

University of Derby

Burton Hospital DEXA Service

Quality Report

Queens Hospital
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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital

Good



Outpatients and diagnostic imaging

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Burton Hospital DEXA Service is operated by University of Derby. The service has a reception area, separate waiting area and a clinical room containing the dual-energy x-ray absorptiometry machine.

The only service provided by this service was diagnostic imaging, more specifically dual-energy x-ray absorptiometry (DEXA) scanning. We therefore only inspected diagnostic imaging services at this location.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the service on 30 April 2019.

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.

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

Services we rate

We previously did not have the authority to rate this type of service, however now we do. We rated it as **Good** overall.

We found the following areas of good practice:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe. The service made sure staff were competent in their roles and had a system in place to ensure staff were kept up to date with mandatory training.
- The service had suitable premises and equipment and controlled infection risk well. Staff kept themselves, equipment and the premises clean. The service ensured equipment was well maintained.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish. This ensured the service provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers across the service promoted a positive culture with patient care the main priority. This was supported by feedback from patients which confirmed that staff treated them well and with kindness.
- The service planned and provided services in a way that met the needs of local people and people could access the service when they needed it.
- The service had not received any complaints or had any incidents. The service had the appropriate policies and systems in place to deal with any incident or complaint might come up.

Nigel Acheson

Deputy Chief Inspector of Hospitals (Central)

Summary of findings

Our judgements about each of the main services

Service

Outpatients and diagnostic imaging

Rating

Good



Why have we given this rating?

Diagnostic imaging, more specifically the provision of dual-energy x-ray absorptiometry (DEXA) scanning was the only service provided at this location. We rated this service as good because patients were protected from avoidable harm and abuse. Care and treatment was provided based on best practice and provided by competent staff. Feedback from patients was positive and we ourselves observed positive examples of compassionate care. Patients could access care and treatment in a timely way. The service had good governance practices and assurances.

Burton Hospital DEXA Service

Detailed findings

Services we looked at

Outpatients and diagnostic imaging

Detailed findings

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Background to Burton Hospital DEXA Service

Burton Hospital DEXA Service is operated by University of Derby. The service opened in 2017 and runs out of Queens Hospital in Burton on Trent. The scanning service mainly provides a service for patients living in Derbyshire and Staffordshire, however the service also accepts

patient referrals from neighbouring counties. All patients referred to and seen by staff at the service were adults. No children or young people were seen or treated by this service.

The service has had a registered manager in post since February 2017 which is when it was first registered with the CQC.

Our inspection team






The team that inspected the service comprised of a CQC lead inspector. The inspection team was overseen by Phil Terry, Inspection Manager.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Outpatients and diagnostic imaging

Safe	Good	
Effective		
Caring	Good	
Responsive	Good	
Well-led	Good	
Overall	Good	

Information about the service

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited the DEXA scanning suite within the hospital premises. We spoke with three staff including the registered manager, radiographer and reception staff. We spoke with three patients and one relative.

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 first time that the service was inspected since registration with CQC in February 2017.

Activity for the service:

- Information provided by the service showed there were 1274 scans performed from 1 April 2018 to 31 March 2019.
- All 1274 scans performed were for NHS patients. No privately paying patients were scanned during this time.

Burton Hospital DEXA Service employed two radiographers, both of which worked on a part time basis. The service did not use agency or bank staff. The service did not use any medicines and therefore did not have an accountable officer for controlled drugs (CDs).

Track record on safety (11 October 2017 to 11 October 2018)

- Zero never events

- Zero clinical incidents
- Zero serious incidents
- Zero complaints

Services accredited by a national body:

- There were no accreditations for this service.

Services provided at the location under service level agreement:

- Clinical and or non-clinical waste removal
- Grounds Maintenance
- Maintenance of medical equipment

Outpatients and diagnostic imaging

Summary of findings

Diagnostic imaging, more specifically the provision of dual-energy x-ray absorptiometry (DEXA) scanning was the only service provided at this location. We rated this service as good because patients were protected from avoidable harm and abuse. Care and treatment was provided based on best practice and provided by competent staff. Feedback from patients was positive and we ourselves observed positive examples of compassionate care. Patients could access care and treatment in a timely way. The service had good governance practices and assurances.

Are outpatient and diagnostic imaging services safe?

Good



We previously did not have the authority to rate this service. However, on this inspection we did have authority to rate and we rated it as **good**.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff at the service completed mandatory training in basic life support, safeguarding adults and children, infection control and patient manual handling. There were three staff members who were required of complete this training and at the time of inspection, the completion rate was at 93.3%. One staff member was yet to complete infection control training, but the registered manager had arranged a date for this training to be completed. Staff told us that they had time to complete the required mandatory training and they felt the training was of a good quality.
- The service had a system in place to monitor mandatory training. They used a table with all relevant staff listed with their training status listed against their names. This was used to discuss training as a regular item at bi-monthly governance meetings. The management team used these meetings to organise and plan any training that staff members needed or would need in the near future.
- We observed evidence of staff completing training on radiation risks and the local rules relating to radiation. Staff told us they would discuss further training requirements regularly with the radiation protection advisor (RPA).

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.

Outpatients and diagnostic imaging

- The registered manager was the safeguarding lead for the service. The service also had access to a centralised University safeguarding team, if the registered manager felt they needed any further advice regarding any safeguarding issues.
 - All three required staff members had up to date level two safeguarding adults and children's training. This training was updated whenever there was a change in practice.
 - The service had specific safeguarding adults and children policies which were provided by the University of Derby clinical services team. The policy was based on national guidance and was reviewed in 2018. Within this policy, there were procedures for staff to follow should they suspect a patient was at risk, as well as information which aimed to remind staff of the signs and symptoms of abuse. The other policy available for staff to follow, was from the local authority safeguarding board. Staff were aware of these policies and the content of them.
 - Staff at the service told us that they had never had to report any safeguarding concerns or make a safeguarding referral. However, staff were able to say who the safeguarding lead was, explain how they would access policies and felt confident with the training they had received.
- Staff had access to personal protective equipment (PPE) however staff were rarely required to use PPE due to the nature of the tasks they were performing.
 - Paper towel was used to cover the scanning machine. We observed staff changing the paper towel and cleaning the scanning equipment with the appropriate cleaning wipes after patient use.
 - Patients with known infection control risks were not scanned at this location. Patients who were unwell at the time of their procedures with potentially communicable illnesses were advised not to attend their appointments until they had recovered.
 - Infection control training was part of the mandatory cleaning schedule for the service. At the time of inspection the completion rate for this training was 66.6%. This was due to one staff member not being up to date with their training. A training date for this staff member had been arranged at the time of inspection.

Environment and equipment

Cleanliness, infection control and hygiene

- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
 - The scanning room was visibly clean and tidy whilst we were on inspection. Staff working at the hospital had responsibility for cleaning the scanning room. The hospital had a cleaning schedule which outlined which parts of the room should be cleaned and how often.
 - Staff had access to alcohol hand gel and handwashing facilities in the scanning room. We observed them using this in accordance with the World Health Organisation (WHO) five moments for hand hygiene.
 - We observed that staff were 'arms bare below the elbows' during the patient scans.
- **The service had suitable premises and equipment and looked after them well.**
 - The DEXA scanning suite was located on the second floor within Queens Hospital. There was a reception area, waiting area and clinical room which contained the scanning equipment which was designated to this service. The reception area and waiting room also served other outpatients services.
 - The service purchased the DEXA machine in March 2011. The service had a comprehensive servicing and maintenance contract with an external company. The DEXA machine was serviced yearly which included engineers checking the quality of scans produced. Staff gave an example of the machine malfunctioning on one occasion and advised that the maintenance company came and repaired the fault quickly.
 - Staff at the hospital were responsible for carrying out testing on the other electrical items in the scanning room. All the electrical equipment in the scanning room had undergone testing within required timescales and had passed these tests.
 - There was a radiation warning sign present on the door of the scanning room, with an additional sign informing other staff members and patients not to enter when the

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door was closed but not locked. A risk assessment had been conducted by the department and advice sought from the Radiation Protection Advisor (RPA) which confirmed these measures were adequate for the level of risk for the department.

- Staff had access to lead aprons in the department if they were required, however as the scan involved low doses of radiation, staff did not routinely use these. The distance away from the scanning machine the operator meant their exposure was minimal.
- The service was based on a hospital site so there was access to an emergency resuscitation trolley outside the scanning room on the corridor. This resuscitation trolley was shared with other departments of the hospital. It was the hospital's responsibility to maintain the resuscitation trolley and checks were carried out on a daily basis.
- The hospital was responsible for the waste management for the service. There were separate bins in the scanning room for clinical waste and domestic waste.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary.
- The service had a process in place in case a patient became unwell whilst being scanned. Staff told us if a patient became unwell whilst undergoing a DEXA scan, they would immediately use their basic life support skills and be able to call out for additional help. The service was based in a hospital so staff could get patients to an accident and emergency department quickly if it was required. There was also an emergency trolley outside the room on the corridor for the whole outpatients department.
- The service had a strict DEXA scanning criteria in line with national guidance which they adhered to. All referrals for a scan were reviewed by the scanning practitioner to ensure only those who were appropriate for the procedure were completed. This was in accordance with the requirements of the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R).

- Staff were aware of the details of how to access the current radiation protection advisor (RPA) if required, otherwise they would see them during the annual audit. Staff commented the current RPA had been in post for two years, prior to this the RPA was in that role for 13 years and they had built up a strong relationship with the team. There were no concerns raised about not being able to access the current RPA. There was a staff member within the department who acted as the radiation protection supervisor (RPS) and they were suitably trained for this role.
- Staff told us all female patients under the age of 55 years would undergo a risk assessment which included details around their last menstrual period (LMP). If patients were unsure of this information or the information given was over 28 days, the staff would postpone their scan until information was received to demonstrate the patient was not pregnant.
- There was a process in place for staff to follow if they identified any unexpected or significant findings during the scan. Staff were knowledgeable of this process and were able to provide examples of when they had followed this process. At this service all detailed scan reports were sent to patients via the GP, however, the radiographer did give a brief summary to patients of the findings and indicated where they were on the scale compared to the average.

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.**
- There were two diagnostic radiographers who worked at this location on a part-time contract. One of the diagnostic radiographers was the main employee at this location, with the other radiographer providing cover for short term sickness and annual leave.
- The reception service for the unit was provided by the hospital and was the same as the direct patient service which outpatients use.
- The service had not used agency or bank staff since it was registered in February 2017. This decision was made by the senior management team to manage staff

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absence through the use of additional part-time staff. This ensured consistency in staffing and ensured staff were knowledgeable in the policies and procedures of the service.

- At the time of inspection, the service did not have any vacancies.
- No medical staff were employed by the service, and the service did not have direct access to a radiologist.

Records

- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and easily available to all staff providing care.
- The service followed the Information Governance Alliance records management policy, dated July 2016. This ensured all staff adhered to the correct principles of record keeping.
- The service did not have the ability to share diagnostic results electronically at the time of our inspection. Reports were compiled by the diagnostic radiographer who was competent in reporting and these were sent to the referring practitioner.
- Senior staff told us they did not regularly share the scan images with the referring practitioners due to the reports being comprehensive. If there was a genuine reason why the scan images were required, they would be able to save them on to a disk which could be sent, however this would not be a usual request and there was no standard operating procedure or policy to support this practice.

Medicines

- The service did not use any medicines, including controlled drugs, for their procedures.

Incidents

- **The service had a system in place to manage any patient incidents.** Staff could recognise incidents and would report them appropriately. Managers were in place to investigate incidents. If things went wrong, staff told us they would give patients honest information and suitable support.
- There were no never events reported for the service from 11 October 2017 to 11 October 2018. Never events

are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.

- The service had a specific incident reporting policy which was provided by the University of Derby. The registered manager was responsible for investigating any incidents that were raised. Staff at the service told us they would report any incidents to the registered manager. However, the service had not had any incidents which required investigation.
- There were no serious incidents reported for the service from 11 October 2017 to 11 October 2018. Serious incidents are events in health care where there is potential for learning or the consequences are so significant that they warrant using additional resources to mount a comprehensive response.
- There were no incidents relating to IR(ME)R or Ionising Radiation Regulation (IRR) reportable incidents, reported by the service from 11 October 2017 to 11 October 2018. Incidents which were reportable under the IR(ME)R regulations included exposures where the dose was much greater than intended.
- Staff had not raised any clinical incidents, accidents or near misses from 11 October 2017 to 11 October 2018.
- Staff had a good understanding of duty of candour and were able to explain clearly what it meant. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation, which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred.
- Information provided by the service showed there were no incidents from 11 October 2017 to 11 October 2018 which required the duty of candour to be exercised in accordance with the regulation.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services effective?

We do not rate this domain.

Evidence-based care and treatment

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

Managers checked to make sure staff followed guidance.

- Staff had access to service specific and university policies, procedures and guidance which were based on current legislation, evidence-based care and treatment and best practice, which included policies and guidance from professional organisations such as National Institute for Health and Care Excellence (NICE). Staff were knowledgeable of the clinical guidelines and quality standards related to osteoporosis and the risk of fragility fractures.
- The local rules for the DEXA (dual-energy X-ray absorptiometry) scanner were completed by the external radiation protection advisor (RPA). The Ionising Radiation (Medical Exposure) Regulations and Ionising Radiation Regulations (IRR) were updated in 2017 and released in early 2018, the local rules referred to these versions. Staff were familiar with the new regulations and information received after the inspection has identified a new version of the local rules were now being drafted.
- The service followed the 'ALARA' (as low as reasonably achievable) principles. This was in line with national guidance written by The Society and College of Radiographers (SCoR) and BMUS ('Guidelines for Professional Ultrasound Practice', (December 2018)). The radiographers carried out the minimum possible scans in order to obtain the necessary scan results.
- The service used the universities equality and diversity policy. The service was inclusive for anyone who needed to access it and we saw no evidence of any discrimination, including on the grounds of age, disability, pregnancy and maternity status, race, religion or belief, and sexual orientation when making care and treatment decisions.

Nutrition and hydration

- **Due to the nature of the service, staff did not provide patients with food and drink during their appointments.**
- Patients visiting the scanning suite had access to the hospital's cafes which were in the main reception area.
- There was a water fountain just outside the waiting area for the scanning service which patients could access whilst waiting.

Pain relief

- **Staff did not assess and monitor patients regularly for pain.** The DEXA scan was a non-invasive procedure and did not cause any pain or discomfort for patients. Any patients with chronic pain problems were given advice from their referring practitioner around continuing with pain medication.
- During our inspection we observed staff asking patients if they were comfortable during their procedure. If patients responded they were not comfortable, staff would try to reposition them to make them more comfortable.

Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.**
- The service's most recent radiation protection audit had taken place in August 2018. The report summarised, 'There are no major areas of non-compliance and the system will now evolve in a standard way, also taking account of the recently issued new regulations that require small changes especially to the IRMER Employer's Procedures for DEXA services'. These reports were undertaken on a yearly basis to monitor the effectiveness and safety of the service.
- The referring practitioner completed the scan reports with patients so the quality was not audited by the service. However, the main radiologist had their scan reports audited on a regular basis at another location for this service where they worked on a regular basis.
- Staff told us they were not required to complete any outcome measures for the clinical commissioning group (CCG) who commissioned the service. The only data the service was required to report to the CCG each month was the number of scans performed.

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Competent staff

- **The service made sure staff were competent for their roles.** Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Both staff members had completed up to date appraisals and these were carried out annually by the registered manager. Staff told us they felt the appraisal process was worthwhile and they could get out of it what they put in. Staff told us they had access to continuous professional development if the budget allowed for it.
- Staff had recently updated their professional registration with the Health and Care Professionals Council (HCPC) and the service maintained evidence of this process on their own staff files. This happened on an annual basis along with appraisals.
- All staff at the service had up to date Disclosure and Barring Service (DBS) certificates. A DBS check is a record of a person's criminal convictions and cautions which is needed in order to work with potentially vulnerable people.
- If staff members had any questions with regards to their practice they had a variety of people to contact. Radiographers had a registered manager, clinical supervisor and access to specialised teams at both the hospital and university. Staff members told us they felt well supported by all these areas.

Multidisciplinary working

- **Staff of different disciplines worked together as a team to benefit patients.**
- We observed the local team working well to provide safe and effective care and treatment for patients who required a dual energy X-ray absorptiometry (DEXA) scan. All staff commented on how well they worked as a team despite being a small team.
- Staff told us they had a good working relationship with the Radiation Protection Advisor (RPA) despite them being an external professional who they did not have regular contact with. However, they told us if they had any concerns or required advice, they knew they could contact them at any time.

- Staff told us they had a list of routine referring practitioners with whom they had built up working relationships with over the years since the service started. Staff had previously contacted them at various times to discuss patients referred to them and this had enabled them to build up good relationships.

Seven-day services

- The service did not provide a seven-day service for patients. The service routinely scanned patients on Mondays only.

Health promotion

- As the service provided scanning for the referring practitioners it was not their role to provide in depth advice for patients. However, the service had access to a wide range of patient information leaflets about osteoporosis, a condition which impacted a lot of the patients who attend the scanning department. Staff also told us they were able to provide simple health and lifestyle advice in relation to diet, smoking and exercise and the impact this had on osteoporosis.

Consent and Mental Capacity Act

- **Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.** Staff also understood what was meant by consent.
- Staff told us the strict referral criteria for the location meant that they did not routinely scan patients where capacity to consent was impaired. However, staff were aware of the Mental Capacity Act (2005).
- Staff were up to date with vulnerable adults safeguarding training, which they had all completed. If staff had any concerns about a patient with regards to their capacity to consent, they would discuss their concerns with the referring practitioner.
- Staff were aware of the requirement for patients to consent to procedures, however patients were not required to complete a formal consent form for the DEXA scan. Staff would seek informal consent (asking if they were happy to go ahead with the scan) from the patient prior to proceeding with the procedure. Staff also sought patient consent whenever they needed to make contact with a patient or change their position.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services caring?

Good



We previously did not have the authority to rate this service. However, on this inspection we did have authority to rate and we rated it as **good**.

Compassionate care

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- During our inspection, we observed the care and treatment of three patients and engaged with them during their time at the dual-energy x-ray absorptiometry (DEXA) scan unit. Feedback from patients and their relatives was positive with them commenting on staff's caring and respectful approach.
- Staff ensured that patients' privacy and dignity was maintained during their time at the service. Only one patient was taken through to the scanning room at a time to prevent any dignity issues from arising. Any private conversations were held in the scanning room and voices lowered to prevent any breaches in confidentiality.
- The service regularly requested feedback from patients after their procedure and the service produced quarterly reports from this information. Information from the March 2018 report showed 100% of patients strongly agreed or agreed that the service they received overall and the quality of care was excellent. All responders reported they would recommend the service to their friends and family. However, only four patients completed a feedback form for this reporting period during the timeframe.
- We observed staff introducing themselves to patients and explaining their role during our inspection. This was in line with the recommendations in the National Institute for Health and Care Excellence (NICE) quality standards for patient experiences in healthcare.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- The referring clinicians gave the main results to patients following scans, however staff did give patients a brief overview of their results. Staff told us about examples where they had been required to provide emotional support to patients following scans which had identified some unexpected and significant findings.
- Staff were aware that patients attending the service were often feeling nervous and anxious so provided additional assurance and support to these patients. We saw staff providing this additional assurance to anxious patients, both during the scan and when providing an overview of results.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Staff took the time to explain all the details of their care and treatment to patients and encouraged them to be partners in their care. Staff communicated with patients in a manner they understood. We saw staff involving patients during the scanning procedure, ensuring they were comfortable at all times.
- Data from the patient feedback report supported our findings, with all patients strongly agreeing or agreeing to questions which included the procedure was explained to them in a way which they understood, the practitioner listened to what the patient said and instructions including a brief explanation of the results to the patient.
- During the scanning procedure, relatives or friends accompanying the patient could come in with the patient. However, the radiographer made sure the patient receiving the scan was happy with this. During our inspection, we observed the family members accompanying patients throughout the scans and results.
- Patients and their relatives/friends were encouraged to ask questions about the information they received if they had not understood what they were told.

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Are outpatient and diagnostic imaging services responsive?

Good



We previously did not have the authority to rate this service. However, on this inspection we did have authority to rate and we rated it as **good**.

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**

- The DEXA (dual-energy X-ray absorptiometry) scanning suite was within a fixed location at the local hospital. Patients were referred to the service by their GP or another medical practitioner, the service did not accept self-referring patients. The service worked with one main clinical commissioning group (CCG) and another provider to plan and deliver the service to a certain demographic of patients within the local counties.
- DEXA scans were available on Mondays only, the clinic times had been determined by demand and kept the waiting times short for a non-emergency scan.
- Patients using the service had access to car parking near to the entrance of the service, which was flat and easy for patients to access the building. The hospital was on a main transportation route for buses and there was other transportation links close by.
- The scanning suite had their own waiting area directly outside. This was patient friendly and there was a small selection of patient information leaflets available for them to read. There were children's toys available and toilets nearby.

Meeting people's individual needs

- **The service took account of patients' individual needs and met them.**

- The second floor location was fully accessible for people with limited mobility and disabilities via a lift. There was also access to disabled toilets within the hospital.

- If a patient had additional needs identified there were indicated to the reception staff at the time of referral and the opportunity was given to indicate any specific individual needs when the patient arrived at reception.
- Patients with a high body mass index (BMI) were not referred to this location for their scan, they would attend the services other location where they were equipped to manage this patient group. However, staff told us if they did have a patient who had a higher body mass index (BMI) and were able to independently get to this location and needed minimal staff assistance, the scanning equipment was appropriate to take patients with a higher BMI.
- Staff were not always made aware of patients living with dementia but always made sure where possible to meet their individual needs. Staff had undergone dementia awareness training to enable them to better understand how best to meet their needs and always encouraged any carers or relatives to stay with the patient whilst they prepared the patient for the scan. Staff would always allow relatives of patients living with dementia into the room to make the process as easy as possible for the patients.
- The service had access to a translation service and could provide patient information leaflets in alternative languages. Staff told us the majority of their patients were English speaking, however they had previously provided care and treatment to patients who did not speak English as their first language. Staff told us that if English was not the first language for a patient a translator would often be booked before the appointment.
- Patients with a learning disability could be referred to the service if they required a scan. Staff would ensure they worked with the patient, and any relatives or carers that attended with them to meet their individual needs.

Access and flow

Patients could access the service when they needed it.

- The service capacity was limited by standard rotas and patients were allocated places as they were referred. On occasion, the service had allocated additional scanning days when demand had increased to keep waiting times

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to a minimum. However, this was a relatively rare occurrence and on a planned and pre-booked basis. The waiting time target was set by the NHS hospital at six weeks.

- The average time patients waited from referral to scan appointment was not available at the time, however some patients were allocated an appointment within two weeks of referral. There were times when patients fell outside of this time frame, however this was usually down to patient choice (unable to attend the pre-arranged appointment).
- The service did not have emergency appointments for patients who required scans at short notice, as most requirements for this type of scan were not under emergency or urgent requirements. However, staff told us there would usually be at least one appointment slot empty on each list which referring practitioners could utilise if they contacted the service directly.
- From 1 April 2018 to 31 March 2019 the service had 54 patients that did not attend (DNA). Reception staff from the hospital contacted patients to ensure there were no concerning circumstances as to why they missed their appointment before rearranging their appointments. The service followed to hospitals protocol for DNAs.
- There were no planned procedures delayed by the service due to equipment failure or for a non-clinical reason from 11 October 2017 to 11 October 2018. Staff told us if they needed to cancel or delay scans for any reason they informed the patients and the referring practitioners of the delay and give them the option to accept a later appointment or to rebook with another provider.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously and had processes in place to ensure all complaints would be investigated and lessons would be learnt from the results and shared with all staff.**
- The service had a complaints policy in place. The registered manager was responsible for handling any complaints that came into the service.
- Any complaints received would be dealt with in the first instance compassionately and empathetically by the

practitioner or by another member of staff receiving them. Every attempt would be made at first point of contact to remove or address the issues leading to the informal complaint at source.

- If a resolution was not possible or if the complainant wished to raise concerns at a higher level, the complaints process was on clear display and explanatory leaflets were openly available in the waiting room area. All staff were also cognisant of this and would provide patients with appropriate advice.
- All staff we spoke with were aware of the complaints process and were encouraged where possible to try and resolve any complaints or concerns locally. Staff were able to provide examples of where patients had verbally raised they were dissatisfied with something and staff had rectified it for them to prevent and formal complaints.
- The service had received no complaints from 11 October 2017 to 11 October 2018.
- We saw the complaints process on clear display and explanatory leaflets were openly available in the waiting room area. The staff we spoke with were aware of the complaints procedure and would provide patients with appropriate advice.

Are outpatient and diagnostic imaging services well-led?

Good



We previously did not have the authority to rate this service. However, on this inspection we did have authority to rate and we rated it as **good**.

Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- Staff spoke positively about the managers of the service and told us they were all visible and approachable.
- Managers led the team in a supportive and empowering manner, but were always available to provide assistance if required.

Outpatients and diagnostic imaging

- Managers told us they had complete confidence in the abilities of their staff to provide a professional service to patients.
- Senior staff told us they also felt supported but also empowered to lead the service how they believe it should be lead. They understood the challenges to quality and sustainability and had plans in place to deal with these challenges.

Vision and strategy

- **The service had a clear vision and strategy for what they wanted to achieve, with quality and sustainability as the top priorities.**
- Staff at the location believed the main vision for the service was to ensure patients were provided with a high-quality service which was also provided in a timely manner. The registered manager told us the vision and strategy for the service was 'for the service at our Burton site is to continue providing a quality DEXA service to NHS patients working in partnership with the NHS trust where it is housed'.
- The registered manager was aware of the challenges and had strategies in place for the business to move forward.

Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- The service was relatively small and all staff supported each other to provide the highest standard of care to the patients who underwent a scan. All staff respected each other and valued the contributions each member made to the service.
- All staff told us they were very much there for the patients and providing a service to the local community. This had always been their focus and would continue to be their focus until such a time that this service was no longer required. Staff told us the service had operated for eight years and believed the success of the service had been the dedication to providing an experience which is patient focused.
- There were processes in place to manage staff who performed poorly or whose behaviour was not

considered professional. The registered manager would be responsible for dealing with any poor staff performance. Staff were unaware of any instances where staff had to be addressed using these processes.

- The service had an open and honest culture. Any incidents or complaints raised would have an open and honest 'no blame' approach to the investigation, however in circumstances where errors had been made, apologies would always be offered to the patients and staff would ensure steps were taken to rectify any errors. Staff were aware of the duty of candour regulation; however, they had not had any incidents which met the criteria where formal duty of candour had been required to be implemented.
- The service had a whistleblowing policy in place provided by the University of Derby. Staff were encouraged to raise any concerns they may have through local procedures. The university is a signatory to the national nursing times speak out safely campaign.

Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.**
- A bi-monthly governance committee meeting for scanning locations at the university oversees the service. The service told us the main purpose of the committee was to ensure good governance, quality and safety for staff and patients. These meetings were recorded, and the service completed any highlighted actions.
- Staff from the service were invited to participate in a radiation protection committee, along with the Radiation Protection Advisor (RPA). Minutes from these meetings showed there was oversight of the practices in all relevant areas and discussion around current legislation and guidance. For this service, there were no concerns identified and no reportable incidents raised. Staff told us, any pertinent or concerning points from these meetings were raised at the services own clinical governance meetings.
- Staff working at the service were not required to provide their own indemnity insurance as they were all covered under the hospitals insurance.

Outpatients and diagnostic imaging

- Staff at the service were not required to complete testing of backup generators, this would be completed by the engineers from the hospital. If staff from the service had any concerns, they would contact the engineers directly.

Managing risks, issues and performance

- **The service had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- The service had a risk register in place to record any risks to the service. This was shared with the College of Health and Social Care and was regularly reviewed at the bi-monthly clinical governance meetings.
- Staff told us the DEXA scanning service was low risk in general, and therefore did not identify any clinical risks.
- Staff identified one risk related particularly to this service to this service which was related to commissioning rather than quality or sustainability of patient care. There were also two other risks identified on the risk register which applied to this location as well as others. These risks had appropriate plans in place were being managed by staff.
- The most recent radiation protection audit which was conducted in August 2018 did not identify any risks which impacted on the care and treatment of patients. However, there were a number of actions for staff to complete, one of which was for the head of diagnostic imaging to identify other audits for DEXA specific services. Staff told us they were currently working through the action plan.
- The service did not use any formal methods for monitoring performance and were not required to provide the CCG with any formal data other than the number of DEXA scans completed per month. Staff regularly communicated with the managers about the scanning clinics they ran and would highlight any concerns or performance issues instantly. Any concerns or issues considered significant enough would then be escalated and raised during the bi-monthly clinical governance meetings.

Managing information

- **The service collected, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- All staff were conscious of the requirements of managing a patient's personal information in accordance with relevant regulations and legislation. Staff told us when the new General Data Protection Regulations (GDPR) were released, they were required to complete additional training to ensure they were compliant with the regulations.
- The service sent all scan images and reports onto the referring practitioner following the DEXA scan.

Engagement

- **The service engaged well with patients and staff to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- The service had patient comment boxes available in the waiting room to collect the satisfaction cards in. These results were then analysed regularly and a report was submitted to the governance committee three times a year for staff to review. Information from October and December 2018 showed all patients who completed a feedback form would recommend the service to their friends and family.
- The service involved staff in decision making and planning. This happened primarily through the clinical governance committee. Managerial representation on the clinical governance committee is provided from all other interested parties including the technicians, academics and administration staff at the university

Learning, continuous improvement and innovation

- The service sent the radiographer to specialist DEXA conferences in America in order to keep up with the current best practice in relation to DEXA scanning.