

# Vascular Studies Room

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

This service is based in a dedicated area of a local hospital. The service has two scanning rooms and a waiting room, one of the scanning rooms also included an office area.

The service carried out 5,245 scans in the period April 2018 to March 2019.

We inspected this service using our comprehensive inspection methodology. We carried out the short announced part of the inspection on 6 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

# Summary of findings

needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

## Services we rate

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

- 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 skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The 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.

# Summary of findings

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

- Leaders and staff actively and openly engaged with patients and staff.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However

- The service's complaints policy did not set out the process for how self-funded patients could complain.

**Ann Ford**

Deputy Chief Inspector of Hospitals (North)

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Good



### Summary of each main service

This service provides vascular imaging services mainly for adults.

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

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

# Summary of findings

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Good 

# Vascular Studies Room

**Services we looked at**

Diagnostic imaging

# Summary of this inspection

## Background to Vascular Studies Room

Vascular Studies Room is operated by Independent Vascular Studies Limited. The service opened in May 1999 and started being delivered at the Wythenshawe site in 2001. The service delivers vascular investigations to NHS trusts and independent hospitals. There are eight locations across the North West of England.

This service at the local hospital opened in 2008 and serves the population of North Manchester. The service delivered 5245 scans in the period April 2018 to March 2019.

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

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

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

The service has recently appointed a new registered manager.

## Our inspection team

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

## Information about Vascular Studies Room

The service is located in a stand-alone unit at a local hospital. There are four staff who work at the location on a part time basis.

Before the inspection we looked at information that the service provided to us. During the inspection, we visited the location. We spoke with three staff who were vascular scientists. We observed two vascular scans and spoke with two patients. We looked at electronic patient records and organisational policies and other information.

The service had been inspected in 2013 and the inspection found that the service was meeting all standards of quality and safety it was inspected against.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

Activity April 2018 to March 2019

- In the reporting period this location completed 5245 scans.

Track record on safety

- no never events

- there were 38 incidents across all sites and all were rated low harm or no harm

- no serious injuries

- no incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

- no incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

- no incidences of hospital acquired Clostridium difficile (c.diff)

- no incidences of hospital acquired E-Coli

- four complaints across all sites.

### Services accredited by a national body:

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

# Summary of this inspection

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

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

- infection control and clinical waste
- training and development

- housekeeping

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

- human resources
- finance
- legal support



# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We 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 had not rated this service before. We do not rate this domain

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

### Are services caring?

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

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

**Good**



### Are services responsive?

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

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

**Good**



### Are services well-led?

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

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

**Good**



# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

# Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

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

### Mandatory training

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

### 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.
- 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.

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- The service had links with the trust's infection prevention and control nurse if they needed any advice about a patient.
- Infection control incidents were recorded on the providers incident recording system and these incidents were reviewed and appropriate actions taken.
- There were clinical spot checks on staff to check that they were using correct PPE, hand hygiene and the use of single use equipment.
- There were hand gel stations in the waiting areas and the scan rooms with posters reminding staff and patients to clean their hands. PPE was plentiful around the department and was in every scan room and we saw that staff used it.
- We observed two ultrasound scans being conducted on patients. Staff followed good hand hygiene practices, washing their hands before and after using disposable gloves. We observed staff cleaning the ultrasound machines and probes, and the examination couch
- The scan rooms had laminated posters setting out which types of wipes could be used for different types of cleaning (general, high level, and ultrasound probe cleaning). In addition, the rooms contained wipes used to clean equipment after being used on infectious patients.
- Staff told us that if they knew an infectious patient would be coming to the department as this was included as part of the referral form. They would schedule them for the start or end of the day. The room would then be fully decontaminated before it could be used for other patients. If the infectious patient was an inpatient, staff told us that they would likely carry out the scan on the ward to reduce the risk of infection to any patients in the department.
- Clinical waste disposal pathways were displayed in each scan room, including information about disposing of single use items.
- 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 sharps bins and cleaning wipes, sinks and chairs for relatives and carers. The rooms were large enough for wheelchair users. Both rooms were large enough to accept a hospital bed. There was a large waiting room for patients.
- The two scanners were of mixed age and both scanners were serviced every year by the manufacturers. The department had a quality assurance contract with the medical physics department of a nearby trust and checks were carried out every year. This included safety testing and calibration. If there were any issues they would contact the manufacturer. There was a five year warranty on the equipment from the manufacturer.
- All the scan rooms had dimmable lights so that the vascular scientists could see the scanning images more clearly.
- There was a resuscitation trolley that was shared with the radiology team at the hospital, the trolley was checked daily by staff at the service and restocked appropriately.
- The scanning rooms had air conditioning for patient comfort.
- 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. There were emergency call buttons in each of the scanning rooms.
- The organisation had a policy which referenced the trust resuscitation policy; this was in date with a review date.
- There was a staff resuscitation policy which referenced the trust resuscitation policy, this was in date with a review date.
- The scanning rooms had piped oxygen and suction available if necessary. Patients who needed this type of support would always be accompanied by a nurse. Staff always asked the ward about special requirements for patients before they were brought to the department. We saw that these were noted on the referral forms.
- If staff found an asymptomatic aneurysm they could contact the vascular consultants at the hospital or send the patients to the urgent and emergency care department
- The organisational red flag policy stated that if a vascular scientist found significant disease in a patient attending for an out-patient appointment with no scheduled follow up appointment these patients would be red flagged to make sure that they received appropriate medical attention within an appropriate timescale. A report would be produced stating “urgent vascular surgical opinion recommended”. This would be faxed to the referring consultant and the vascular scientist would confirm that it had been received by the consultant’s secretary who would inform the secretary. The service would also send an email to the consultant alerting them to the report.
- All staff had completed basic life support training including administration staff. Most clinical staff had completed hospital life support training which was the life support training provided by the trust.
- 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. There was a poster in the waiting area advising patients of this.

## Staffing

- The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- The manager could adjust staffing levels daily according to the needs of patients. The service used an electronic rota system that all staff could view.
- There were four members of clinical staff at this location.
- 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

# Diagnostic imaging

protection for access to these machines, staff told us that they did not leave this information on display if a patient had to be left alone in a room. During the two scans we observed, not patient identifiable information (relating to other patients) was displayed on the machines.

- The service used a computerised radiology information system (CRIS) to manage patient information and store patient records.
- Scans could be easily shared with other departments in the hospital using the picture archiving and communication system (PACS). Images were uploaded and printed immediately, and could be sent urgently to the doctor requiring the information; this typically involved those patients being seen in urgent and emergency care. Staff would telephone doctors and discuss the scan images. For those departments in the trust that did not have access to the PACS system, scans could be saved as a PDF document that could be printed and added to patients' records.
- There was a bespoke reporting system which included diagrams which allowed consultants to quickly identify location and severity of disease.
- Any paper records were stored securely, and the organisation had a service level agreement with a company for off-site secure storage. The service was trying to be paper free by December 2019.

## 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, though there had been no incidents where Duty of Candour had been applicable.

## Are diagnostic imaging services effective?

We do not rate this domain

## Evidence-based care and treatment

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

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- The service followed National Institute of Health and Care Excellence (NICE) guidance on deep venous thrombosis scanning.
- New guidance from NICE or from the Society of Radiographers would be discussed at the bi monthly board meetings and then disseminated to all the locations for implementation. This would be in agreement with the host trust.
- The service stored all 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.

## Pain relief

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

## Patient outcomes

- 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
- There was an internal audit schedule for the organisation. Audits included infection control, mandatory training, health and safety, equipment and servicing, customer satisfaction, staff survey, risk assessment, document control, training and staff rota.
- There were interstaff scan audits so that a second qualified member of staff completed the same scan and compared results. This was done every three months and staff had to complete a minimum of eight carotid, abdominal aortic aneurysm, arterial and venous audits. Completed audits were saved on the shared drive.

- The service was looking at 10% of all its scans to be audited. Any significant differences in the scan audits were highlighted to the operational director and the clinical training officer so that staff could undergo additional training.
- Audit results were fed back to staff at meetings and at the annual update meeting.
- The service carried out clinical spot checks that checked correct patient identification, consent, adherence to protocols and infection control issues.
- All staff were encouraged to ask for a second opinion if they were unsure about the results of any scan, we saw that staff, including senior staff asked each other about scan results.

## 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 and so could take up to five trainees. 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 trainees base hospital.
- There was a comprehensive training handbook for all new trainees including information on the training pathway and the training checklist. There was a new starter checklist for the induction of all new staff.
- New staff completed a postgraduate certificate in their first year and then there were examinations from the Society for Vascular Technology (SVT) who were the governing body of the profession. On completion of



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these exams, staff had to have been scanning for at least three years and completed a minimum number of scans, staff were then eligible to sit a final practical examination to become an accredited vascular scientist.

- When 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.
- Staff involved in research had additional training before they could partake in any studies. This included "how to conduct good ethical research". The training records for this training were kept as part of the information stored about the research project.
- There was an annual study day for all staff, the 2019 day was to be held in September and the agenda included some learning from a complaint.
- Following accreditation staff were encouraged to continue their development and staff had to undergo continuing professional development to maintain their accreditation. Staff were encouraged to develop new techniques, to present at conferences and lecture at universities.
- There were learning sessions for staff on interesting scan results.
- Staff provided training and sessions to local universities. The department was putting on training for the vascular surgeons at the trust where they worked.

## Multidisciplinary working

- Staff told us that they had good relationships with the vascular team at the hospital and worked closely with the team.
- During their training staff were encouraged to work with other health professionals in the trust including specialist nurses and radiologists.

## Seven-day services

- The service was Monday to Friday.

## Health promotion

- There were patient leaflets available on different scans and staff could refer patients to smoking cessation services.

## Consent and Mental Capacity Act

- Mental capacity act training was part of the safeguarding training and the equality and diversity training.
- Staff we spoke with understood mental capacity and described incidences when they had taken patients mental capacity into account; this included patients with dementia and cognitive impairment when obtaining consent.
- The service used verbal and implied consent for scans, unless they were undertaking intimate scans or research when they would request written consent. For the two scans we observed staff asked the patient whether they understood what scan they would be having and whether they were happy to proceed.
- Consent was included as part of the training handbook for all new staff.

## Are diagnostic imaging services caring?

Good 

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

## Compassionate care

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- We saw that staff wore name badges and introduced themselves to patients. Patients were always asked if trainees could observe a scan.
- The organisation carried out its own patient survey. Each location was set a target for each quarter of the year, in the period April 2018 to March 2019 we saw that 4237 patients completed the survey; this was against a target of 3400. Results showed that 97% of patients rated the service as good or excellent.
- The service could arrange chaperones for any patients that wanted them. There were signs in the waiting areas and in the scan rooms.



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- We spoke with two patients who were very positive about the service. The patient survey also provided additional information about compassionate care
- When observing the scans we saw that staff were very friendly and reassured the patient at each step of the scan. They checked with the patient whether they were in any pain during the scan and checked their understanding of the procedure.
- Staff maintained patients' privacy and dignity. The ensured that engaged signs were placed on scan rooms doors during examinations. Curtains could be pulled around the scanning areas and there were changing areas with curtains when patients needed to undress. Staff always knocked when they wanted to enter an occupied scanning room.

## Emotional support

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

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

- Staff made sure patients and those close to them understood their care and treatment.

- The appointments were long enough for patients to ask any questions. We observed two scans and staff took their time and answered any questions the patients had. Patients were not rushed by staff, there was enough time for each patient appointment.
- Staff told us that they always made sure that patients knew why they had come for scanning in the department.

## Are diagnostic imaging services responsive?

Good 

We had 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 spacious waiting room. One of the scan rooms included the office.
- There was a one stop transient ischaemic pathway clinic twice a week and patients could be referred to the service on the ambulatory deep venous thrombosis pathway from urgent and emergency care or from their GP. These patients were generally seen on the same day or the day after. The service also saw patients referred from vascular clinics. In patients were seen in the department or on the ward.
- All appointment letters contained patient information with any scan requirements e.g. if they needed to remove any clothing.
- The department was clearly signposted in the hospital.
- The waiting area had enough seating for patients. There was also an area where inpatients arriving on hospital beds could wait.
- Staff had training in moving and handling which was part of mandatory training. Staff had access to moving and handling aids such as sliding boards, banana

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boards and slide sheets (from a neighbouring department) to help staff to move patients safely. The mobility of patients was important factor in the scanning of patients.

- The department was accessible by wheelchair and there was space in the scanning rooms for a hospital bed.
- The service was easily accessible by public transport.

The service had patient information leaflets available regarding abdominal aortic aneurysms, angiograms, leg ulcers and deep vein thrombosis.

## Meeting people's individual needs

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Staff told us how they made reasonable adjustments for patients using the service.
- The service could arrange interpreters, including sign language interpreters, for those patients who did not speak English as a first language and who might have difficulty understanding the scan procedure. This was done through the hospital interpreting service. We saw that referral letters stated if a patient needed an interpreter.
- If patients had a learning disability or dementia, extra time would be allowed for the scan. Staff were made aware of any patient requirements on referral forms. We noted that they asked if patients needed any reasonable adjustments when telephone referrals were rung through.
- In -patients who needed support were always accompanied by a member of staff from the ward.
- 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 used manual sphygmomanometers and there were a variety of sizes of cuffs to meet patient need.

## 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 three to four weeks for a routine outpatient scan.
- There was no wait for patients 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 who were attending the one stop clinic would take their results back to clinic and receive appropriate treatment.
- If a patient failed to attend for an appointment the referral would be returned to the referring clinician. The one stop clinics kept the did not attend rates low.

## Learning from complaints and concerns

Staff understood the policy on complaints and knew how to handle them.

- The service had its own complaints policy and aimed to respond to complaints in three days and to resolve complaints in 10 days. As the service was providing services for the NHS some complaints were received via the appropriate trust complaints service and the organisation worked with the trust to resolve the complaint.

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- 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. There was information around the department about how to complain about NHS treatment.
- The service had a complaints policy that set out the process for complaint investigations. This included reference to the Parliamentary and Health Service Ombudsman should patients not be satisfied with the service's final response. There was no reference to any adjudication service for privately funded patients in the service's complaints policy.
- The service had very low levels of complaints (less than 0.2% of patients had complained about the service).
- Each complaint was reviewed at board level, and any learning was shared with all staff by email. The service explained that there had been a complaint made by a member of staff from the trust about a specific area of staff knowledge; in response, the service had arranged update training for staff in September 2019 as part of the national study day.
- The service did not keep files for each complaint received. Each complaint was instead logged onto a spreadsheet, along with incidents and compliments. The spreadsheet contained details of the complaint, the service's response, whether the response had been sent to the trust within three days, and any learning outcomes.
- The lead clinician would email staff the learning from any complaints.
- 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 had received a grant for a telemedicine project that would help to reduce repetitive strain injuries for the staff, this was round scanning for varicose veins.
- The service aspired to develop a 'training school' service which could be provided to organisations to train their staff.

## Are diagnostic imaging services well-led?

Good 

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

## Leadership

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

## Governance

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Indemnity insurance was provided through Society of Radiographers.
- The department manager attended meetings with staff and clinicians with the hospital vascular directorate. The manager would present a report which

included waiting times and any other issues. The meetings were typically held monthly, but we were told that they did not always happen due to the time pressures on the trust staff.

- There were bi-monthly board meetings where issues such as staffing and regulatory issues were discussed, along with clinical audit results and any ongoing complaints or incidents. Performance data and contractual performance was also discussed. Other agenda items included research funding and developments and Brexit. There was also a finance report
- There were bi-monthly business development meetings attended by senior managers from all sites. We saw that action points from the previous meetings were discussed. Agenda items included any equipment issues, staffing and research. Action points were listed at the end of the meetings.
- One of the vascular scientists had been appointed as clinical governance lead for the service, they would be leading all the inter-staff audits.
- Managers at each location organised their own team meetings to meet that needs of that service. This site did not hold formal staff meetings as there were four members of staff who worked together most of the time.
- The service provided monthly performance reports to the hospital trust, these reports included waiting times for scans. There were also meetings every three months with the trust to discuss performance.
- The research lead supported the governance for each research project. Staff who worked on research projects received study specific training for each of the protocols they were involved in. There was a separate folder on the shared drive for research and only staff involved in the work had access to this folder.
- The organisation used a human resource company to support their personnel records and provide some on line training.

## Managing risks, issues and performance

- Leaders and teams used systems to manage performance effectively.

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- Independent vascular services were the only vascular service to achieve United Kingdom Accreditation Service accreditation (UKAS). Imaging services accreditation is a patient-focused assessment and accreditation programme that was designed to help diagnostic imaging services ensure that their patients received high quality services, delivered by competent staff working in safe environments.
- The UKAS definition of accreditation is a formal recognition that an organisation is competent to perform specific processes, activities or tasks in a reliable, credible and accurate manner.
- The UKAS accreditation meant that the location was delivering a high quality service and gave assurance to the organisation about the delivery of the services at this location.
- The organisation was accredited by ISO 9001, this is an international quality management system where organisations must meet seven quality management standards.
- The service had nine key performance indicators that were set by the trust. These included all patients to be seen within 42 days, in-patients referred before midday to be seen within 24 hours, 95% patient satisfaction with 40% of patients completing the questionnaire and hard copies of reports produced immediately and transferred to the picture archiving and communication system (PACS).
- The service had a quality auditor who visited different sites auditing systems and processes.
- The service was in the process of setting up a performance dashboard for each site. This would allow managers to view their own performance and benchmark it against other sites.
- There were audit meetings to review the performance of staff and highlight any issues that had come up in the audit process and discuss any training that needed to be put in place to support staff. There was also an audit report that was produced every year.
- There was a risk management policy with supporting guidance for the organisation, the policy was in date and had a review date.

- Each location had a risk register. This was mainly about health and safety issues, and risks were not linked to the specific themes of the organisation.

## Managing 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.
- 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

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2019 we saw that 4237 patients completed the survey; this was against a target of 3400. Results showed that 97% of patients rated the service as good or excellent, 97% of patients found the information provided by the service was helpful, 98% of patients were seen on time or early and 99% considered vascular studies premises to be very clean.

- The electronic pad used for the patient survey had large buttons so that it was easier to use for older people and a touch screen, results were immediately uploaded and recorded with results fed back to staff.
- The service carried out a staff survey each year and there had been a 74% response rate to the last survey. Positive results were staff having the skills and tools to do their job, career pathway, and feeling supported. There were some issues that were identified as requiring attention. This included staff pressures in some sites where staff who had been in the service for a long time had left. The service told us that the notice period of staff leaving meant that they could put measures in place to support the others.

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

## Learning, continuous improvement and innovation

- There was a culture of continuous innovation and improvement across the organisation.

# Outstanding practice and areas for improvement

## Outstanding practice

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

## Areas for improvement

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

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