

# Vascular Department

## Quality Report


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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

### Overall summary

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

Vascular Department is based in a dedicated area of the host trust and provides vascular ultrasound services for adults and very rarely children and young people. The department has two scanning rooms, a waiting area and an office.

The department delivered approximately 6,000 scans in the period April 2018 to March 2019.

# Summary of findings

We inspected this service using our comprehensive inspection methodology. We carried out a short announced inspection on 14 August 2019.

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

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

## Services we rate

We had not rated the service in previous inspection 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.
- 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 integrity, skills and abilities to run the service. They understood and managed the

# Summary of findings

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 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.

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	Rating	Summary of each main service
<b>Diagnostic imaging</b>	Good 	<p>This service provides vascular imaging services mainly for adults.</p> <p>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.</p> <p>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.</p>

# Summary of findings

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Good 

# Vascular Department

**Services we looked at**

Diagnostic imaging

# Summary of this inspection

## Background to Vascular Department

Vascular Department is operated by Independent Vascular Services Limited. The service opened in May 1999 and started being delivered full time at the Bolton site in 2011. 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 within the ambulatory care unit of the host trust and serves the local population. It also accepts patient referrals from outside this area.

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

This location delivered 6,070 scans in the period April 2018 to March 2019.

The service was last inspected in January 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 inspector and was overseen by Judith Connor, Head of Hospital Inspection.

## Information about Vascular Department

The service is located within the ambulatory care unit of the host trust and is registered to provide diagnostic and screening procedures. There are five clinical staff based 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 three staff, two patients and we looked at electronic patient records, organisational policies and we observed three 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 6,070 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.

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

# Summary of this inspection

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' staff.

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
<b>Overall</b>	Good	N/A	Good	Good	Good	Good

# Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

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 intermediate life support, dementia awareness, equality and diversity, health and safety, infection prevention, information governance, learning disability awareness, moving and handling, conflict resolution, risk assessment and Prevent (Preventing radicalisation and extremism). Training also included resuscitation training for adults, children and babies.
- 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.
- Whilst the service had scanned children and young people, this was rare and was less than ten patients per year.

### 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.
- 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.

# Diagnostic imaging

- 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 particular 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 hand basins with soap in 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 three 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.
- 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. 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 seek guidance from the infection prevention control lead about whether to carry out the scan on the ward or in a scan room.
- Clinical waste disposal pathways were displayed in each scan room, including information about disposing of single use items.

- 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.

## 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 two scan rooms each containing a scanner. The rooms contained an examination bed, ultrasound scanning equipment, and other equipment such as cleaning wipes, sinks and chairs for relatives and carers. One of the rooms was large enough for wheelchair users and for patients brought to the department on a hospital trolley.
- The scanning equipment was relatively new and was serviced every year. 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.
- There was access to the trust's resuscitation trolley in the adjoining ambulatory care unit area.
- There were oxygen cylinders one scan rooms, which was full.
- We saw staff place engaged signs on door during examinations so that they would not be disturbed when with patients.

## Assessing and responding to patient risk

- Staff knew about and dealt with any specific risk issues.

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- 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 Alarm call buttons in each scanning room.
- The organisation had a policy which referenced the trust resuscitation policy; this was in date with a review date.
- One of the scanning rooms had an oxygen cylinder if required by a patient. 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.
- The service did not have a dedicated portable scanning machine. However, staff advised that the main scanning equipment was on wheels and could be moved to inpatients areas if patients in intensive care required scanning.
- The department worked closely with the doctors at the local trust and could prioritise patients requiring urgent scans.
- 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. These conditions could include significant narrowing of the carotid artery. An urgent report would be sent to the patient's consultant, and the vascular secretaries would be contacted before the patient left the department.
- If staff had any immediate concerns about patients, they could contact a vascular consultant.
- All staff had completed basic life support training. Most clinical staff had completed hospital life support training which was the life support training provided by the trust.
- 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.

- 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.

## 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.
- There were five members of clinical staff.
- 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

# Diagnostic imaging

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 reports could be printed and sent immediately to the doctor requiring the information; this typically involved those patients being seen the in deep vein thrombosis and the transient ischemic (a temporary disruption in the blood supply to part of the brain) clinics. Staff would telephone doctors and discuss the scan images.
- 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.

## 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 a 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, although there had been no incidents where it had been applicable.

## Are diagnostic imaging services effective?

Our rating of effective, we do not rate this domain

### 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 we get early access to Department of Health, Society for Radiographers and SVT strategic plans, initiatives, training programmes, quality assurance measures, guidelines for vascular ultrasound which allows early implementation.
- The service followed National Institute of Health and Care Excellence (NICE) guidance on deep venous thrombosis scanning.

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- 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 polices 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. Data was also sent to the trust weekly for all positive scans so that it could use the information for research purposes. Full data of all scans was also sent to the trust on a monthly basis.

## Pain relief

- Staff told any patients who were in pain to inform them and they would stop the scan.

## Patient outcomes

- 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 the United Kingdom Accreditation Service.
- 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 member of staff of the same grade 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 audited 10% of scans. 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 if appropriate.
- 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.

## 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.
- 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 trainee's 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.

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- When trainees staff were ready, they underwent competency audits for each scan modality. When each audit was completed satisfactorily they were allowed to 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.
- There was an annual update meeting for all staff (to be held in September 2019). The agenda included 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.
- There were learning sessions for staff on interesting scan results.

## Multidisciplinary working

- There was a weekly multidisciplinary team meeting with the vascular department at the local trust to discuss any complex patients.

## Seven-day services

- The service was open Monday to Friday 9am to 5pm. The hours could be extended to attend multidisciplinary team meetings or to accommodate patients with individual needs.

## Health promotion

- The waiting area contained information about various vascular issues such as varicose veins, carotid artery disease, and abdominal aortic aneurysms.

## 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. The service did not undertake intimate scans. 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 also 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
- We observed three 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.
- Staff maintained patients' privacy and dignity. The ensured that engaged signs were placed on scan



# Diagnostic imaging

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.
- We observed three 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.
- Staff could describe an occasion where they had scanned a patient that had sensory issues. They were able to adapt their usual practice to ensure they could carry out the scan.

## 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 three 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.

## 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 two scan rooms and a waiting area.
- The service operated two one stop clinics. Patients arrive from the clinic with a nurse from the trust, had their scans and then returned to the clinic. The scan reported was provided to the patient's consultant immediately, so they could discuss the results with the patient. The report was also scanned onto the computerised radiology information system.
- Referrals could be made to the department by GPs and consultants
- All appointment letters contained patient information with any scan requirements.
- The department was clearly signposted in the hospital.
- The waiting area was small but had sufficient seating for patients. There was also an area where inpatients arriving on a hospital trolley could wait.
- Staff had training in moving and handling which was part of mandatory training. Patients with mobility issues were usually transferred to a trolley or chair where necessary before arriving at the department.
- The department was accessible by wheelchair and there was space in both of the scanning rooms to accommodate a wheelchair. A hospital trolley could be accommodated in one of the scan rooms.
- The service was easily accessible by public transport.
- The service had patient information leaflets available regarding abdominal aortic aneurysms 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.

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- 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 examination couches in each scan room were suitable for patients up to 225 kg.
- 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.
- 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 individual needs and managed their anxiety well.
- Staff explained to patients what they could expect to happen during the scan. Patients also received a leaflet, with their appointment letter, explaining what would happen.

## 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.
- Patients waited between one to three weeks for a routine outpatient scan.
- The service aimed to see urgent patients within 24 hours, but often saw them on the same day.
- 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.
- Patients were given written information in the clinic instructing them to call to arrange a convenient date and time for their appointment. Staff told us that this system worked well and helped to reduce the instances of patients that did not attend (did not attend rates were less than 2%). If a patient failed to attend for an appointment, the service would advise the referring consultant, or clinic, who could decide whether to make a further appointment.

## 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 would work 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

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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 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 operations director 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 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 United Kingdom Accreditation Service accreditation (UKAS) to support them in their development.

### 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 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 example of staff supporting each other 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 and different types of chairs and keyboards.
- The service had an all staff email group where people could share ideas.
- Positive feedback from patients and from the trust was fed back to staff.

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## 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 used to attend regular meetings with the hospital vascular directorate. However, these no longer took place. The service instead provided monthly performance reports to the hospital trust, these reports included waiting times for scans.
- 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.
- There were no regularly scheduled team meetings at the site as there were so few members of staff and it was easier and quicker to share information when the need arose.
- The organisation used a human resource company to support their personnel records and provide some on line training.

## 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.
- All the sites had achieved the UKAS accreditation. This accreditation meant that each location was delivering a consistently high quality service and gave assurance to the organisation about the delivery of the services across all locations.
- The organisation was accredited by ISO 9001, this is an international quality management system where organisations have to meet seven quality management standards.
- 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 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.

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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.
- 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 research funders.

## 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.

- There was an electronic pad for patients to record their satisfaction with the service. Results were immediately uploaded and recorded and 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.

# Outstanding practice and areas for improvement

## Outstanding practice

- 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.