

Vascular Ultrasound Department, Frimley Park Hospital

Quality Report

Portsmouth Road
Frimley
Camberley
GU16 7UJ
Tel: 01276 604604
Website: www.fhft.nhs.uk


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

Ratings

Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	Not sufficient evidence to rate 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

Services we rate

We rated it as **Good** overall.

- The service provided mandatory training in key skills to all staff.
- The service managed patient safety incidents well. Staff knew what constituted an incident and could demonstrate how to use the electronic reporting system.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Managers and staff strived for continuous learning, service improvement and innovation.

However, we found areas that require improvement:

- Staff did not always clean the ultrasound probes between patient use.
- The department did not audit five percent of all scans performed each month.
- The complaints procedure was not always visible to all patients and visitors.

Nigel Acheson

Deputy Chief Inspector of Hospitals (South East and London)

Overall summary

Vascular Ultrasound Department, Frimley Hospital is operated by Southern Ultrasound Ltd. The department primarily runs vascular ultrasound clinics at Frimley Park Hospital with satellite clinics at Heatherwood Hospital and Aldershot Hospital. Facilities at the Frimley Park Hospital site includes two scanning rooms each with its own ultrasound scanner.

We inspected this department using our comprehensive inspection methodology. We carried out a short notice announced inspection on 29 January 2020.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

Summary of findings

Our judgements about each of the main services

Service

**Diagnostic
imaging**

Rating

Good



Summary of each main service

We rated this department as good because it provided a safe, caring, responsive and well led service. We do not rate effective.

Summary of findings

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Good **Vascular Ultrasound Department, Frimley Park Hospital,****Services we looked at**

Diagnostic imaging

Summary of this inspection

Background to Vascular Ultrasound Department, Frimley Park Hospital

Vascular Ultrasound Department, Frimley Hospital is operated by Southern Ultrasound Ltd. The department opened in July 2012 and runs a clinic at Frimley Park Hospital Monday to Friday 9 am to 3 pm. Additional clinics at Heatherwood Hospital are run on Monday, Wednesday and Friday and an ad hoc clinic at Aldershot Hospital.

The department has had a registered manager in post since January 2019.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and an assistant inspector. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Vascular Ultrasound Department, Frimley Park Hospital

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited the designated clinic rooms. We spoke with five staff including the service manager and sonographers. We spoke with three patients and one relative and reviewed four sets of patient records.

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

Activity (January 2019 to October 2019)

The department scanned over 3,100 patients during this period. All patients were NHS-funded.

Track record on safety

- No never events, serious injuries or deaths.
- No clinical incidents
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (C.diff) or E-Coli
- No complaints

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Housekeeping
- Healthcare assistant provision
- Infection control
- Interpreting services
- Maintenance of medical equipment
- Records management
- Consultant radiologist and consultant vascular surgeons' provision

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 rated it as **Good** because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. All staff had received the required level of safeguarding training.
- The service employed staff with the right qualifications and skills to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Patient records were clear and up to date, that included all key information, staff kept up to date records of patients' care and treatment.
- The service had systems in place to recognise and respond to deteriorating patients' needs and clinical risks.

However:

- Staff did not always clean the ultrasound probe between patients.

Good



Are services effective?

We do not rate effective

- There was effective multidisciplinary team working with colleagues within the service and host trust staff.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance annually.
- Staff understood the need to gain consent and were aware of what actions to take in the event a patient lacked capacity.

Not sufficient evidence to rate



Are services caring?

We rated it as **Good** because:

- All patients and relatives we spoke with were positive about the service they had received.
- We observed staff being compassionate, respectful to all patients. Staff communicated in a way which patients understood.
- There were systems to receive feedback from patients who had used the service.

Good



Are services responsive?

We rated it as **Good** because:

Good



Summary of this inspection

- Interpretation services were available to patients whose first language was not English.
- The department made sure there were appointments to meet the needs of the patients.

Are services well-led?

We rated it as **Good** because:

- The service had a supportive, competent manager who promoted a positive learning culture. Managers had an oversight of the service.
- The department had a system for identifying risks, planning to eliminate and reduce risks and the ability to cope with expected and unexpected challenges within the service
- The department was committed in improving services by learning from incidents and concerns raised, and promoting training, research, and innovation.

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	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	Not sufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We rated it as **good**.

Mandatory training

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

- Vascular Ultrasound Department worked closely with the host trust and followed their policy and guidelines on statutory and mandatory training. All staff completed training provided by the host trust which covered the following topics; moving and handling, health, safety and welfare, equality and diversity and principles of consent.
- Mandatory training was completed through 'face to face' and 'e-learning modules'. The registered manager was responsible for booking staff for training course and ensuring all staff were up to date with their training. The department had a training matrix to monitor compliance and completion of training. At the time of our inspection, the overall compliance rate was 90%. Although there was no set target, the manager told us their aim was to ensure all staff were compliant with mandatory 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 were systems, processes and practices to keep both adults and children safe from abuse. The department had an adult safeguarding vulnerable and children policy which were due for review in October 2020. The policies included the different types of abuse physical, sexual and financial abuse, female genital mutilation and PREVENT (Preventing radicalisation and extremism). A flowchart detailing actions to be taken by members of staff when escalating or reporting safeguarding concerns were a part of the policies.
- Staff we spoke with understood what constituted abuse and their responsibilities to raise concern. The department worked closely with the host hospital staff to address any safeguarding concerns about patients attending the service. Staff we spoke with were able to explain the process for escalating their concerns. They said they would raise concerns with their manager or the host hospitals radiology manager and the safeguarding team at the host hospital.
- Whilst the department had scanned children and young people, this was rare and was less than ten patients per year, all staff had received training in safeguarding children and young people level two. This met intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (January 2019). Guidance states all non-clinical and clinical staff who have any contact with children, young people and/or parents/carers should be trained to level two.
- From January 2019 to October 2019 staff at the department had not made any safeguarding referrals and had no reason to do so.

Cleanliness, infection control and hygiene

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The service controlled infection risk well. They kept equipment and the premises visibly clean. Staff generally used equipment and control measures to protect patients, themselves and others from infection, although probes were not always decontaminated in line with the service policy.

- Staff followed the infection control policy and received infection control training as part of their mandatory training. The compliance rate for infection prevention and control level 2 was 85%.
- All areas we visited were visibly clean, tidy and clutter free. The host hospital provided cleaning for all the common areas of the unit including the clinical rooms. The cleaning of the ultrasound equipment was the responsibility of Vascular Ultrasound Department staff.
- Staff told us, and records showed cleaning of the department was carried out daily by housekeeping staff. The host trust carried out an annual infection prevention and control audit. The last audit was completed in July 2019. The service achieved an overall compliance score of 96% which met the target of 85%. The audit assessed the cleanliness of the environment, hand hygiene facilities, personal protective clothing, patient equipment and waste management.
- Staff followed the infection control policy requirement of being bare below the elbow.
- Hand-sanitising gel was available throughout the service. The sinks had elbow operated taps. This was in accordance with the Health Building Note 00-09: Infection control in the built environment. We observed staff using the handwashing stations during the inspection.
- We observed staff decontaminating the couch and using new couch protection paper in between patients. However, we observed that staff did not always clean the ultrasound probe between patients. This was not in line with the infection control policy which stated that ultrasound probes must be cleaned with anti-sporicidal wipes after every patient use. We raised this concern with the service manager who told us staff would be reminded to follow the infection control policy to minimise the risk of cross infection.

Environment and equipment

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

- The department had two scanning rooms, each with a dedicated ultrasound scanner and an examination bed. The first room was located in the clinical investigations department and the second in the ambulatory emergency care unit.
- Both scanning rooms had access to emergency equipment maintained and monitored by the host trust. Staff were aware of where the equipment was located and had been trained to use it in the event of an emergency.
- Staff completed visual checks of the scanner before use and reported any problems to the manufacturer. Ultrasound equipment was provided by the host trust with a renewal program and full maintenance schedule. One scanner had been replaced two weeks before our inspection and we saw records showing the second scanner had had its last service within the last 12 months.
- Scanning rooms were well stocked with equipment needed for ultrasound such as contact gel, paper towels and gloves. All stock was supplied by the host trust and the healthcare assistants were responsible for restocking supplies. Sonography staff told us they had enough equipment and supplies to provide a high standard service.
- Staff adhered to the standards outlined by the Department of Health Technical Memorandum 07-01, in relation to standards of waste disposal. Clinical waste was separated in colour-coded bags and stored securely. The host trust was responsible for collecting and disposing of waste material as part of the service level agreement with the host trust.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

- Staff scrutinised all referrals to determine if the patients required a vascular ultrasound. Staff told us they assessed patients on the day to ensure they were fit and well for the procedure.
- All staff had completed resuscitation adult basic life support. Staff said in the event of an emergency, they raised the alarm by dialling the host trust's emergency system which incorporated both cardiac arrest and collapse teams depending on the situation.
- Staff told us if they identified something that was not vascular related, they escalated their concerns to a

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named clinician for their opinion before letting the patient leave the hospital. Staff had created a file containing crib sheets to help with non-mainstream areas of scanning. This worked as a reference guide for the sonographers to use when asked to scan something unfamiliar or when clarification was needed on an incidental finding.

- The service had adopted the Society and College of Radiographers 'Pause and Check'. This was six-point checklist sonographers must carry out before a scanning. We observed the sonographers following the requirements of the checklist before each procedure, ensuring they had correctly identified the patient, checked the side or site to be scanned and that the correct imaging protocol had been selected for use.
- Vascular Ultrasound Department was registered to receive Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts, NHS Digital CareCerts and the Health and Social Care Professions Council (HCPC) alert notices, which were assessed by the director and cascaded to all clinical staff as applicable

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.

- The department had one manager and six sonographers on full time and part time contracts. All staff were fully qualified and experienced vascular sonographers or clinical vascular scientists.
- Staffing levels exceeded those agreed with the host trust in readiness to expand the service to other satellite sites and to manage the number of patients being referred to the service.
- The additional staffing numbers allowed for staff to utilise the fully funded continuous professional development time, and to attend multidisciplinary meetings, as well as cover sickness and leave absence.
- The host trust provided the department with one healthcare assistant from the radiology department to support Vascular Ultrasound Department staff with the running of the clinics.
- At the time of our inspection, the department had no vacancies.
- In the three months prior to our inspection, the department reported a sickness absence rate of 13%.

- The department did not use bank or agency staff and aimed to maintain staffing levels at a level which prevented any need for such, regardless of annual leave and staff sickness absence.
- The department did not employ medical staff however, they had access to the host trust's consultant radiologist and vascular surgeons when required.

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 department used a computerised radiology information system (CRIS) to manage patient information and store patient records.
- All examination reports are completed electronically on the day of the examination, usually straight after the examination. An audit of report timeliness from April 2019 to September 2019 showed all reports were completed and made available to the referrer within 15 minutes of completing the scan, ensuring referrers had timely access to the results.
- The reports were electronic and automatically uploaded onto the patient's hospital record. Urgent images were printed and immediately sent to the referrer. Scans could be easily shared with other departments in the hospital using the picture archiving and communication system (PACS).
- Departments within the trust that did not have access to the PACS system were sent a PDF document that could be printed and added to the patient's records
- Staff working at the satellite locations had access to electronic patient records.
- We reviewed four sets of patient records and found them to be fully completed, accurate and legible. Records included, patient identity details, consent forms and medical history.
- Patient records were easily accessible to those who needed them, such as the radiographers and administrative staff. We saw the clinical radiology information system and picture archiving and communication system were secure and password protected. Each staff member had their own personally identifiable password.

Medicines

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- The service did not use or store any medicines.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.

- The manager encouraged staff to log any incidents and near misses no matter how big or small on the services log sheet. Additionally, staff told us they had access to the host trust's incident reporting system, so any incidents were reported twice.
- The department had an incident process flowchart which helped staff categorised the seriousness of an incident and what action to take depending on the seriousness of the incident.
- From January 2019 to October 2019 the service reported no never events and no serious incident. Incidents or near misses were discussed at the team meetings and at an informal meeting each week. Staff said incidents including those that had occurred at other sites were discussed at meetings and lessons learnt were shared through the monthly email, so staff could identify risks early and prevent them from occurring.
- Staff were familiar with the principles of the duty of candour regulation and the need to offer an apology where necessary. Incidents involving patient or service user harm were assessed with the 'notifiable safety incident' criteria as defined within regulation 20 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Are diagnostic imaging services effective?

Not sufficient evidence to rate 

We did not rate effective for this service.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

- The service followed guidance and policies developed in line with the Health and Care Professions Council

(HCPC), National Institute for Health and Care Excellence (NICE) guidelines for diagnostic procedures. For example, the service followed NICE guidelines on deep venous thrombosis scanning.

- Staff had access to policies and guidelines and we were shown how to locate the relevant guidance on a shared drive. All guidelines we reviewed were up to date. Paper copies of local protocols were kept in the scanning rooms and easily accessible to staff.
- Staff said updates and new policies were shared through the monthly email. The manager was responsible for ensuring all staff had read these and asked for each member of staff to reply with a read receipt confirming they had read and understood the updates. Records provided by the department showed the manager kept a list of updates and names of staff who had returned a read receipt.

Pain relief

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

Patient outcomes

Managers monitored the effectiveness of care and treatment and used the findings to improve them.

- Vascular Ultrasound Department had a clinical audit plan to assess the quality of service provided and identify mean of improvement. The audit plan consisted of examination report, patient feedback forms, and an audit of examination request forms sent by referring clinicians.
- The manager told us they carried out an examination report audit once a month which consisted of selecting at random two scans. The manager told us this was not enough but with time restrictions it was difficult to complete more. This did not meet the service's own target of a minimum of five percent of all scan performed; with a minimum of five percent of images from each individual.
- The manager told us they received feedback from the referring clinicians on the quality of the scan images. This feedback and any findings from the examination report audit were shared with staff to encourage improvement.

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- The department monitored capacity and demand monthly to ensure safety and quality were not compromised by increased activity and could continue operating efficiently. From January 2019 to September 2019, the department had completed an average of 483 scans each month.

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.

- The department recruited following the recruitment process. New staff were required to have at least three years training experience and were fully accredited or working towards accreditation with the Society of Vascular Technologists (SVT) to be candidate for interview. Employment references were gained from previous employers to confirm competency and, as part of the interview process, new staff were observed scanning with their competency assessed by the interviewer.
- All staff had an active continuous professional development (CPD) portfolio which contained relevant certificates and mandatory training records. The manager encouraged staff to attend external conferences such as the Society of Vascular Technology annual congress and the British Medical Ultrasound Society congress to obtain yearly CPD points. Staff who had attended a conference were asked to share key learning with the rest of the department ensuring all staff were up to date with the latest developments within the vascular ultrasound field.
- Records showed all staff had received an annual or six-month appraisal at the time of our inspection. We reviewed four staff appraisals. As part of the staffs annual and six-month appraisal, scanning technique and reporting were observed and reviewed by the appraiser. The findings from each observed scan are discussed with each appraisee. Any areas of improvement were highlighted, and an action plan produced to ensure standards improved. Staff said they were given opportunities for training and further development within their role.
- Staff had received an induction when they first started to familiarise them with the department. The induction covered the use of equipment, the department and

trust IT systems and clinical competency skills relevant to their role. Records showed all staff were trained in the use of ultrasound equipment and relevant information systems. Staff said they had additional training after major software updates.

Multidisciplinary working

Staff of different kinds worked together as a team to benefit patients.

- We observed staff working well together, sharing information and knowledge. Staff told us they could approach any of their colleagues for professional advice and they were not made to feel less knowledgeable.
- Staff worked well as a team; we saw many examples where staff were very caring towards one another especially during busy times. For example, when the manager had a gap on their list, we observed them helping another staff member with their list to keep the service on time. All staff we spoke with said they would always support their colleagues where they could.
- Staff from Vascular Ultrasound Department said they had good working relationships with staff from the host trust. Both sets of staff could seek or receive assistance from the other when needed. However, staff told us collaborative work was limited due to the distance between the trust's vascular department and the Vascular Ultrasound Department.

Seven-day services

- Vascular Ultrasound Department did not offer a seven-day service. The service mainly ran clinics at the Frimley site Monday to Friday from 9 am to 3 pm. Additional clinics at Heatherwood Hospital were available on Mondays, Wednesdays and Fridays and an ad hoc clinic at Aldershot Hospital.

Consent and Mental Capacity Act

Staff 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.

- Only 30% of staff were compliant with principles of consent training. The manager explained that this was a new module introduced by the trust therefore not all had had a chance to complete it.
- However, staff understood the importance of gaining consent from the patient before undertaking any

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procedure. The department had policies to guide staff in obtaining informed consent, and for the management of patients under the Mental Capacity (2005). We saw staff obtained and recorded verbal consent from patients before undertaking the scan.

- Staff we spoke with understood mental capacity and their responsibility to ensure patients who lacked capacity; including those living with dementia and cognitive impairment were supported to make decision about their care. They explained what actions they would take and knew who to contact if they had concerns about a patient's capacity.

Are diagnostic imaging services caring?

Good 

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.

- Patient satisfaction surveys were offered to patients after their examination. The survey asked the patient to score different aspects of the department from poor to excellent, these included: Ease and efficiency of appointments, cleanliness of the department, professionalism of the staff, whether the exam started on time and overall experience.
- The department reported a low response rate in patient satisfaction survey. On average six percent of patients scanned completed and returned the form. The manager recognised this, and we saw staff were encouraged to ask patients to complete the survey after their procedure.
- The patient survey found that 70% of respondents rated the overall experience as excellent and the rest rated it as good. We spoke to three patients and one relative. Feedback was generally positive although patients commented that it was difficult to find the department.
- All interactions we observed between staff and patients were positive. Staff demonstrated a kind and caring approach to all patients. They took the time to introduce themselves to the patient and did not try to rush the patient at any stage of the appointment.

- Staff treated patients with compassion and put them at ease from the onset of their appointment. Staff were calm and courteous towards patients. They explained what they were doing and engaged in day to day conversation with patients to make them feel at ease.
- Although the scanning rooms had limited space, staff took the necessary measures to ensure patient dignity was maintained. Patients could undress and dress in private behind a curtain before the scanning procedure was undertaken. The scan room door was locked from the inside while scans were being performed.

Emotional support

Staff provided emotional support to patients to minimise their distress.

- Staff provided support as required. We saw all patients and those with them being offered reassurance and comfort as required. Patient feedback included comments about the support offered to them during their scan.
- Patients were also given an opportunity to ask questions during the scan and in the consultation after the scan. The sonographer told us that talking to patients during the scan helped to manage their anxiety.

Understanding and involvement of patients and those close to them

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

- Staff communicated in a way which patients understood what was happening. Clear instructions were given to the patient throughout the procedure.
- Initial findings from the scan were provided to patients while at the appointment, together with instructions of what to do next and when their GP or consultant would be expected to contact them.
- Patient told us they had enough information to understand what was happening during the scan.

Are diagnostic imaging services responsive?

Good 

We rated it as **good**.

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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.

- There were four main patient groups referred to the department; inpatients, outpatients, A&E deep vein thrombosis (DVT) patients and transient ischaemic attack (TIA) patients. Clinics were arranged to accommodate these patient groups to help deliver an efficient service.
- The clinic list began patients with TIA. These patients were referred from the TIA one stop clinic run within the host trust and had several tests and consultations during their visit. Vascular Ultrasound Department offered the first appointments of the day to these patients, so they could attend all other appointments on time.
- The A&E DVT department was run from the Ambulatory Emergency Care Unit (AECU). Many of these patients suffered with lower limb pain and had limited mobility. The department examined patients within AECU, therefore did not have to be transfer between departments for their imaging. By assessing these patients within AECU they reduced the need for patients to mobilise and they worked a long side the clinicians, meaning discussing patients was easier and patient throughput was quicker.
- Vascular Ultrasound Department operated from three locations within the trust premises which offered outpatients options of locations and appointment times to suit their needs. The use of a portable scanner also allowed the department to provide the vascular ultrasound services on the ward for patients unfit to travel to the department or A&E providing a more flexible service.
- The department had a dedicated porter that provided portering services each morning (10:00am to 12:00pm). The department controlled inpatient collection and retrieval much easier. This meant patients were not waiting a long time to be seen once collected from the ward or to be brought back to the ward once the examination has finished.

Meeting people's individual needs

The service 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.

- The service followed the host trust's butterfly scheme which provides a system of care for people living with dementia but also supports people with other forms of cognitive impairment. Patients had access to the trust's dementia link nurses if required. Patients were identified during the booking stage and if any adjustment were required, arrangements were made ready for their appointment.
- Staff told us how they made reasonable adjustments for patients using the service. Patients with learning disabilities and dementia were accompanied to the department by a carer or an escort. Staff allowed more time to scan these patients if necessary.
- The department met the needs of patients who required wheelchair access. Access to the building, toilet facilities and the clinical area were easily accessible.
- Staff said bariatric equipment including a host was available for patients living with obesity. This was ordered through the host trust and staff were aware of how to make the arrangements to accommodate these patients.
- 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 host trust's interpreting service.

Access and flow

People could access the service when they needed it and received the right care promptly.

- New referrals were managed by the host trust's radiology booking department with guidance from Vascular Ultrasound Department. Referrals were electronically requested by the referrer (paper requests were scanned and digitised by the radiology bookings department). These requests appeared on the radiology appointment software as a worklist which a vascular sonographer checked daily.
- New out patient referrals were assessed by the sonographer. Reason for referral, clinical information and the ordered procedure were scrutinised, and any issues sent back to the referrer for clarification. If the

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request was sound, the sonographer indicated how long the examination would take and 'justified' the referral. Once the request has been 'justified' the booking team made an appointment.

- Where there was no capacity for an urgent referral that would breach their waiting time if given the next available appointment, the booking team flagged this to the vascular ultrasound team. They assessed the upcoming clinics to find capacity if possible. If there was no space within the usual working day, they would offer to extend the hours to accommodate these patients and avoid patients breaching.
- The average waiting time for an appointment between April 2019 and September 2019 was 10.6 days
- Staff said the department ran on time and any disruptions were communicated effectively with patients. Patients we spoke with confirmed this. On average patients were in the department for 47 minutes.
- There were two hours of dedicated outpatient examination slots every day. These appointments were booked through the radiology appointments team. By only scanning outpatients within this time frame it was easier to keep the clinic running on time and reduce patient waiting times.
- From April 2019 to September 2019 the department reported 323 cancelled procedures which was 10% of all activity. The host trust had cancelled 93% of appointments and 7% by patients. The department did not cancel any appointments during this period.

Learning from complaints and concerns

Patient concerns and complaints were investigated and lessons learned were shared with all staff. However, it was not easy for people find out how to give feedback or raise concerns about care received.

- Vascular Ultrasound Department had an in-date complaints policy which staff followed. Complaints were raised through the host trust's patient advice and liaison service and redirected the service for investigation. The department aimed to acknowledge all complaints within three working days and investigate and formally respond within 25 working days.
- Patients could leave complaints or concerns on the patient survey however; in the scanning room in the

clinical investigations department we did not see the complaints procedure displayed informing patients and visitor of how to make a formal complaint about the department.

- The department had received no formal complaints between January 2019 and October 2019. Most complaints or concerns raised were dealt with on the spot. Staff gave us a recent example of patients having to walk a long distance from the car park or hospital entrance to the department. Staff were able to arrange a buggy to return patients to the main entrance and made it known to patients at booking that this option was available.
- Staff told us any complaints or concerns raised by patients were discussed and shared for learning purposes during informal meetings and through the monthly correspondence.

Are diagnostic imaging services well-led?

Good 

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.

- Overall management of Vascular Ultrasound Department were provided by a director with over 35 years of experience working within radiology and ultrasound. The director was supported by the clinical lead and CQC registered manager, who had managed the service for the last four years and managed daily activities. The manager was a qualified clinical vascular scientist with over 10 years of vascular ultrasound experience.
- All staff we spoke with told us that managers were visible and approachable; they encouraged an open-door policy that promoted a close working relationship.

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- Staff felt empowered to take accountability for the services they provided to grow and develop ideas and practices that would improve patient care and the department's safety.

Vision and strategy

The service had a vision for what it wanted to achieve and plans to turn it into action.

- The department's vision was defined as quality diagnosis and treatment with aims to strive for clinical excellence, provide the best possible patient experience and to be a healthcare employer of choice.
- The values for the department included putting the patient at the centre of all they did, valuing and empowering staff and improving the quality of care and diagnosis. Staff demonstrated the values of the department in all aspects of their role.
- Staff were aware of the future vision for the service. Staff we spoke with were aware of the service expanding and understood their role in achieving this.

Culture

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

- Staff spoke positively about the culture of the service. A new member of staff told us they had been welcomed into the service and felt part of a team. All staff we spoke with told us the team was supportive of each other.
- Staff we spoke with all told us that they were happy to work for the service and that they felt supported by the leadership team and colleagues. There was a clear commitment from staff to put patients at the centre of the service they provided.
- Staff told us they were valued and supported to fulfil their potential with support for continuous professional development.
- We saw good interaction between the staff we saw working together on the day of the inspection.
- The manager recognised the pressure on staff caused by the hectic clinics and ensured staff were supported to take breaks. Staff were encouraged to take 10-minute break every hour to reduce the risk of work-related repetitive strain injury. A poster was displayed in the scanning room to remind staff to take breaks.

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 clinical governance framework for ultrasound provisions. There were clear flows of information from board level, who provided overall control and coordination of clinical governance, with input from the clinical and information governance lead.
- The director and manager had regular contact through monthly emails. We reviewed all emails from January 2019 to September 2019. The monthly emails highlighted current clinical performance/efficiency and effectiveness by assessing patient numbers, staffing levels and clinical areas worked. It was also used to flag any other areas of concern and to bring to the attention any positive or negative feedback regarding the service and staff. Issues raised within these regular communications were to be discussed in routine meetings with the trust who had oversight of the service under the service level agreement.
- Formal staff meetings were held six months with informal meetings as required due to the small team and varying work days. The manager told us informal meetings were held more frequently and monthly emails to staff with any updates.
- Vascular Ultrasound Department had service level agreements (SLAs) with the host trust. We reviewed the agreement which stated that the host trust was to produce, provide or supply the service with all the department with reasonable needs and requirements. Requirements included clinical and domestic disposal, IT services, healthcare assistant and medical cover and equipment maintenance amongst other requirements.

Managing risks, issues and performance

The service had a system in place for identifying risks, planning to eliminate and reduce risks and the ability to cope with expected and unexpected challenges within the service.

Diagnostic imaging

- Performance was monitored through monthly performance reports produced to enable analysis of the services. Information on 'did not attend' rates, patient engagement, incidents, complaints and mandatory training were amongst other subjects charted.
- The manager was aware of the current risks and mitigation actions. The service had risk assessments for each satellite location the service operated from. Each assessment detailed the type of risk, risk rating, current control measures and the effectiveness of the controls. Risks were reviewed every six months or as and when the risk or mitigation actions changed. The highest risk across all sites had a rating of nine and related to unsupervised waiting areas. The current control measure was to ensure a healthcare assistant to monitor waiting areas.
- The department had a business continuity policy approved in March 2019 and due for review October 2020. The plan detailed how a business would continue to operate as far as possible in the event of any unexpected disaster, incident or major occurrence which had the potential to de-stabilise the business and severely impact on the short, medium to long term running of the business.

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 department used information it collected to drive improvement within the service and meet demand. For example, the manager regularly monitored activity by reviewing referrals and comparing with previous months to plan and respond to increased activity.
- All staff had undertaken an information governance module as part of the mandatory training programme. Staff we spoke with understood their responsibilities around information governance and risk management.
- Staff had access to the intranet and IT systems for both this service and those relevant to the host trust. There were enough computers to enable staff to access the computer systems when they needed to complete their day to day tasks. Staff had individual login details to access the service's IT systems.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

- There was constructive engagement with staff. Staff told us they were involved or consulted when decisions were made. This was evident in the monthly staff emails. The manager encouraged staff to give feedback and contribute to the staff emails with their ideas of how to change and improve the service.
- The monthly staff emails regularly acknowledged and thanked staff for their continued hard work and staff we spoke with said they felt valued.
- To help the department tailor their services to patient needs, they encouraged all patients to complete an anonymous feedback form and requested a similar appraisal from the vascular surgical team who make referrals to the department. This allowed the department to modify services to best fit the clinical, physical and social needs of all their department users.
- The manager reviewed patient feedback surveys monthly. Concerns or suggestions from patients were taken into account when planning and managing the service. For example, patients were previously referred for a DVT scan from any source (GP, A&E, outpatient and inpatient referral). The service had encountered issues with arranging appropriate treatment after diagnosis, when the referring clinician was not within the hospital. The service acknowledged their duty of care to ensure these patients were not sent away without treatment for their diagnosed DVT. As a result of concerns raised by patients regarding having to wait to be assessed in various departments before treatment could be offered. The service changed the pathway, so all outpatient referrals were sent to ambulatory emergency care unit (AECU) to be assessed and referred for a scan the following day. This has meant the patients were seen much quicker and there was no delay in treatment if needed.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Diagnostic imaging

- There was a culture of continuous improvement in the department and all staff we spoke with had the opportunity to attend, contribute and participate in audits, protocol reviews and conferences.
- Additional staffing had been recruited and inducted in anticipation of the service expansion. This was to ensure there was a seamless expansion of the service at an additional hospital site.
- The department made changes to improve the deep vein thrombosis pathway after discussions with the Ambulatory Emergency Care Unit (AECU) staff. Due to an increase of 42% over two years in patients referred to the deep vein thrombosis (DVT) pathway and limitations caused by having one room and one sonographer, the service struggled to provide AECU with enough scanning appointments for their DVT service to run efficiently. The department secured a scanning room and a new ultrasound scanner within the AECU department, staffed with a vascular sonographer each day to provide a dedicated DVT scanning service.
- The department was carrying out a study lead by another NHS trust and a big university. This study was an observational cohort study to determine whether ultrasound surveillance can reliably predict arteriovenous fistulae (AVF) failure in patients with chronic kidney disease. They provided regular ultrasound surveillance for these patients and results were fed back to the study. Their findings aimed to help determine the best course of surveillance for future AVF surgery.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- Staff should always clean the ultrasound probes between patient use to reduce the risk of cross infection.
- The department should audit more scans each month in line with the service target to better monitor image and report quality.
- The department should display the complaints procedure for patients and visitors to see.