

Scan Assure Medical Ultrasound Limited

# ScanAssure Medical Ultrasound

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings


## Overall summary

We rated it as good because:

- The service provided mandatory training in key skills to all staff.
- 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 and they kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment.
- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress.
- The service planned and provided care in a way that met the needs of local people and the communities served.
- People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received.
- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- 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. Leaders and teams used systems to manage performance effectively.

# Summary of findings

## Our judgements about each of the main services

| Service                           | Rating   | Summary of each main service   |
|-----------------------------------|--|--|
| Diagnostic and screening services | Good  | Our rating of this service is good. See the summary above for details. |

# Summary of findings

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# Summary of this inspection

## Background to ScanAssure Medical Ultrasound

ScanAssure Medical Ultrasound is operated by Scan Assure Medical Ultrasound Limited. The service is registered with CQC to provide diagnostic and screening procedures. There had been a registered manager in post since 09 March 2011.

The service provided non-obstetric diagnostic ultrasound imaging services as part of a contract with local clinical commissioning groups (CCGs) for adult patients only. The service primarily serves the community of Bolton. The service also provided diagnostic ultrasound imaging services, including obstetric scans to privately funded self-referred adult patients only.

We last inspected the service on 06 July 2013. The service was not rated at our last inspection and was found to have met all required standards.

## How we carried out this inspection

This was an unannounced inspection. The inspection team was made up of two CQC inspectors. We spoke with the registered manager who was also the clinical lead, a scan assistant and three patients and relatives. We reviewed three patient booking records and four staff records.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

# Our findings

## Overview of ratings

Our ratings for this location are:

|                                   | Safe | Effective               | Caring | Responsive | Well-led | Overall |
|-----------------------------------|------|-------------------------|--------|------------|----------|---------|
| Diagnostic and screening services | Good | Inspected but not rated | Good   | Good       | Good     | Good    |
| Overall                           | Good | Inspected but not rated | Good   | Good       | Good     | Good    |

# Diagnostic and screening services

|            |   |
|------------|---|
| Safe       | Good                     |
| Effective  | Inspected but not rated  |
| Caring     | Good                     |
| Responsive | Good                     |
| Well-led   | Good                     |

## Are Diagnostic and screening services safe?

Good 

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Staff received and kept up-to-date with their mandatory training. The service used a mixture of electronic online training and face to face training.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training modules included adult basic life support, prevent radicalisation awareness, equality, diversity & human rights, data security awareness, freedom to speak up, fire safety, infection control and prevention, health, safety & welfare, conflict resolution, manual handling and information governance.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service kept electronic records which showed 100% compliance with all relevant mandatory training modules for all staff. There was a process in place to track staff mandatory training compliance and the service proactively booked training that was due to become expired.

### 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.**

Staff received training specific for their role on how to recognise and report abuse. All staff had completed safeguarding adults level one and level two training and safeguarding children level one and level two training. The safeguarding lead had completed level three safeguarding adults and safeguarding children training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with were aware of potential signs of physical and psychological abuse and neglect. Staff we spoke with were also aware of female genital mutilation (FGM) and the actions to take in the event of identifying a patient at risk. The service displayed policies and procedures in scanning rooms which supported staff in taking appropriate actions in response to an FGM concern.

# Diagnostic and screening services

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew how to make a safeguarding referral and who to inform if they had concerns. All staff were aware who the safeguarding lead was and how to contact them. We spoke to the safeguarding lead who provided examples of safeguarding concerns staff had raised and how these were shared with relevant local authorities. We saw that the service held an electronic safeguarding log which documented safeguarding concerns and actions taken.

## 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.**

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. During our inspection we observed that staff cleaned equipment and furniture in the scanning room after each patient.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed cleaning records and found that staff consistently completed cleaning records for the environment and equipment.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with personal protective equipment (PPE) such as gloves, aprons and masks. We observed that the service supplied single sterile sachets of ultrasound gel that were used by staff for invasive ultrasound scans to ensure sterility during these types of procedures.

Staff cleaned equipment after patient contact. Staff cleaned and decontaminated ultrasound probes in line with the service's policy. The policy for decontamination of ultrasound probes followed the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA) medical device alert for the decontamination of reusable transoesophageal echocardiography, transvaginal and transrectal ultrasound probes (transducers).

## 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 service had suitable facilities to meet the needs of patients' families. There was disabled ramp access to the building in which the service was situated within. At the time of our inspection people using the service arrived in a joint reception area for other services. There was seating and a water cooler machine within the joint reception area. The scanning room was situated on the ground floor and was well equipped, including an ultrasound scanning machine, examination couch, equipment trolleys and a computer for staff to access patient information and details.

The service had enough suitable equipment to help them to safely care for patients. The service had two mobile ultrasound scanning machines. The ultrasound scanning machines had been serviced annually as per the manufacturer's guidance. The service had an agreement in place that if a repair or service of an ultrasound scanning machine was required that a temporary replacement was provided by an engineer which prevented any potential disruption to the service. The registered manager advised in the event of an ultrasound scanning machine fault; the service also had access to a spare ultrasound scanning machine. The building the service was located within had an interruptible power supply and the ultrasound scanning machines also had a battery power pack which it could run on in the event of a power outage.

Staff disposed of clinical waste safely. We saw that clinical waste and general waste was appropriately bagged and segregated by staff. Clinical waste was disposed of under an agreement with the landlord for the building.



# Diagnostic and screening services

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration**

Staff responded promptly to any sudden deterioration in a patient's health. In the event of an emergency such as a cardiac arrest all staff we spoke to knew to call emergency services for an ambulance. The service had pocket masks in the scanning room for staff to use during cardiopulmonary resuscitation (CPR).

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service used the 'paused and checked' system, as per the joint guidance from the Society and College of Radiographers (SCoR) and the British Medical Ultrasound Society (BMUS). We observed that sonographers' checked patients' full name, date of birth and first line of address, as well as checking the area of the patient's body that was due to have ultrasound scan images taken.

Staff knew about and dealt with any specific risk issues. The service had a process in place that staff followed if any incidental or significant findings from reports were escalated to the referrer. Staff told us dependent on finding's patients may be referred to go to an urgent and emergency department, or to their GP or midwife if the findings of an obstetric scan required this.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank staff a full induction.**

The service had enough clinical and support staff to keep patients safe. Clinical staff consisted of two sonographers and a scanning assistant. The service also had an administrative member of staff that managed patient appointment bookings.

The manager could adjust staffing levels daily according to the needs of patients. The service had a service level agreement with a sonographer who worked at the service as required and dependant on service demand or in the event of unplanned absence. The sonographer was familiar with and understood the service, had received a full induction and their completion of all required mandatory training was continually monitored by the service.

## 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.**

Patient notes were comprehensive and all staff could access them easily. Patient records included the scanning referral form, ultrasound scan images and a sonographer's report. We reviewed three sets of patient records and found they were all fully completed.

Records were stored securely. All patients' records, ultrasound scan images and sonographer's reports were stored on a secure patient electronic record system. Staff emailed NHS patient reports back to the referrer via secure email the same day. For private patients, if the patient consented, staff sent a copy of the report to their GP. The service also secure encrypted ultrasound scan images and reports on CDs and USBs that were delivered by hand to referrers if they did not have access to an email account that was secured. If a report finding was urgent, staff contacted the referrer immediately via a telephone contact and email.

# Diagnostic and screening services

## Medicines

**The service did not prescribe, administer or store medicines.**

## 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.**

Staff knew what incidents to report and how to report them. Staff we spoke with were aware of the types of incidents that could occur and how to report these on the electronic incident reporting system. Managers of the service were responsible for conducting investigations into all incidents. Staff raised concerns and reported incidents and near misses in line with the service's policy. Over the last 12 month period the service had reported that seven incidents had occurred within the service.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. The service had not needed to enact the duty of candour, though staff we spoke with understood the need to be open and honest with patients where incidents occurred and were able to describe how they would do this. The service had an incident policy that supported staff to enact the duty of candour.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met weekly in team meetings to discuss learning from incident investigations.

## Are Diagnostic and screening services effective?

Inspected but not rated 

## 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.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. During our inspection we reviewed a selection of policies and found that these were all within their review date and had been ratified and approved for use. Policies were accessible to staff via an electronic system.

Managers told us that they met regularly and reviewed guidance from the British Medical Ultrasound Society (BMUS), the Royal College of Radiologists (RCR) and the National Institute of Health and Care Excellence (NICE) and updated the services' policies, procedures and guidance accordingly.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain.**

Patients undergoing an ultrasound diagnostic scan do not routinely require pain relief, however we observed that sonographers checked to ensure patients remained comfortable throughout their scans and asked if patients experienced tenderness or were uncomfortable as they moved the ultrasound probe over the area being scanned.

# Diagnostic and screening services

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

Managers used information from the audits to improve care and treatment. The service had an internal peer review system, 5% of ultrasound scan reports were peer reviewed regularly to ensure that image quality and scan reports were of a good quality.

Outcomes for patients were positive, consistent and met expectations, such as national standards.

Patients' diagnostic pathway was not delayed. The key performance data showed that 100% of patients were triaged within 24 hours referrals being accepted by the service between October 2021 and December 2021. Performance data showed that 100% of ultrasound scans took place within 20 days between November 2021 and December 2021 and during the same period 100% of scans were uploaded on to the picture archiving and communication system (PACS) within 24 hours of when the scan had been conducted.

## 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 development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service only employed sonographers that had completed a postgraduate course in medical ultrasonography. All sonographers that worked within the service were registered diagnostic radiographers with the health and care professions council (HCPC). Scanning assistant staff underwent a competency based training programme. We saw that the service had a system that documented the types of scans and tasks each member of staff was competent to undertake.

Managers told us that a full induction would be provided to new members of staff before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. We saw that 100% of staff, including administrative and clinical staff had completed an annual appraisal. Staff we spoke to felt that appraisals were meaningful and enabled them to access support and training to develop their skills and knowledge.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Meetings were well attended by staff and managers, key information was also shared via email.

## Multidisciplinary working

**Staff worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Managers, sonographers, scanning assistants and administrative staff met regularly to discuss patient appointment bookings and to manage the service.

Staff worked closely with GPs that referred patients into the service to enable patients to have a prompt diagnosis. If concerns were identified from scans, they escalated them to the referrer, or advised them to attend an urgent and emergency department or organised a midwife to contact them if an obstetric scan.

# Diagnostic and screening services

## Seven-day services

**Services were available to support timely patient care.**

The service was open Monday to Friday 9am to 5pm. However, the registered manager told us the service flexed the hours they were open dependent upon the patient demand for the service.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**

The service had relevant information promoting healthy lifestyles and support in patient areas. The service had leaflets on display within the service for health screening packages.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Relevant staff training compliance for Mental Capacity Act 2005 mandatory training module was 100%.

Staff made sure patients consented to treatment based on all the information available. Patient consent for ultrasound scans were obtained by the referrer. Sonographers verbally checked patient consent before the scan. We observed during our inspection that staff provided information relating to the benefit and risks of the scan prior to when the scan started.

## Are Diagnostic and screening services caring?

## Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. During our inspection we observed four patients undergoing an ultrasound scan by staff and saw that staff were courteous and kind in their manner, and respected patient's privacy and dignity during intimate scans. We also observed that a scan assistant was always present with the sonographer who acted as a patient chaperone. During our inspection we saw that all staff introduced themselves by name and explained their role to patients.

Patients said staff treated them well and with kindness. During our inspection we spoke to three patients and relatives who all told us that staff treated them in a caring manner. One of the questions on the service's patient experience survey asked patients if staff showed care and respect during their appointment. The service consistently received high levels of positive feedback for this question.

# Diagnostic and screening services

Staff followed policy to keep patient care and treatment confidential. We saw that staff closed doors in the scanning room to ensure that conversations could not be overheard in other areas of the building.

## Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. During our inspection we observed that staff were empathetic and understanding when delivering bad news to patients. We saw that there were quiet rooms available where patients and relatives were spoken with to explain bad news and explanations were given the necessary time and not rushed. Staff were compassionate and arranged the involvement of the required healthcare professionals in treatment pathways when dealing with concerning findings.

We observed that patients were able to bring relatives to support patients if required. Patients and relatives we spoke with felt staff were supportive, kind and understanding and relatives felt included in care.

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

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. The bookings team text messaged each patient prior to their scan with instructions on how to be prepared for their ultrasound scan.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service displayed patient feedback surveys within the service. The service also had a 24/7 phoneline to the director of the service who patients could call to provide feedback.

Patients gave positive feedback about the service. The service ran a patient experience survey which was consistently complimentary and positive about the care provided by staff and the service.

## Are Diagnostic and screening services responsive?

## Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services so they met the changing needs of the local population. The service operated under contracts from local clinical commissioning groups (CCG) to provide non obstetric ultrasound scans to adults only. The service also provided diagnostic ultrasound imaging services, including obstetric scans to privately funded self-referred adult patients only. The registered manager told us they were in regular contact with the CCGs which provided the opportunity to assess the needs of local people. The service provided extra clinics when referral rates were high to ensure patients were scanned without long delays.

# Diagnostic and screening services

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. Patients required to undergo multiple scans were booked together to prevent multiple attendances to the service.

Facilities and premises were appropriate for the services being delivered. The service had access to a disabled toilet and there was permanent disabled ramp access to the building. The service was situated on the ground floor of the building it was located within.

Managers monitored and took action to minimise missed appointments. Patients booked their appointments through the choose and book service when referred by their GP. A text message reminder with preparation details was sent to the patient the day before their appointment. The service had a low patient did not attend rate. Managers ensured that patients who did not attend appointments were contacted. If a patient did not attend they were followed up by the bookings manager for an alternative appointment, if a patient did not attend on multiple occasions they were referred back to the referrer.

## 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 made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The referral form had a box for the referrer to identify any additional needs the patient may have. If a patient had a particular need such as a phobia, learning disability or physical disability longer appointment times were allocated to ensure patient care needs could be met by staff during a scan.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to interpreters and signers for patients that were non-English speaking.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. When patients were referred by their GP for an ultrasound scan, patients were able to choose their preference from a list of differing services and appointment dates and times through the choose and book service. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Managers monitored and submitted performance data monthly to CCGs that demonstrated the service consistently exceeded waiting times standards.

If a patient self-referred for a privately funded scan the service's average time from referral to appointment over the last three months was three days.

During our inspection we saw that patients did not wait within the waiting room for periods over ten minutes for their scan.

# Diagnostic and screening services

Managers told us that all scan results were sent to the referrer within 24 hours of the scan having taken place. Staff sent urgent reports securely to the referrer within one hour of the scan and then telephoned the referrer to confirm receipt. Staff advised patients to contact their GPs following their appointment to discuss the scan results.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas and on their website.

Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Staff provided examples of how they had dealt with complaints and concerns informally and supported patients and relatives to make formal complaints.

Managers investigated complaints. The service had two complaints within the last 12 months. Managers shared feedback from complaints with staff during weekly meetings to ensure that the learning was used to improve the service.

## Are Diagnostic and screening services well-led?

### 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.**

The leaders had the required clinical expertise, skills and ability to run the service. The service was managed by a clinical lead, who was also the registered manager and a managing director. Both the clinical lead and managing director were sonographers and were registered diagnostic radiographers with the health and care professions council (HCPC). The service also employed a bookings manager.

Staff we spoke with told us that the leadership were accessible, visible and approachable and that they felt supported by managers.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The service had a clear vision and strategy. The main priorities and objectives were to provide 'high standards of care', 'care closer to home' and 'increased access'.

# Diagnostic and screening services

There were clear actions and plans in place that were measurable and enabled leaders to monitor the delivery of the service priorities and objectives.

The service worked with local CCGs which supported the wider health economy. The service monitored progress with the use of key performance indicators, which included waiting times for an ultrasound appointment.

Staff we spoke with were patient focused and committed to the service and delivering care in-line with the vision and strategy.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

All staff we spoke with were positive about the culture and felt valued by managers and each other. Staff were proud of the team working approach taken to service delivery.

All staff and patients we spoke with felt able to raise concerns if it was required. Staff had received training in speaking up and raising concerns.

The service provided opportunities for career development. The service employed a scanning assistant who was supported to access higher education for their career development. The service had secured funding for the staff member to undertake a diagnostic radiography course at a university. The service had also provided a placement to a local GP to enable them to become trained in ultrasonography and to students that had undertaken a diagnostic radiography degree at a university.

## 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.**

The service had a clear governance structure. At the time of our inspection in post there was a chief executive officer, clinical director, a chairman, chief operating officer, financial officer, training consultant, lead sonographer and information technology lead.

Staff we spoke with were all clear about their roles and accountabilities.

The service held a business planning and governance meeting monthly. We reviewed a selection of governance meeting minutes and found that they were well attended by staff and there was a standard agenda that covered patient feedback, staff survey feedback, business planning and appointment bookings and availability and did not attend rate. The meetings were clearly documented with information, updates and actions.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**



# Diagnostic and screening services

There was a monthly programme of internal peer auditing to monitor quality of ultrasound scan images.

Risks were identified and monitored through a risk assessment process. We reviewed a sample of risks assessment and found that these were completed regularly, comprehensive and covered clinical, business, corporate and environment and equipment risks and had control measures in place to mitigate risks.

The service had a contingency plan in place in the event of an unexpected disruption to the service. The service had an uninterruptable power supply at the service and had purchased an electric vehicle in response to fuel shortages that was available for staff to utilise if required to ensure the service could continue without disruption.

## Information Management

**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. Data or notifications were consistently submitted to external organisations as required.**

All staff had access the service's electronic systems. Clinical records were all held electronically. All staff had a secure email that enabled them to send patient data and information securely to referrers.

The service provided information governance training to all staff. Staff compliance with information governance training was 100%.

Ultrasound scanning machines all were password protected and encrypted.

The service submitted monthly performance data to CCGs they worked with to enable monitoring of agreed key performance indicators. The service also submitted required notifications to local authorities and CQC.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

The service's website included information about the service for patients and referrers. The director of the service advertised on the service's website that they were contactable 24/7 for any queries or questions.

The service had plans in place for the development of a service newsletter for patients and external stakeholders.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services.**

The service was dedicated to continually learning and improving services and the skills of staff. Following our inspection the service shared details of various conferences covering a wide variety of ultrasound practise that staff were arranged to attend.