

# Vascular Studies Unit





## Quality Report

Wythenshawe Hospital  
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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

<b>Overall rating for this location</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?		
Are services caring?	<b>Good</b>	
Are services responsive?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

### Overall summary

Vascular Studies Unit is operated by Independent Vascular Services Limited. The service opened in May 1999 and delivers vascular investigations to NHS trusts and independent hospitals. There are eight locations across the North West of England.

This service is based in a dedicated area of the host trust in south Manchester and provides vascular ultrasound services for adults and very rarely children and young people. The service has four scanning rooms, a waiting area, a research room and offices.

This location delivered 17,541 scans in the period April 2018 to March 2019.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 23 July 2019. We also carried out a separate visit on 29 July 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

# Summary of findings

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 had not rated the service in previous inspections. We rated it as **Good** overall.

This was because

- Staff received and kept up-to-date with their mandatory training.
- 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.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff knew about and dealt with any specific risk issues.
- The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited by
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff gave patients and those close to them help, emotional support and advice when they needed it.
- Staff made sure patients and those close to them understood their care and treatment.
- Managers planned and organised services, so they met the changing needs of the local population.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were better than national standards.
- Staff understood the policy on complaints and knew how to handle them.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

# Summary of findings

- The service had a vision for what it wanted to achieve and a strategy to turn it into action.
  - Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
  - Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
  - Leaders and teams used systems to manage performance effectively.
  - The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
  - Leaders and staff actively and openly engaged with patients and staff.
  - All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- However
- The service's complaints policy did not set out the process for how self-funded patients could complain.

**Ann Ford**

Deputy Chief Inspector of Hospitals (North)

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Good



### Summary of each main service

This service provides vascular imaging services mainly for adults.

The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment. The service controlled infection risk well.

Staff followed national guidelines and worked together for the benefit of patients. Staff were caring and always respected the privacy and dignity of patients. Patients did not have to wait long for services. There was a good culture and staff felt respected and valued. There were governance structures in place to support services and strong patient engagement.

# Summary of findings

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Good



# Vascular Studies Unit

**Services we looked at**

Diagnostic imaging

# Summary of this inspection

## Background to Vascular Studies Unit

Vascular Studies Unit is operated by Independent Vascular Services Limited. The service opened in May 1999 and started being delivered at the Wythenshawe site in 2001. The service delivers vascular investigations to NHS trusts and independent hospitals. There are eight locations across the North West of England. This location is based in the out-patient department at the host trust and services the communities of south Manchester. It also accepts patient referrals from outside this area.

The regulated activities delivered by this provider are diagnostics and screening.

This location delivered 17,541 scans in the period April 2018 to March 2019.

The service was last inspected in February 2013 but was not rated.

This service has had a registered manager in post since 2011.

The service is accredited by the United Kingdom Accreditation Service (UKAS) based on the Improving Quality In Physiological diagnostic Services (IQIPS) standards.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

## Information about Vascular Studies Unit

The service is located in the out-patient department of the host trust and is registered to provide diagnostic and screening procedures. There are 13 clinical staff and three administration staff at this location.

Before the inspection we looked at information that the service provided to us. During the inspection, we visited the unit. We spoke with eight staff, three patients and one relative and we looked at electronic patient records, organisational policies and we observed two patient scans.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had been inspected once in 2013 and the inspection found that the service was meeting all standards of quality and safety it was inspected against.

This location delivered 17,541 scans in the reporting period April 2018 to March 2019.

Track record on safety

- no never events
- there were 38 incidents across all sites and all were rated low harm or no harm
- no serious injuries
- no incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- no incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- no incidences of hospital acquired Clostridium difficile (c.diff)
- no incidences of hospital acquired E-Coli
- four complaints across all sites.

### Services accredited by a national body:

The service is accredited by the United Kingdom Accreditation Service (UKAS) based on the Improving Quality In Physiological diagnostic Services (IQIPS) standards.

# Summary of this inspection

## **Services provided at the hospital under service level agreement:**

The service was located in the host trust which provided a range of support clinical services through a comprehensive SLA including

- infection control and clinical waste
- training and development

- housekeeping

The service also had SLA's with other organisations to provide services including

- human resources
- finance
- legal support

# 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?

We had not rated this service before. We rated it as **Good** because:

Staff received and kept up-to-date with their mandatory training, understood how to protect patients from abuse, and managed safety well. The service had enough staff to care for patients and keep them safe. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

**Good**



### Are services effective?

We do not rate this domain

The service provided care and treatment based on national guidance and evidence-based practice. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers monitored the effectiveness of the service and staff worked well together for the benefit of patients.

### Are services caring?

We had not rated this service before. We rated it as **Good** because:

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

**Good**



### Are services responsive?

We had not rated this service before. We rated it as **Good** because:

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

**Good**



### Are services well-led?

We had not rated this service before. We rated it as **Good** because:

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. The service engaged well with patients and all staff were committed to improving services continually.

**Good**







# 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
Overall	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 

We had not rated this service before We rated it as **good**.

### Mandatory training

- Staff received and kept up-to-date with their mandatory training.
- Mandatory training was provided by the organisation and by the trust at each location and the service had access to the trust training portal. The service had a spreadsheet, containing details of staff in all locations, that it used to monitor attendance and compliance with training. At the time of the inspection all staff had completed their mandatory training.
- We saw that mandatory training comprised of immediate life support, dementia awareness, equality and diversity, health and safety, infection prevention, information governance, learning disability awareness, moving and handling, aseptic non-touch technique, conflict resolution, medicines management, risk assessment and Prevent (Preventing radicalisation and extremism.)
- Staff personal records were managed electronically (there were also duplicate paper records).The system used by the service allowed alerts to be set for training.

### 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.
- There was a generic organisational safeguarding policy for vulnerable adults and children and young people. The policy was in date and had a review date and contained up to date guidance.
- All staff were trained to level two in the safeguarding of adults and children and young people as part of mandatory training. Training included information on female genital mutilation and other aspects of safeguarding.
- We were told that the locations would work with the host trust safeguarding guidelines and policies and with the trust safeguarding teams if any safeguarding issues arose. The service could access the trust safeguarding teams if appropriate.
- Children and young people were always seen on the children's ward and never in the department. This meant that children and young people were always accompanied by a health professional who was trained to level 3 in safeguarding of children and young people. The roles and competencies for child safeguarding are outlined in the "Safeguarding children and young people: roles and competencies for health care staff intercollegiate document.

### Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

# Diagnostic imaging

- There was an organisational infection control policy which was in date and had a review date. There was an infection control lead nurse for the organisation.
- Each location worked to the policies of the NHS provider where they were based for hand hygiene and use of personal protective equipment (PPE). The host trust policies were available on the providers shared drive.
- The service had links with the trust's infection prevention and control nurse if they needed any advice about a patient.
- Infection control incidents were recorded on the providers incident recording system and these incidents were reviewed and appropriate actions taken.
- There were clinical spot checks on staff to check that they were using correct PPE, hand hygiene and the use of single use equipment.
- There were hand gel stations in the waiting areas and the scan rooms with posters reminding staff and patients to clean their hands. PPE was plentiful around the department and was in every scan room and we saw that staff used it.
- We observed two ultrasound scans being conducted on patients. Staff followed good hand hygiene practices, washing their hands before and after using disposable gloves. We observed staff cleaning the ultrasound machines and probes, and the examination couch
- The scan rooms had laminated posters setting out which types of wipes could be used for different types of cleaning (general, high level, and ultrasound probe cleaning). In addition, the rooms contained wipes used to clean equipment after being used on infectious patients.
- Staff told us that if they knew an infectious patient would be coming to the department as this was included as part of the referral form. They would schedule them for the start or end of the day. The room would then be fully decontaminated before it could be used for other patients. If the infectious patient was an inpatient, staff told us that they would likely carry out the scan on the ward to reduce the risk of infection to any patients in the department.
- Clinical waste disposal pathways were displayed in each scan room, including information about disposing of single use items.
- We saw that there were single use pens and tape measures and long sleeve gowns in the scan room where the contrast procedures took place.
- A decontamination daily checklist was in every scan room which showed whether appropriate cleaning had taken place. The checklist included details of whether the examination bed, chair, foot stool, scanning equipment, suction and oxygen had been cleaned, this was up to date on the day of the inspection.
- The transvaginal probes were decontaminated using appropriate cleaning foam for endocavity transducers in addition to using sterile probe cover.

## Environment and equipment

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The areas we visited were visibly clean and tidy. There were four scan rooms each containing a scanner. The rooms contained an examination bed, ultrasound scanning equipment, and other equipment such as sharps bins and cleaning wipes, sinks and chairs for relatives and carers. The rooms were large enough for wheelchair users. There was also a room available to scan patients who had been brought to the department on a hospital bed.
- The scanning equipment was relatively new and was serviced every year by the manufacturers. The department had a quality assurance contract with the medical physics department of a nearby trust and checks were carried out every year. This included safety testing and calibration. If there were any issues they would contact the manufacturer. There was a five year warranty on the equipment from the manufacturer.
- All the scan rooms had dimmable lights so that the vascular scientists could see the scanning images more clearly.

# Diagnostic imaging

- During the inspection the department was warm and did not have air conditioning. However, the individual scan rooms did have fans to try and make the temperature more comfortable for patients and staff.
- There was a resuscitation trolley in the waiting area. The trolley and the equipment on it had been checked daily through June and July 2019. It contained up to date guidance and pathways from the Resuscitation Council (UK) for as paediatric and adult advanced life support and in hospital resuscitation. The trolley had a tamper seal.
- The fire extinguishers in the department had been serviced. There were two oxygen cylinders in the department. Both were full.
- We saw staff place engaged signs on door during examinations so that they would not be disturbed when with patients.
- There were nurse led clinics for patients with known aneurysms; these were checked for any significant increase in size. These were reported immediately and there were multi-disciplinary reviews every week where these patients were discussed. Staff from the service participated in these reviews.
- If staff found an asymptomatic aneurysm they could contact the consultant of the week or send the patients to the urgent and emergency care department. Staff could also book patients with critically ischaemic limbs into urgent slots in the outpatient clinics of vascular surgeons.
- The organisational red flag policy stated that if a vascular scientist found significant disease in a patient attending for an out-patient appointment with no scheduled follow up appointment these patients would be red flagged to make sure that they received appropriate medical attention within an appropriate timescale. A report would be produced stating “urgent vascular surgical opinion recommended”. The report would be added to the vascular secretaries fileshare allowing immediate review (an email notification would also be sent).

## Assessing and responding to patient risk

- Staff knew about and dealt with any specific risk issues.
- There was a clear process for staff to follow in case of an emergency; staff would call 2222 which linked to the hospital trust’s cardiac response team. There were emergency call buttons in each of the scanning rooms.
- The organisation had a policy which referenced the trust resuscitation policy; this was in date with a review date.
- The scanning rooms had piped oxygen and suction available if necessary. Patients who needed this type of support would always be accompanied by a nurse. Staff always asked the ward about special requirements for patients before they were brought to the department. We saw that these were noted on the referral forms.
- Staff visited patients receiving care on the critical care unit and the cardio thoracic wards to carry out any scans to help eliminate any risk associated with moving these patients.
- The department worked closely with the urgent and emergency care department at the hospital and would prioritise patients who required urgent scans including those with ischaemic limbs and patients with suspected abdominal aortic aneurysm.
- At the Wythenshawe location there were processes in place to refer patients with significant disease.
- If staff had any immediate concerns about patients, they could contact the vascular consultant of the week.
- All staff had completed basic life support training including administration staff. Most clinical staff had completed hospital life support training which was the life support training provided by the trust.
- Some staff had completed the acute illness medical training. These were staff who were involved in cannulation which occurred at the Wythenshawe site and the Oldham site.
- The department would scan patients urgently with symptoms of giant cell arteritis so that they could be treated promptly, Monday to Friday.
- In each of the scans we observed, staff checked the patient’s name and date of birth, and the reason they had attended, to ensure they conducted the scan on the right patient.

# Diagnostic imaging

- The service aimed to see people at the time indicated on their appointment letter. However, those patients that were acutely unwell and needed an urgent scan were prioritised. There was a poster in the waiting area advising patients of this.

## Staffing

- The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- The manager could adjust staffing levels daily according to the needs of patients. The service used an electronic rota system that all staff could view.
- There were 13 members of clinical staff and three administration staff based at Wythenshawe. This was the largest of the locations.
- Independent Vascular Services (IVS) was the largest independent provider of vascular ultrasound services and trainer of accredited vascular scientists in the United Kingdom. They were able to be flexible in the provision of services to meet both increases and reductions in service demand to address local requirements. IVS employed 30 fully accredited vascular scientists (approximately 10-15% of all the accredited vascular scientists in the UK) and a further 18 vascular scientists with post-graduate certificates in vascular ultrasound.
- There was a pool of trained, vascular scientists so that staff could be moved around the region to maximise efficient use of staff time without the need to carry excess staff. The pool also meant that short-term illness did not seriously effect services and staff could be relocated quickly to cover any absence.
- There was a rolling recruitment programme to support service development and address staff turnover; the service trained between four and seven new staff every year.

## Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The scanning machines could display various patient information, including the scheduled list for that day. Patient information, such as names and dates of birth,

were displayed. Whilst there was no password protection for access to these machines, staff told us that they did not leave this information on display if a patient had to be left alone in a room. During the two scans we observed, not patient identifiable information (relating to other patients) was displayed on the machines.

- The service used a computerised radiology information system (CRIS) to manage patient information and store patient records.
- Scans could be easily shared with other departments in the hospital using the picture archiving and communication system (PACS). Images were uploaded overnight. Any urgent images could be printed and sent immediately to the doctor requiring the information; this typically involved those patients being seen in urgent and emergency care. Staff would telephone doctors and discuss the scan images. For those departments in the trust that did not have access to the PACS system, scans could be saved as a PDF document that could be printed and added to patients' records.
- Any paper records were stored securely, and the organisation had a service level agreement with a company for off-site secure storage. The service was trying to be paper free by December 2019.
- On the intensive care unit and the cardiothoracic unit staff directly added their report onto the electronic patient record.
- The service had good links with the trust and had plans to work with them on an electronic patient record system when it was implemented.

## Medicines

- The service did not use or store any medicines. Contrast that was used for some procedures was stored in a locked cupboard in one of the scanning rooms.
- There was a patient specific directive for the contrast agent that had been agreed with the trust vascular pharmacist.

# Diagnostic imaging

- At the Wythenshawe site some staff members could cannulate patients for the use of contrast for diagnosis and research purposes. Staff had received training from the trust to allow them to cannulate patients.

## Incidents

- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The organisation had its own electronic incident reporting system so that staff could record and report any incidents. Any serious incidents were communicated to the operations team for immediate investigation. A log was kept of all incidents on the shared drive so that incidents could be reviewed, and trends identified. Information from incidents was used in training and scenario planning. All incidents were discussed at board level.
- Incidents were graded low, medium or high. The spreadsheet recorded other information such as the deadline for responding to the information and any learning outcomes.
- We saw that there had been 38 incidents reported across the sites. Most of these were about equipment issues and one was a patient fall without harm. All were graded low risk.
- Appropriate incidents were referred to the host trust so that there was dual reporting of incidents.
- Staff we spoke with could describe what Duty of Candour was, though there had been no incidents where it had been applicable.

## Are diagnostic imaging services effective?

We do not rate effective

## Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- The service was accredited by the United Kingdom Accreditation Service (UKAS) and had various reviews every year to ensure they were providing effective care and treatment.
- Independent Vascular Services Limited had three members of staff on the Society for Vascular Technology (SVT) board, including the current vice president of the society. As part of their roles on various committees they got early access to Department of Health, Society for Radiographers and SVT strategic plans, initiatives, training programmes, quality assurance measures, guidelines for vascular ultrasound which allowed early implementation.
- The service followed National Institute of Health and Care Excellence (NICE) guidance on deep venous thrombosis scanning.
- New guidance from NICE or from the Society of Radiographers would be discussed at the bi monthly board meetings and then disseminated to all the locations for implementation. This would be in agreement with the host trust.
- The service stored all policies on a shared drive that staff had access to.
- The service attended the Vascular Society's annual scientific meeting. This conference included talks by various experts in vascular sciences.
- We saw that the service was using the trust deep venous thrombosis pathway.

## Pain relief

- Staff told any patients who were in pain to inform them and they would stop the scan. For in-patients who would be likely to be in pain due to the scanning staff would liaise with the ward to increase pain relief before the scan.

## Patient outcomes

# Diagnostic imaging

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- There was an internal audit schedule for the organisation. Audits included infection control, mandatory training, health and safety, equipment and servicing, customer satisfaction, staff survey, risk assessment, document control, training and staff rota.
- There were interstaff scan audits so that a second qualified member of staff completed the same scan and compared results. This was done every three months and staff had to complete a minimum of eight carotid, abdominal aortic aneurysm, arterial and venous audits. Completed audits were saved on the shared drive.
- The service was looking at 10% of all its scans to be audited. Any significant differences in the scan audits were highlighted to the operational director and the clinical training officer so that staff could undergo additional training.
- Audit results were fed back to staff at meetings and at the annual update meeting.
- The service carried out clinical spot checks that checked correct patient identification, consent, adherence to protocols and infection control issues.
- All staff were encouraged to ask for a second opinion if they were unsure about the results of any scan, we saw that staff, including senior staff asked each other about scan results.
- There was a training team with a clinical training manager and three clinical training officers. The team had oversight of all aspects of the training and organised teaching sessions to support trainees through their exams and gain the competencies necessary for the role. Each trainee had a mentor to support them through their training who was from the trainees base hospital.
- There was a comprehensive training handbook for all new trainees including information on the training pathway and the training checklist. There was a new starter checklist for the induction of all new staff.
- New staff completed a postgraduate certificate in their first year and then there were examinations from the Society for Vascular Technology (SVT) who were the governing body of the profession. On completion of these exams, staff had to have been scanning for at least three years and completed a minimum number of scans, staff were then eligible to sit a final practical examination to become an accredited vascular scientist.
- When trainee staff were ready, they underwent competency audits for each scan modality. When each audit was completed satisfactorily, they could complete scans without getting them checked. Each scan modality had different criteria, the audits were recorded electronically, and the results were stored on the organisation's shared drive.
- Staff involved in research had additional training before they could partake in any studies. This included "how to conduct good ethical research". The training records for this training were kept as part of the information stored about the research project.
- Two members of staff had competencies for the delivery of contrast, this training was through the trust.
- There was an annual study day for all staff; the 2019 day was to be held in September and the agenda included some learning from a complaint.
- Following accreditation staff were encouraged to continue their development and staff had to undergo continuing professional development to maintain their accreditation. Staff were encouraged to develop new techniques, to present at conferences and lecture at universities.

## Competent staff

- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.
- All staff had a completed appraisal at the time of the inspection. The operations manager completed the appraisals for the managers and then the managers completed the appraisals for their staff. There was appraisal guidance for staff on the staff intranet.
- The service tended to over recruit new staff for workforce development. New staff were interviewed and staff with a degree in a biological science were preferred, experience in health care was also an advantage.

# Diagnostic imaging

- There were learning sessions for staff on interesting scan results.
- Staff provided training and sessions to local universities. The department was putting on training for the vascular surgeons at the trust where they worked.

## Multidisciplinary working

- There was a weekly multidisciplinary team meeting with the vascular department at the local trust to discuss any complex patients. The research manager also attended these meetings to establish whether there were any suitable candidates for research programmes.
- During their training staff were encouraged to work with other health professionals in the trust including specialist nurses and radiologists.

## Seven-day services

- The service provided a seven day service to four NHS trusts including the trust where this service was based.
- The service was open Monday to Friday 8am to 6pm, and at weekends (Saturday 9am to 11am, and Sunday 9am to 10.30am).
- At weekend there was a qualified staff and an assistant who performed urgent out-patient scans and in-patient scans.

## Health promotion

- The waiting area contained information about smoking cessation and gave contact details for a nurse that could provide ongoing advice and support.
- There was information on the walls about healthy legs.

## Consent and Mental Capacity Act

- Mental capacity act training was part of the safeguarding training and the equality and diversity training.
- Staff we spoke with understood mental capacity and described incidences when they had taken patients mental capacity into account; this included patients with dementia and cognitive impairment when obtaining consent.

- The service used verbal and implied consent for scans, unless they were undertaking intimate scans or research when they would request written consent. For the two scans we observed staff asked the patient whether they understood what scan they would be having and whether they were happy to proceed.
- Consent was included as part of the training handbook for all new staff.
- Staff training for research included good consent practices for patients involved in research studies.

## Are diagnostic imaging services caring?

Good 

We have not rated this service before. We rated it as **good**.

## Compassionate care

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- We saw that staff wore name badges and introduced themselves to patients. Patients were always asked if trainees could observe a scan.
- The organisation carried out its own patient survey. Each location was set a target for each quarter of the year. In the period April 2018 to March 2019 we saw that 4237 patients completed the survey; this was against a target of 3400. Results showed that 97% of patients rated the service as good or excellent.
- The service could arrange chaperones for any patients that wanted them. There were signs in the waiting areas and in the scan rooms.
- We spoke with two patients who were very positive about the service. The patient survey also provided additional information about compassionate care
- When observing the scans we saw that staff were very friendly and reassured the patient at each step of the scan. They checked with the patient whether they were in any pain during the scan and checked their understanding of the procedure.

# Diagnostic imaging

- Staff maintained patients' privacy and dignity. They ensured that engaged signs were placed on scan rooms doors during examinations. Curtains could be pulled around the scanning areas and there were changing areas with curtains when patients needed to undress. Staff always knocked when they wanted to enter an occupied scanning room.

## Emotional support

- Staff gave patients and those close to them help, emotional support and advice when they needed it.
- We spoke with two patients. They told us that they did not have to wait for their scans and that they felt informed. They told us that staff were "very kind".
- We observed two patient scans. In each case staff were very friendly and reassured the patient at each step of the scan. They checked with the patient whether they were in any pain during the scan and checked their understanding of the procedure.
- We observed an interaction between staff and a patient, staff provided reassurance to a patient who was concerned about their scan.
- Staff could describe an occasion where they had scanned a patient that had extreme phobias. They were able to calm the patient and carry out the scan. Staff received good feedback from the patient and their family.

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

- Staff made sure patients and those close to them understood their care and treatment.
- The appointments were long enough for patients to ask any questions. We observed two scans and staff took their time and answered any questions the patients had. Patients were not rushed by staff, there was enough time for each patient appointment.
- Staff told us that they always made sure that patients knew why they had come for scanning in the department.
- We saw that a member of staff had stayed late to see a patient who was late for their appointment.

## Are diagnostic imaging services responsive?

Good 

We have not rated this service before. We rated it as **good**.

## Service delivery to meet the needs of local people

- Managers planned and organised services, so they met the changing needs of the local population.
- There were four scan rooms and a waiting room, a research office and another large office in the department which was in the out-patient department of the hospital. Staff staggered their start times so scans were available from 8am to 6pm.
- There was a seven day service for patients with a suspected deep venous thrombosis referred from their GP to the host trust's acute medical referral unit. A seven day scanning service was available for patients with a suspected transient ischaemic attack.
- Seven out of 10 clinics were one stop clinics. Patients arrived from the clinic with a nurse who brought their record. Patients had their scan and returned to the clinic, the scan was reported on and the staff member took the report to the clinic, so the patient could receive the results. The report was scanned onto the computerised radiology information system.
- Referrals could be made to the department by GPs, consultants and staff including some specialist nurses including the tissue viability nurses.
- All appointment letters contained patient information with any scan requirements for example, if they needed to remove any clothing.
- The department was clearly signposted in the hospital.
- The waiting area had enough seating for patients. There was also an area where in-patients arriving on hospital beds could wait.
- Staff had training in moving and handling which was part of mandatory training. There were moving and handling aids such as sliding boards, banana boards

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and slide sheets to help staff to move patients safely. There was a hoist for patients that the nurses could use to move patients ready for their scans. The mobility of the patient was an important factor in the scanning of the patient.

- The department was accessible by wheelchair and there was space in the scanning rooms for a hospital bed. There was a wheelchair accessible toilet in the department.
- The service was easily accessible by public transport.
- The service had patient information leaflets available regarding abdominal aortic aneurysms, angiograms, leg ulcers and deep vein thrombosis

## Meeting people's individual needs

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Staff told us how they made reasonable adjustments for patients using the service.
- There was a patient transport policy which provided information about access to each unit, on foot, by ambulance or in wheelchairs. There were contact numbers for appropriate patient transport services and portering services.
- The service received referrals from the intermediate care unit that was on the trust site. There were two to three referrals a week, usually for a suspected deep venous thrombosis and the patients were brought to the unit by ambulance. A member of staff said that they had done a ward visit for a palliative patient on the unit.
- Staff said that they had visited the mental health unit that was on the hospital site to see a patient who was unable to attend the unit.
- The examination couches in each scan room were suitable for patients, up to 225 kg with one couch suitable for bariatric patients.
- The service used manual sphygmomanometers and there were a variety of sizes of cuffs to meet patient need.

- The service could arrange interpreters, including sign language interpreters, for those patients who did not speak English as a first language and who might have difficulty understanding the scan procedure. This was done through the hospital interpreting service. We saw that referral letters stated if a patient needed an interpreter.
- Referral forms to the department included information about patient mobility, if they needed an interpreter, any disability they may have and any infection control issues.
- Staff could describe an occasion where they had treated a patient with autism. To help manage that patient's anxiety, they sent them a pictorial journey of what would happen on the day on the scan.
- All transvaginal scans were undertaken by a female member of staff and patients could ask for a chaperone.
- The waiting area contained information for patients about what they could expect to happen during the scan.
- The waiting area and staffing area displayed information about the lesbian, gay, bisexual, and transgender foundation. All staff received equality and diversity training as part of their mandatory training.

## Access and flow

- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were better than national standards.
- The one stop clinics allowed patients to have their scans and see the consultants with the results on the same day, this saved time and money and patients only had to make one trip to the hospital. This was particularly good for patients who came by ambulance.
- The service offered a fast track walk in service for deep vein thrombosis, and temporal arteritis patients.
- Patients waited between three to four weeks for a routine outpatient scan.

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- Patients could be seen within the hour if referred urgently from an out-patient clinic. Nursing staff would bring the patients to the department with their written hospital records. Qualified staff could make verbal reports, but this was only to clinical staff that they knew.
- The service displayed waiting times in the waiting area – there was no wait on the day of inspection. The service said that most patients were seen within a few minutes. This was what we observed on the day of inspection.
- The patient survey showed that 98% of patients were seen on time or early.
- Scans were reported on immediately after they had been completed so that patients and clinicians received the reports straight away.
- If a patient failed to attend for an appointment, they would be reappointed. If they failed to attend twice the referral was returned to the referring clinician. The one stop clinics kept the did not attend rates low.

## Learning from complaints and concerns

- Staff understood the policy on complaints and knew how to handle them.
- The service had its own complaints policy and aimed to respond to complaints in three days and to resolve complaints in 10 days. As the service was providing services for the NHS some complaints were received via the appropriate trust complaints service and the organisation worked with the trust to resolve the complaint. There was information around the department about how to complain about NHS treatment.
- Patients could make complaint by telephone or through a website enquiry. The service worked with the trust Patient Advice and Liaison service (PALS) to address any complaints that were received about their service and as the majority of patients were referred by NHS organisations (inpatients or GP referrals), the referring organisation would investigate the complaint with the service and provide a response.
- The service had a complaints policy that set out the process for complaint investigations. This included reference to the Parliamentary and Health Service

Ombudsman should patients not be satisfied with the service's final response. There was no reference to any adjudication service for privately funded patients in the service's complaints policy.

- The service had very low levels of complaints (less than 0.2% of patients had complained about the service).
- Each complaint was reviewed at board level, and any learning was shared with all staff by email. The service explained that there had been a complaint made by a member of staff from the trust about a specific area of staff knowledge; in response, the service had arranged update training for staff in September 2019 as part of the national study day.
- The service did not keep files for each complaint received. Each complaint was instead logged onto a spreadsheet, along with incidents and compliments. The spreadsheet contained details of the complaint, the service's response, whether the response had been sent to the trust within three days, and any learning outcomes.
- The lead clinician would email staff the learning from any complaints.

## Are diagnostic imaging services well-led?

Good 

We have not rated this service before. We rated it as **good**.

## Leadership

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Independent Vascular Services Limited had three members of staff on the Society for Vascular Technology (SVT) board, including the current vice president of the society. As part of their roles on various committees the organisation could access

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Department of Health, Society for Radiographers and SVT strategic plans, initiatives, training programmes, quality assurance measures and guidelines for vascular ultrasound.

- The operations director visited all the sites at least once a year.
- We saw evidence of leaders being developed, including a unit manager who was being supported to complete an accredited human resources course.
- There were training sessions for managers every year from a national company providing advice on workplace relations and employment law.

## Vision and strategy

- The service had a vision for what it wanted to achieve and a strategy to turn it into action.
- The organisation had a five year business plan with an aim to try to diversify some of the services so there was less reliance on NHS funding. This was part of the vision for the organisation.
- At the all staff annual general meeting, the board presented the short, medium and long term goals for the organisation.
- The service had received a grant for a telemedicine project that would help to reduce repetitive strain injuries for the staff, this was round scanning for various vascular conditions.
- The service aspired to develop a 'training school' service which could be provided to organisations to train their staff.
- The service had quality objectives that the staff signed up to. These were focused on providing a quality service.

## Culture

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Staff enjoyed working for the service and there appeared to be a positive culture. We witnessed examples of staff supporting each other to undertake difficult scans. Many staff had worked for the service for a long time.

- The staff survey included information about the health and wellbeing and staff, primarily related to repetitive strain injuries associated with performing scans. The service had introduced some measures to help including laptops stands, different types of chairs and massage sessions for staff (at reduced rates).
- The service had an all staff email group where people could share ideas.
- There was a toolbox talk every morning where staff could discuss any issues they might face that day and any support they might need.
- Positive feedback from patients and from the trust was fed back to staff.

## Governance

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Indemnity insurance was provided through Society of Radiographers.
- The department manager attended meetings with staff and clinicians with the hospital vascular directorate. The manager would present a report which included waiting times and any other issues. The meetings were typically held monthly, but we were told that they did not always happen due to the time pressures on the trust staff.
- There were bi-monthly board meetings where issues such as staffing and regulatory issues were discussed, along with clinical audit results and any ongoing complaints or incidents. Performance data and contractual performance was also discussed. Other agenda items included research funding and developments and Brexit. There was also a finance report
- There were bi-monthly business development meetings attended by senior managers from all sites. We saw that action points from the previous meetings were discussed. Agenda items included any equipment issues, staffing and research. Action points were listed at the end of the meetings.

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- One of the vascular scientists had been appointed as clinical governance lead for the service, they would be leading all the inter-staff audits.
- Managers at each location organised their own team meetings to meet the needs of that service; Wythenshawe had monthly staff meetings.
- The service provided monthly performance reports to the hospital trust. These reports included waiting times for scans. There were also meetings every three months with the trust to discuss performance.
- The research lead supported the governance for each research project. Staff who worked on research projects received study specific training for each of the protocols they were involved in. There was a separate folder on the shared drive for research and only staff involved in the work had access to this folder.
- The organisation used a human resource company to support their personnel records and provide some on-line training.
- The service had nine key performance indicators that were set by the trust. These included all patients to be seen within 42 days, in-patients referred before midday to be seen within 24 hours, 95% patient satisfaction with 40% of patients completing the questionnaire and hard copies of reports produced immediately and transferred to the picture archiving and communication system (PACS).
- The service had a quality auditor who visited different sites auditing systems and processes.
- The service was in the process of setting up a performance dashboard for each site. This would allow managers to view their own performance and benchmark it against other sites.
- There were audit meetings to review the performance of staff and highlight any issues that had come up in the audit process and discuss any training that needed to be put in place to support staff. There was also an audit report that was produced every year.
- There was a risk management policy with supporting guidance for the organisation, the policy was in date and had a review date.
- Each location had a risk register. This was mainly about health and safety issues, and risks were not linked to the specific themes of the organisation.

## Managing risks, issues and performance

- Leaders and teams used systems to manage performance effectively.
- Independent vascular services were the only vascular service to achieve United Kingdom Accreditation Service accreditation (UKAS). Imaging services accreditation is a patient-focused assessment and accreditation programme that was designed to help diagnostic imaging services ensure that their patients received high quality services, delivered by competent staff working in safe environments.
- The UKAS definition of accreditation is a formal recognition that an organisation is competent to perform specific processes, activities or tasks in a reliable, credible and accurate manner.
- The UKAS accreditation meant that the location was delivering a high quality service and gave assurance to the organisation about the delivery of the services at this location.
- The organisation was accredited by ISO 9001, this is an international quality management system where organisations must meet seven quality management standards.

## Managing information

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- The service worked with the host trust and used information from both services to improve the service. We saw examples where the service and the host trust had worked together and issues were not missed by either organisation when dual reporting. This included incidents and complaints.
- The organisation had an information security policy that was in date and had a review date.
- Information governance was part of mandatory training. The organisation had no data breaches.

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- All computers were password protected and 128-bit encrypted, this is one of the most secure encryption methods used in modern encryption. Staff used encrypted USB sticks when electronic data needed to be transferred. There was a back-up policy for information.
- The service was compliant with the General Data Protection Regulation and had developed new policies and procedures to support staff with the regulation.
- There were risk assessments for information security including unauthorised access to database and paper records.
- There was a data management plan for each research project which included all the documents relating to the project including all patient related documents. There was also insurance documentation and a copy of the curriculum vitae of everybody involved in the project to meet the requirements of the .

## Engagement

- Leaders and staff actively and openly engaged with patients and staff.
- The unit used an electronic pad to collect feedback from patients. The organisation carried out its own patient survey. Each location was set a target for each quarter of the year, In the period April 2018 to March 2019 we saw that 4237 patients completed the survey; this was against a target of 3400. Results showed that 97% of patients rated the service as good or excellent, 97% of patients found the information provided by the service was helpful, 98% of patients were seen on time or early and 99% considered vascular studies premises to be very clean.
- The electronic pad used for the patient survey had large buttons so that it was easier to use for older people and a touch screen, results were immediately uploaded and recorded with results fed back to staff.
- The service carried out a staff survey each year and there had been a 74% response rate to the last survey. Positive results were staff having the skills and tools to do their job, career pathway, and feeling supported. There were some issues that were identified as requiring attention. This included staff pressures in

some sites where staff who had been in the service for a long time had left. The service told us that the notice period of staff leaving meant that they could put measures in place to support the others.

- The service completed risk assessments on each member of staff, these included an assessment of work related stress and non-work related stress to assess the well- being of the staff member.
- The service produced a newsletter for staff, this was comprehensive and included staff information, feedback on conferences and events, research updates and good news stories from staff.
- The company paid bonus payments which were dependent on staff performance.
- The service tried to minimise lone worker situations.
- There were staff events including a summer picnic, Christmas parties and it was the 20th anniversary of the company being set up and a celebration event was planned. This would be held on a Saturday so that everyone could attend.

## Learning, continuous improvement and innovation

- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- There was a research lead in the service who co-ordinated the research and the governance for the research for the organisation. There were several ongoing research projects in the department. They worked closely with the research department of the trust where they were based.
- Independent vascular services were currently working in partnership with two international partners to develop new software and three dimensional (3D) ultrasound techniques. These techniques had the potential to improve diagnostic accuracy, reduce costs and improve service efficiency.
- There was work ongoing which was looking at a 3D scan replacing the need for a magnetic resonance imaging scan (MRI) or a computerised tomography (CT) scan. The 3D scan would take 28 seconds which is considerably quicker than a CT or MRI scan which

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would save time and money and be more accessible for patients. There was also a benefit for staff as the speed of the scan meant that there may be less risk of repetitive strain injury.

- The 3D scanning could image the arterial supply through the carotid arteries and when developed could possibly be used in urgent and emergency care departments to give a quick diagnosis of life threatening conditions.
- There was also work on scanning the long saphenous vein in theatre for patients who were having a coronary artery by-pass graft to ensure the suitability to be used as a graft prior to the procedure.
- The service had produced 10 published articles in peer reviewed journals.
- The proposed National Institute of Health and Care Excellence guideline on abdominal aortic aneurysms were on hold at the time of the inspection. The service had assessed the research priorities outlined by the guideline and was working on research in this area.
- The service was looking at scanning fistulas in renal patients who required dialysis. An arteriovenous (AV) fistula is a connection, made by a vascular surgeon, of

an artery to a vein and provides good blood flow for dialysis. By using 3D ultrasound to image arterio-venous fistulas service providers would be able to identify problems with the fistula that may prevent it from working to the same degree as current ultrasound technology while reducing the risk of repetitive strain for staff.

- There was a randomised control trial for a study for pelvic varices leading to pelvic congestion. National Institute of Health and Care Excellence
- guidelines which may allow women to have NHS treatment for this condition as currently treatment is not available on the NHS.
- The service was looking at setting up a training school for the accreditation of vascular scientists
- The service was considering the development of a quality assurance service for other vascular laboratories.
- Some staff members had travelled abroad to support the setup of vascular services and ongoing patient treatment. We saw that staff members had travelled to the Gambia and Ethiopia.

# Outstanding practice and areas for improvement

## Outstanding practice

- The service had a culture of continuous learning and development. They were researching different applications of vascular ultrasound that would provide alternatives to conventional diagnostic screening such as magnetic resonance and computerised tomography. This would support improved outcomes for patients with reduced costs to services.
- The service provided a comprehensive training and development programme for accredited vascular scientists. This programme provided their future staff.
- The service reported on all scans immediately following the scan; this enabled clinicians to have immediate access to scan results so that they could commence patient treatment plans.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should adjust the complaints policy to be able to respond appropriately to complaints from self funding patients.