not established to offer a seven-day or emergency service.**

## Health promotion



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**Health promotion was not part of the service offered by this unit.**

## Consent and Mental Capacity Act

**The provider sought patients' consent for a scan and for holding personal information.**

- The radiographers understood their responsibility to gain consent from patients attending the service for a scan. The provider explained the procedure and associated risks, and patients had the opportunity to withdraw if they wished. All patients were asked to sign a consent form and these were scanned into the patient's electronic record.
- All female patients of childbearing age signed a pregnancy declaration form, which was part of the consent process. One patient we spoke with said they had done this, and understood the reason why they had been asked.
- We reviewed nine patient records and these all showed patient consent had been completed.
- The service had a consent form for people who accompanied patients for their scan, in the role of a comforter or carer. This was to confirm they understood the risks they took in assisting their friend or relative.
- The service was registered to treat children. The registered provider said they checked children understood the scanning procedure, risks and benefits and ensured their parent or legal guardian was present to give consent. They recognised that children aged under 16 years of age could give consent without parental permission but in practice, children attended appointments with their legal guardian/parent.

All operational staff had completed training in the Mental Capacity Act 2005. Staff understood the Act and were aware of their responsibilities in relation to patients who lacked mental capacity. They said they would normally receive information in the referral about a patient's capacity, from their hospital consultant

## Are diagnostic imaging services caring?

Good 

This was the first time we had rated caring. We rated it as **good**.

### Compassionate care

**Staff cared for patients with compassion.** Feedback from patients we spoke with confirmed that staff treated them well and with kindness.

- The provider placed great emphasis on offering patients a friendly yet professional service and asked all patients for feedback after their scan. Patients were asked to complete a survey form and rate the service, give reasons for their rating out of 10, and suggest anything that would increase their rating if it fell below 10. There was a post box on the mobile unit to collect their responses. Results showed that patients consistently found staff to be kind, friendly and polite. Patient's comments included 'I was made to feel very welcome and at ease', 'very comforting and friendly' and 'very helpful [when] I had [difficulty] stepping into the unit'.
- Feedback also highlighted small touches that patients appreciated, such as the provision of umbrellas to escort patients from the waiting room, outside and to the mobile unit.
- We observed that staff were caring and friendly and chatted with them in a way that helped them feel relaxed and reassured. The radiographer or healthcare assistant aimed to greet patients in the hospital waiting rooms, and escort them to the unit, which gave them time to provide personal reassurance.
- Patients commented staff were friendly and helped them feel relaxed and reassured. They said staff introduced themselves which they appreciated.
- The mobile unit was designed so that patients could have privacy within the scanning room, for example to remove their shoes. There was only ever one patient, and their relative or carer, within the unit at any time. The door to the mobile unit had a window to let in light, and this had a built-in blind to provide privacy.

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- The service had a privacy, dignity and respect policy that included standards of practice in relation to attitudes and behaviour. It also stated that patients could have a chaperone. The service could offer a chaperone routinely when the mobile was at the NHS hospital, as the radiographer was supported by their healthcare assistant. When the healthcare assistant was not on site, the host hospitals provided a chaperone if requested, in line with contract arrangements. The registered manager said this was not often requested, but when needed was facilitated quite readily, incurring only a slight delay to the scan appointment.

## Emotional support

### Staff offered emotional support to patients to reassure them and minimise any distress

- The radiographers explained the CBCT scanning procedure and the relative radiation risks to patients in a way that was easy to understand.
- The consent form included information about a CBCT scan, the procedure and possible alternative diagnostic tests. It also explained that patients would be asked to keep very still for a minute and that the radiographers would be in the next-door control room but still able to communicate.
- Feedback from patients indicated they received support to minimise any potential concerns. For example, we saw comments in the service patient survey report such as 'explained well - wasn't worried about it. Much less daunting than a lay down [scan]' and 'made to feel very comfortable with the procedure and surroundings'.
- The service had adopted the approach of supporting patients to have a comforter or carer with them if they needed this reassurance.

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

### Staff involved patients and those close to them in decisions about their care.

- Feedback from patients showed they felt the procedure had been clearly explained and they

appreciated the quick and efficient service. Comments indicated they felt they received a professional and caring service, and sufficient information to make confident decisions about having the scan.

- Patients we spoke with could recall how the radiation risk was explained to them (in terms of relative to the radiation exposure received during a flight) which meant the description had helped patients understand the level of the scan's radiological exposure.

## Are diagnostic imaging services responsive?

Good 

This was the first time this service has been rated for responsive. We rated it as **good**.

### Service delivery to meet the needs of people using the service

### The service was planned and provided in a way that met the needs of people using the service.

- The Standing CT Head Office scanner was located within a mobile unit, which was driven to hospital locations in line with contract arrangements, to coincide with foot and ankle orthopaedic clinics. This meant orthopaedic consultants could view images promptly, including when the patients were standing and weight bearing.
- At the time of the inspection, the unit was located at two hospitals on a weekly basis and the provider had a new contract with a third hospital, to provide an ad hoc service depending on the consultant list. The contracts were with hospitals that specialised in providing foot and ankle orthopaedic treatments.
- The mobile unit was purpose designed/built to meet the provider's brief for a safe, suitable and easily moved scanning facility. The unit had a lead-lined scanning room with a separate control room, air conditioning and heating and was accessible for patients in a wheelchair (when the ramp was in place). As a relatively small mobile unit, it could be located close to hospital entrances, and driven from one hospital to another in line with contract arrangements.

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- The patients we spoke with said the unit was suitable, convenient and met their needs. Staff and patients said they could use the host hospital facilities, for refreshments, toilets and parking. Patients waited within the hospital waiting areas as there were no facilities within the mobile unit for additional people other than patients' escorts.
- The Standing CT Company Limited website was clear and informative. It provided information for patients, referrers and hospital site staff as well as a frequently asked questions section.
- In addition, the provider gave patients an information leaflet that described the benefits, risks and alternatives and what to expect. This clearly outlined the procedure, such how long it would take, and informed patients they would only need to remove their shoes.
- The service operating hours were aligned to the consultant's clinic hours. For the private hospital clinics, this meant they might vary from one week to another, however Standing CT Head Office obtained the specific schedules three months in advance.
- There was no price list for the private services. The price of private scans was part of the overall treatment package agreed at the hospital with consultant orthopaedic surgeon. Costs for self-pay patients were made clear by the referring consultant at the outset and put in writing.

## Meeting people's individual needs

### The service took account of patients' individual needs and put them at the heart of services.

- The standing CT scanner was designed to have 'walk in' access so the image was taken whilst the patient was standing and weight bearing on their feet. The equipment also had a handrail, to help people stand still, and a seat if this was required by patients unable to stand for the scan.
- The service had a ramp for people whose mobility meant their required wheelchair access to the mobile unit.
- Staff had listened to patient comments and had made changes to improve patient's individual experience. These included having a selection of different strength

reading glasses on the mobile unit, for patients who had left theirs behind. This meant people with a visual impairment could read the information and consent forms more easily.

- The patient leaflet included detailed descriptions of the procedure, risks and benefits. It explained why the service would not scan pregnant women and that radiographers would not be able to explain or discuss the results of the scan. It also advised parents/carers attending for a scan not to bring children, as the service did not have facilities or staff to supervise them.
- The provider had a patient information leaflet available in Braille and had access to an interpreting and translation service for patients who did not have English as a first language. Within the mobile unit, there were signs in multiple languages prompting patients to tell the staff if they were pregnant.

## Access and flow

### People could access the service when they needed it.

- The service had specific contracts to provide scanning services alongside hospitals' foot and ankle clinics. This meant the mobile unit was set up at hospitals when these clinics were scheduled. At the NHS hospital, these were scheduled for 9am-5pm, one day a week, and at the private hospital, the service determined the timings of the clinics in advance and set up accordingly. For example, at the private hospital they might operate 8am – 8pm, or a shorter day, depending on the booked lists.
- The service model aimed to provide a 'one stop shop' for patients. The service took patients both by appointment and via a walk-in service, on the same day as their consultant appointment. For example, the hospital consultants could book patients for a scan immediately before their consultation, so they had an image to review with the patient during their appointment. Alternatively, the consultant might refer a patient for a walk-in scan with Standing CT Head Office, after their appointment. The outpatient department gave the list of booked appointments to Standing CT Head Office on the morning of the clinics.
- The service did not hold a waiting list, and patients said they liked the quick, convenient and efficient



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model. Appointment times were 15 minutes, with additional time allowed between appointments, and the scan itself took approximately 60 seconds. On a typical day, the service scanned 12- 15 patients and staff said this meant they had time to provide a patient-centred service.

- One patient told us they were referred by their consultant for regular annual scans with Standing CT Head Office, and they never had to wait. If they were given an appointment time which was not suitable they could rearrange it easily within one or two weeks.
- If a referrer also requested Standing CT Head Office to report on the scan, the radiologists were required to report within 48 hours but if necessary, a faster turnaround could be arranged.
- The scanning unit had been out of operation for two days in 2018, and all patients had been offered suitable options, including scans at an alternative location or a later appointment time if that was compatible with their treatment plan.

## Learning from complaints and concerns

### The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

- The service had received one complaint during 2018. The complainant had said they had not received sufficient information about the scan procedure, and as a result, the service amended their consent form to include detail on the procedure. Staff said they gave verbal explanations to patients, and described the amount of radiation in comparative terms, comparing it to that received during a flight to a specific destination. The service advised the complainant of the actions taken in response. All patients we spoke with confirmed they had received a clear explanation and good information about the scanning procedure, showing there had been a change in practice following the complaint.
- The provider's complaints policy, approved in 2018, outlined the management process, including timescales for acknowledging and responding to complaints. The policy referred to access to the

second stage complaints processes with details of the Parliamentary Health Service Ombudsman for NHS patients and the Independent Healthcare Sector Complaints Adjudication Service for private patients.

- The registered manager was responsible for complaints, supported by the business manager who coordinated investigations and responses.

## Are diagnostic imaging services well-led?

Good 

This was the first time this service has been rated. We rated it as **good**.

### Leadership

#### Managers had the right skills and abilities to run a service providing high-quality sustainable care.

- The Standing CT Company Limited started operations in 2017 and there was a small team of staff providing the CT services; the chief executive, registered manager/imaging manager and the business manager. There was a clear leadership structure, and staff at all levels had the skills and experience required for their roles.
- Leaders communicated effectively so all staff understood their roles and responsibilities and the direction of the organisation. The risk register included corporate risks associated with developing and expanding the company
- The provider had taken the appropriate steps to appoint a new image manager, who is also the registered manager with CQC for the company, when the previous manager left.

### Vision and strategy

#### The service had a vision for what it wanted to achieve and reviewed this based on patient feedback and local engagements with services.

- The provider had a clear strategy and vision for the service, that included development plans and objectives.
- The vision and values were to prioritise their customers, and the provider had 'golden rules' on how

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best to achieve these. Their first golden rule was to ‘treat every patient as you would want your closest family member to be treated’ and this meant involving patients and treating them with dignity. Their second golden rule related to supporting referrers and improving any inefficiencies in the system. Their third was to understand and tailor services to the needs of hospitals.

- The induction programme included guidance in the company structure, vision and values, and policies. The small team of staff understood and respected the company vision and values and felt part of a forward-looking organisation.
- The risk register and strategy reflected an understanding of the challenges of the business, and demonstrated a focus on safety and patient centred service delivery.

## Culture

### **Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**

- Staff said they felt supported and enjoyed working at Standing CT Head Office. For example, they spoke of being able to adapt their working hours to accommodate other commitments or lifestyle choices. They liked the variety and patient-focused commitment of the organisation, and they also said they had good access to training and development.
- There was consistent feedback from patients that staff were friendly, professional and kind. Staff said there were good working relationships and teamwork, and that recruitment of additional staff focused on appointing people with the right interpersonal skills.
- Staff said an open and honest approach was encouraged, and they were supported to raise concerns or report issues or complaints. The provider had golden rules that gave all staff the authority to raise problems directly with the chief executive, expect a response, and to be honest and apologise for errors.
- All staff had received an appraisal. The provider ensured all staff, including bank staff, had regular appraisals and reviews and planned to implement 360-degree feedback into appraisals to help staff recognise their strengths, areas for development and

approach to team working. The appraisal format had been updated to reflect the company’s values. As well as annual appraisals the service offered in-year reviews, approximately quarterly, to discuss progress and development.

- The provider had a privacy dignity and respect policy and staff completed equality and diversity training in support of the service’s priority to consider the needs of all customers.
- There was a company duty of candour policy that staff were familiar with and the registered manager outlined how they had been open and honest with a patient following an incident.

## Governance

### **The service used a systematic approach to continually improve the quality of its services and safeguard high standards of care.**

- Standing CT Head Office had effective structures in place to deliver safe and caring services. These included systems for maintaining equipment, supporting staff, reporting incidents and accidents, auditing performance and reviewing policies.
- Staff understood their roles, responsibilities and accountabilities. The registered manager held lead roles for radiation safety, complaints management and infection control. As the radiation protection supervisor, the registered manager maintained the radiation protection folder on the mobile unit. Some of the most current documents were in this folder, such as the latest local rules, and the list of signatures to show all staff had read the local rules or the most recent radiation risk assessments. We saw that this information was available electronically however, and the registered manager said these had recently been removed for scanning. They were replaced after our visit.
- There were monthly operational management board meetings, which were minuted and any actions noted and monitored. These regular meetings were chaired by the chief executive and attended by the business manager and registered manager. The agenda comprised clinical updates, customer feedback, risk register, marketing and financial updates. In addition, these meetings were used to review policies, discuss

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audit programmes and results and any incidents or learning. We found however that the radiation safety policy (February 2018) did not refer to the IR(ME)R 2017 regulations, that came into force in January 2018, but to the 2000 regulations.

- The medical advisory board met quarterly, and the meetings were chaired by the company's appointed medical director. The board was made up of the chair, four further foot and ankle orthopaedic surgeons, a consultant radiologist and the chief executive. The board discussed patient satisfaction results and improvements, incidents and complaints, risks, image quality and technical developments. All actions were logged for review at the subsequent meeting.
- The provider had set up service level agreements and effective working arrangements with host hospitals, the logistics company that arranged the movement and servicing of the mobile unit, the radiation protection advisor/medical physics expert and the equipment supplier. The company also had agreements for IT support, human resources and training programmes. The company had contracts with radiologists to provide an image reporting service when this was required.
- There were systems to ensure safe staff recruitment and assessment of competency through induction and appraisals. There were records to show the provider checked professional indemnity, professional validation and registration.
- The service employed a qualified radiation protection advisor and medical physics expert, for advice and regular quality assessment through external audit.

## Managing risks, issues and performance

**The service had identified risks and put in plans to eliminate or reduce them. Not all new risks had been captured and reviewed through the risk management process.**

- The provider held a risk register covering risks relating to service delivery and corporate and commercial risks. The risk register showed the mitigations and controls put in place for identified risks and the risk owner. The closed risks included, for example, deregistering the previous CQC registered manager and registering the new manager last year.

- Amongst the current risks, the provider had identified the risks associated with having a small staff team and one mobile unit. These risks continued to be monitored and reviewed by the chief executive.
- The registered manager had a wide range of responsibilities within the service, including legal duties. The risks of having only one radiographer and one business manager were on the provider's risk register, with mitigations.
- The risk register was reviewed at the monthly operational manager meetings. New risks had been added in 2018, and these included reviewing and updating policies, and scanning image quality. As a result, the provider had reviewed and updated policies and the registered manager had set up discussions with the equipment provider to optimise specific images.
- The service completed site surveys at the hospitals before starting scanning activities. This process enabled staff to assess the parking space for the mobile unit, access for the ramp, note the site lead, contact details and agreed emergency number, access to utilities such as power and data connection as well as distance for patients to walk from the waiting room.
- When we visited, the mobile unit was parked in a different part of the hospital grounds from normal, on a temporary basis whilst the host hospital was undertaking building work. The risk register had not been updated to capture risks relating to the new parking area, for example in relation to access to utilities, including the landline for emergency calls and mains power. We also found staff were not sure where the nearest resuscitation equipment was kept.
- The risk of a medical emergency occurring on a mobile unit had been considered, with mitigations in place including staff training and agreed arrangements with host hospital sites. There was a company medical emergency policy.
- The mobile unit had back-up generators and was using these when we visited due to the lack of access to mains electricity. They had over seven hours of life and would be recharged when the unit moved to its next location.

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- The Standing CT Company Limited business continuity policy provided guidance for staff to follow in exceptional circumstances, such as failure of IT systems, back office services or the mobile unit. This included instructions and contract details.
- The provider had appointed an external advisor to carry out a 'mock' CQC inspection in March 2018, to carry out a gap analysis. The recommendations from this inspection had been implemented.
- The service asked all patients for feedback after their scan. Patients were asked to rate the likelihood they would recommend the service to a friend or family member, using a scale of 1-10. The questionnaire then asked patients to suggest changes that would increase their rating, if they gave a score less than 10, and this data was collated and reviewed at the monthly operations meetings.
- There was a very high patient feedback rate, of 98%-100% in the past six months, and the service placed high importance in maintaining high response rates as well as high scores.

## Managing information

### **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**

- The provider had antiviral software and all IT systems were password protected. It had contracted IT support to provide 24-hour responsive maintenance and routine annual maintenance. Patient data was held on a secure cloud-based system. Staff transferred any paper documents, such as consent forms, onto the electronic patient files and then shredded all hard copy versions.
- The service's information security policy was approved in May 2018. It referenced the Data Protection Act 1998 and the Freedom of Information Act 2000. The policy outlined staff roles and responsibilities in relation to information security and governance arrangements. However, it did not refer to the General Data Protection Regulations (GDPR), although an explanation of the GDPR was included in the Privacy Notice displayed for patients.
- There was controlled access to different parts of the provider's intranet, so that only staff with appropriate access rights could view certain records. Recruitment and personnel records, for example, could not be viewed by radiographers.
- All staff completed annual training in information governance and NHS data security awareness, and staff signed a confidentiality declaration.
- Changes as a result of patient and stakeholder engagement included having a selection of different strength reading glasses on the mobile, for patients who had left theirs behind, and clarifying the type of hard disc used when creating hard images for consultants.
- The 'you said, we did' posters displayed showed patients changes that had been made in response to feedback.
- The business manager said they had already noted differences in feedback from the two hospitals they attended regularly, and the feedback helped inform where to make improvements.
- The service maintained close links with the host hospitals, through informal meetings with staff in outpatients to formal contract meetings.

## Learning, continuous improvement and innovation

### **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**

- The provider organisation was also the sole distributor in the UK for the cone beam CT scanner used by Standing CT Head Office for scanning both weight-bearing ankles and feet together. As this was a new use for the technology, the registered manager worked closely with the equipment manufacturers, consultant radiologists and orthopaedic surgeons, to optimise image quality. For example, to improve positioning, brightness and resolution of images created from the CT data.

## Engagement

### **The service engaged well with patients to plan and manage appropriate services, and collaborated with partner organisations effectively.**

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- The key innovation of this service was it provided a mobile one-stop shop CT scanning service, to tie in with specialist foot and ankle clinics.
- The service had listened to staff and patient feedback to inform the design ideas for their second mobile vehicle. For example, they had spoken with the designers to widen the patient seat, in response to a comment from a patient, to make sitting and removing shoes easier for people who wore callipers or leg braces.
- As a result of audits, the service had implemented a more rigorous approach to marking the patient area to be scanned and included this in the induction competency assessment.
- The registered manager had completed the training to initiate the Imaging Services Accreditation Scheme (ISAS) process, and the service was following a project plan to gain accreditation in 2019. Accreditation status shows the organisation provides a competent, reliable imaging service.

# Outstanding practice and areas for improvement

## Outstanding practice

- The service was set up to provide a seamless service for patients, in conjunction with foot and ankle orthopaedic consultant clinics.
- There was an effective system for gaining patient feedback, with 98%-100% engagement scores for the past six months, and the service reviewed responses each month to identify areas for improvement.
- Staff listened to patient comments and had purchased a selection of different strength reading glasses to offer patients who had left theirs behind. This meant people with a visual impairment could read information and consent forms more easily.

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should complete site surveys and risk assessments when the mobile unit is parked in temporary locations on a site, to identify any potential impact of the change, such as on emergency procedures.
- The provider should review the radiation safety policy so it clearly reflects the latest legislation.