

# QUALITY ACCOUNT

2022/2023



Physiological  
Measurements Ltd.

UNDERSTAND | INNOVATE | DELIVER



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# Quality Account: 2022/23 Statement

**We are pleased to present our quality account for the period of April 1st 2022 to March 31st 2023.**

This comprehensive report highlights our accomplishments and challenges during this time period and outlines our ambitions towards achieving our overall quality strategy and our quality priorities for the upcoming year. The quality account serves as a transparent reflection of the quality of services we provided and demonstrates our commitment to continuous quality improvement.

Despite the challenges posed by the COVID-19 pandemic aftermath, we remained steadfast in upholding patient safety protocols whilst embracing innovative methods to address sector wide issues such as staff shortages and skill mix considerations. Despite this, during the

2022/2023 reporting period, we successfully performed over 150,000 diagnostic scans, reinforcing our commitment to serving the healthcare needs of our communities.

This report provides a summary of our service quality challenges, achievements and areas for improvement. It is our continuous quest to strive to deliver the best possible services and care to our patients; a service we can all be proud of that delivers real value to communities. This is a challenge that we accept and take on wholeheartedly.



**Andy Honeyman (Executive Director)**

# Quality Account: Purpose

As a provider of NHS healthcare services, we are obligated to publish an annual quality account. This report not only informs our service partners and the public about the quality of care and services we deliver but also acts as a tool for self-evaluation, helping

us to identify areas requiring both service and patient experience improvements.

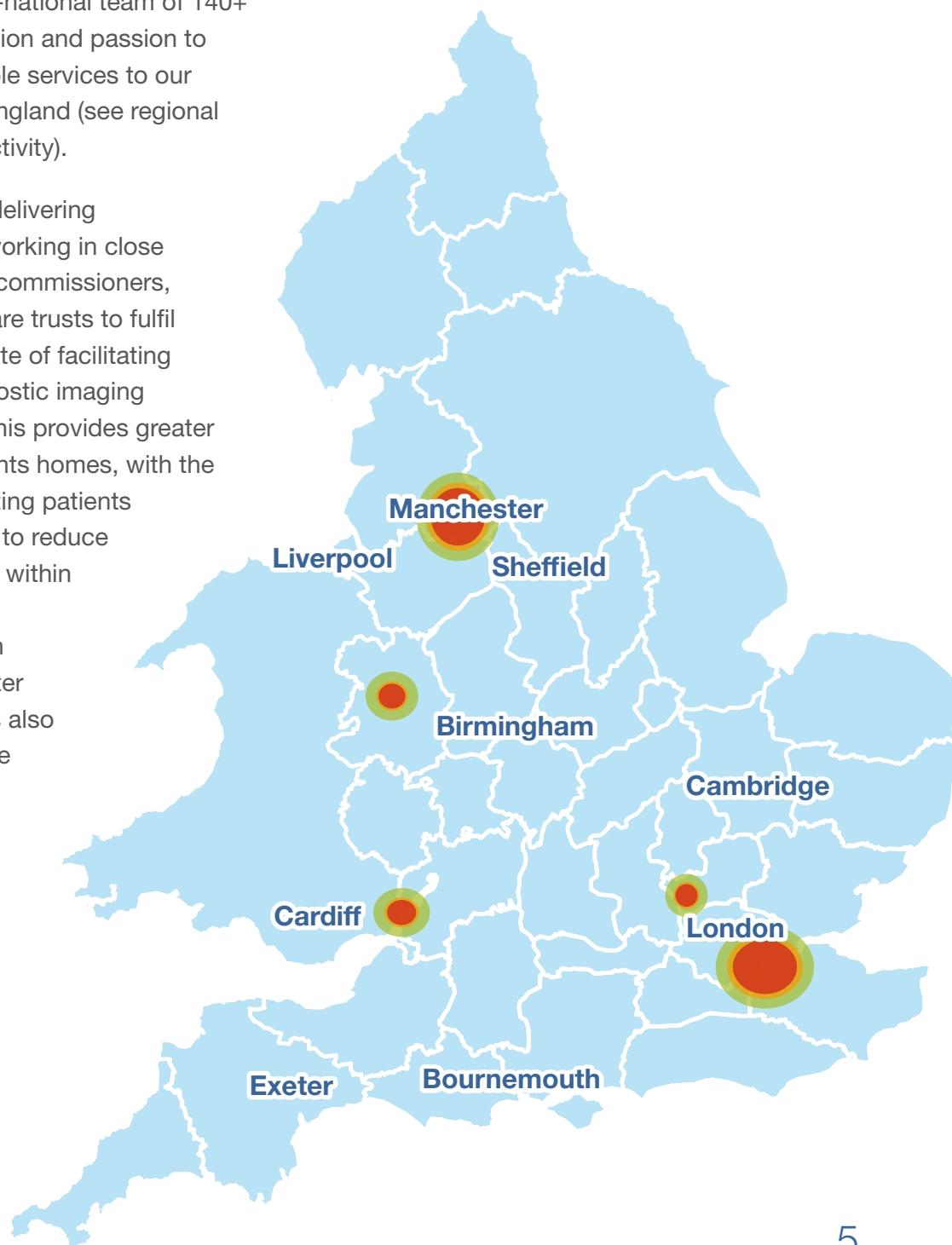
We welcome feedback from our service partners and patients in our pursuit to deliver ongoing quality and service improvements.

# About Physiological Measurements (PML)

**Physiological Measurements (PML) is a leading independent provider of community ultrasound and cardiology services established in 2005 by former clinical physiologists Andy Honeyman and Jon Pither.**

We are a diverse multi-national team of 140+ people, united by a vision and passion to deliver the best possible services to our communities across England (see regional heat map of service activity).

PML is committed to delivering exceptional services working in close partnership with NHS commissioners, GPs and secondary care trusts to fulfil NHS England's mandate of facilitating direct access to diagnostic imaging services to patients. This provides greater choice, closer to patients homes, with the added benefit of diverting patients from hospitals helping to reduce waiting time pressures within the acute sector. This collaborative approach not only facilitates better patient access but has also been shown to improve patient outcomes.





# Our Core Values

At PML, our core company values are the guiding principles for all aspects of the services we deliver and we strive to embody these values in every aspect of our work. Our core values are:



**Safety and care for people:** Ensuring the safety and well-being of our patients is paramount.



**Encouraging innovation:** Embracing innovative approaches to enhance patient care and service delivery.



**Quality and excellence in our services:** We are committed to delivering high quality services and care to our patients.



**Developing talent:** Nurturing our staff's skills and abilities to ensure excellence in their roles.



**Sustainability & corporate integrity:** Acting responsibly and ethically in all our business practices.



**Embracing openness and valuing diversity:** Fostering an inclusive and diverse work environment that celebrates uniqueness.



## Part 1:

# Statement of Quality

**At PML we place paramount importance on delivering safe and efficient healthcare services overseen and driven by effective leadership and collaboration between our executive directors and senior management team. Our commitment to patient safety, clinical excellence and continuous improvement is at the heart of our quality statement.**

Our executive directors and senior management team work hand in hand to provide strong and visionary leadership. Together, with the support of our wider team, we ensure adherence to regulatory standards are maintained which in turn promotes a culture of excellence throughout the company. This collaborative approach also empowers us to make informed decisions and implement strategic initiatives that benefit our patients and stakeholders.

As a team, we prioritise patient safety above all else. Through a comprehensive risk assessment framework we can quickly identify potential hazards and vulnerabilities within our service delivery. Consequently, we can proactively put in place the necessary corrective measures or improvements to ensure we are able to incorporate any learnings that may improve overall performance. By combining effective leadership, evidence based practices and rigorous risk management we can ensure that our services remain safe and effective.

# Quality Strategy

Our quality strategy revolves around providing patient-centric, timely, efficient, high quality and equitable community ultrasound and cardiology services. To achieve our quality objectives, we are dedicated to:

- Creating a high performing organisation: building a culture of excellence and collaboration, forging strong partnerships with staff and key stakeholders.
- Improving choice and access: enhancing patient choice and access to diagnostic scans and tests within the community setting to facilitate better outcomes for patients.
- Continuous improvement: Employing the **Specific-Measurable-Attainable-Realistic-Time** specific (SMART) model to continually evaluate and enhance the quality of our services.
- Staff development: Investing in staff, ongoing recruitment, training and personal development programs to ensure our team can consistently meet patient care requirements.





# Part 2:

## Priority for Improvements 2023/2024

- Continue to support NHS England’s plan for the expansion of timely access to diagnostics initiatives.
- Cultivating a “safety through learning” culture
- Embrace innovation and technology to develop and help deliver more efficient services.

### Why we think these objectives should be a priority?

As a trusted partner of the NHS, we are fully committed to supporting their ambitious plans to expand timely access to diagnostics. We understand the crucial role diagnostics play in early detection, accurate diagnosis and improved patient outcomes. By prioritising a “safety through learning culture” we align our efforts with NHS England’s vision of delivering safe, timely and high quality diagnostic services to all patients. Emphasising continuous learning and safety via specific measures further strengthens our contribution to this critical NHS initiative.

### How we will achieve this?

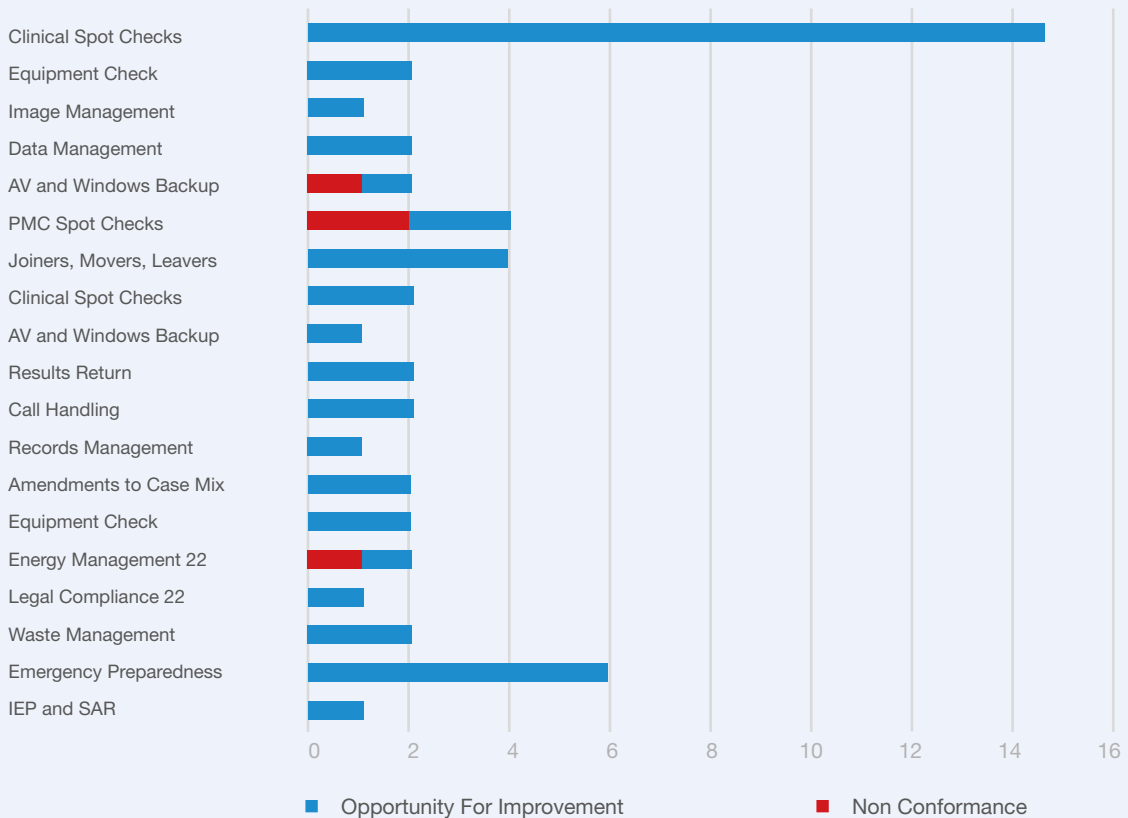
- Demonstrating the active involvement of all stakeholders including patients, clinicians and commissioners as we collectively work towards expanding timely access to diagnostics.
- Engage with patient safety groups, involving them in service experience discussions with the emphasis on using information shared as a means to further improve patient experience.
- Implementation of the Patient Safety Incident Response Framework (PSIRF) in collaboration with NHS England’s national guidelines, ensuring that all safety incidents related to our services are addressed promptly and thoroughly.
- Utilise learnings from the patients safety events system to maximise knowledge sharing.
- Further develop ways to capture and share learning across the company more effectively ensuring improvements are disseminated across the wider team.
- Being open to exploring different approaches and (where necessary) doing things differently where evidence and information has determined best practise change is required for improved outcomes.
- Embracing new ways of working including the utilisation of new systems and technology to further improve service delivery.

# Part 3:

## Review of Quality Priorities and Performance 2022/23

### Internal Quality Management

A PML, we have established a robust internal Quality Management System (QMS) that adheres to the rigorous standards set forth by ISO 9001:2015, a globally recognised benchmark for quality management. Integral to our QMS is our ongoing internal audit program (see the chart below) which entails regular thorough assessments of our operations, procedures and clinical practices, covering all aspects of the business including administration, clinical competency, Standard Operating Procedures (SOPs) protocols, staff training and much more.





## Internal Audit Results Analysis: Non-conformances (NC) and Opportunities for Improvements (OFI)

Areas recording the highest levels of NCs or OFI, as shown in the preceding chart, are as follows;

- **CLINICAL SPOT CHECKS (OFI)** It was noted that one clinic had some access issues due to being located upstairs. One of the toilets had been out of use on one site.

**ACTION TAKEN:** Patients with difficulties walking upstairs are offered the choice to book into alternate clinic locations. Toilet reported to site manager and subsequently fixed.
- **JOINERS MOVERS, LEAVERS (OFI)** No standard operating procedure (SOP) is available for joiners and leavers. Joiners and leavers checklist was not a controlled document.

**ACTION TAKEN:** Joiners/leavers SOP has now been created and a checklist is now version controlled which ensures staff are adhering to the most up to date requirement.
- **EMERGENCY PREPAREDNESS (OFI)** Business Continuity Plan testing and fire evacuation procedures were audited throughout the year. It was noted that whilst overall in both areas we were compliant, there were several OFIs identified including; how to deal with patient calls if evacuation is required, better communication in regards to what equipment is needed by PMC staff required to work remotely.

**ACTION TAKEN:** Ensure staff are aware of fire evacuation points. A list of BCP laptops and who the asset owners are included in the BCP.

A further test was carried out post communications with 100% compliance achieved.

## Clinical Audit Process

All our Sonographers are subject to a minimum of 5% monthly clinical audit (of scans carried out) as per guidance from the Society and College of Radiographers (SCoR) and the British Medical Ultrasound Society (BMUS). The audits are compiled using the following criteria;

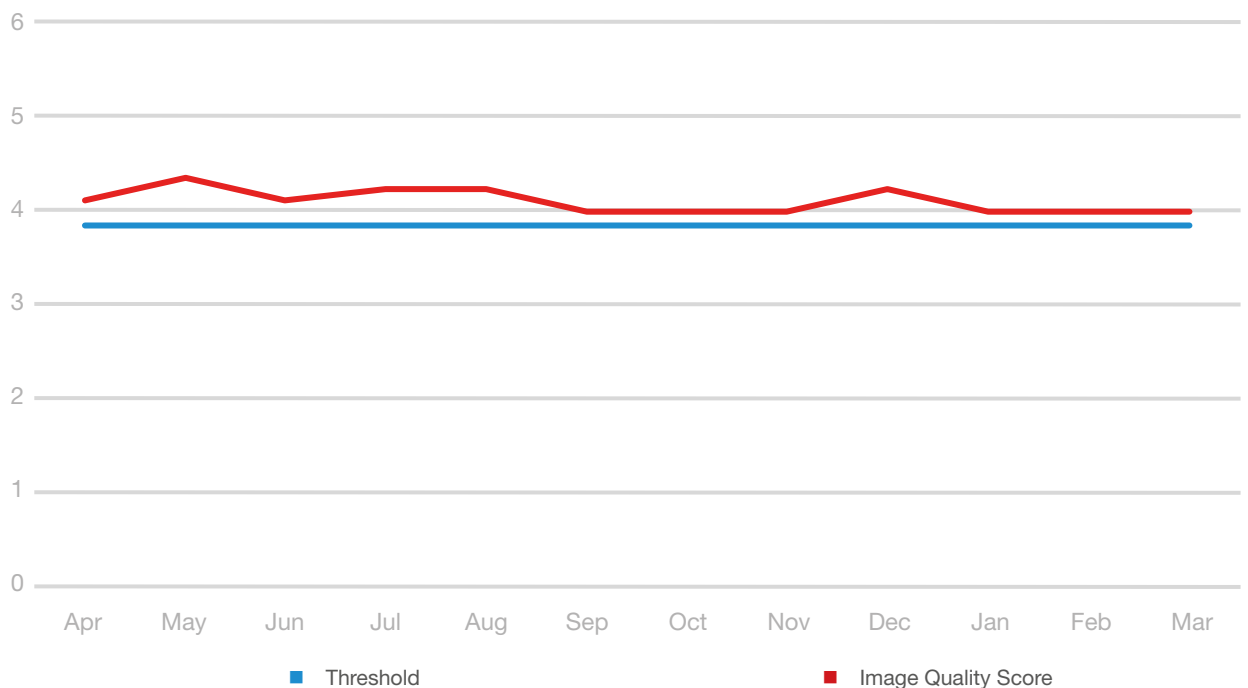
- Image quality
- Report quality
- Quality of advice/conclusion

In addition, the appropriateness of seeking a Radiologist comment/ second opinion is also assessed. Each of the categories above has an assigned scoring system which enables a quantitative measure to be given. **A mean score of 3.8 or above across all categories** is the expected standard. Scores lower than this would be subject to review of performance.

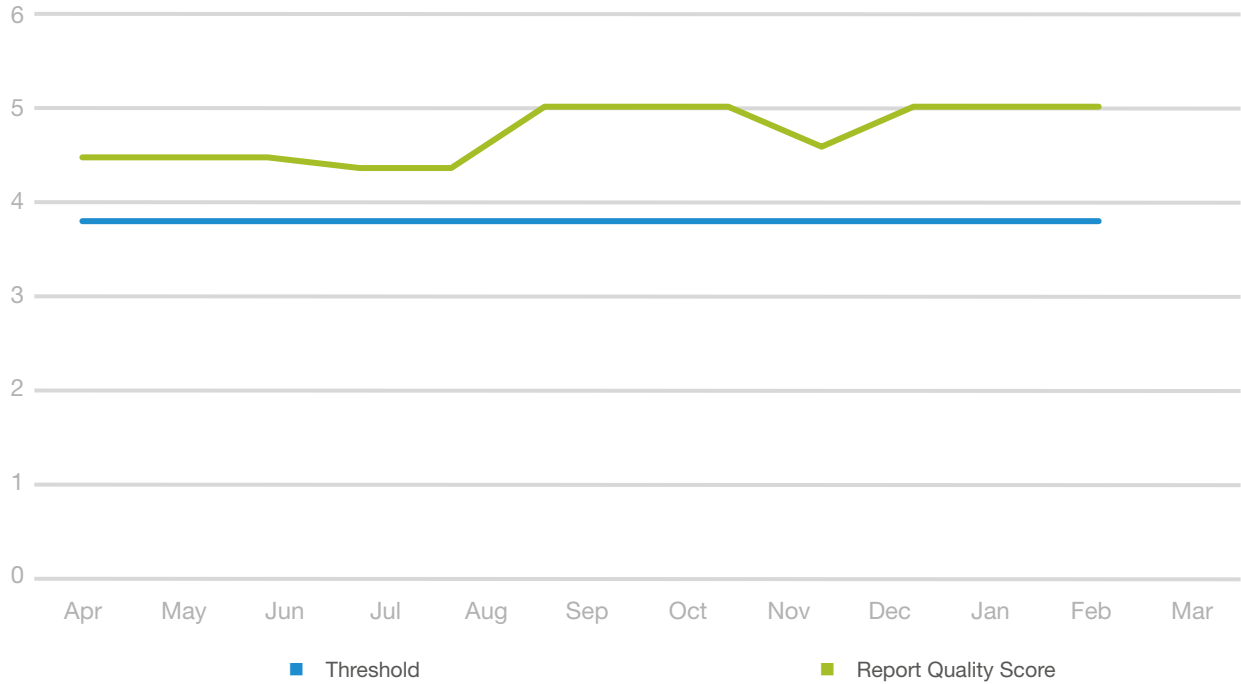
Any score of 2 or lower will be referred to a discrepancy meeting. Any score of 1 or less would trigger an incident investigation procedure. More than one score of 2 or less (for any two separate ultrasound examinations) within the same audit cycle or a trend of a high referral rate to any discrepancy meeting would lead to a period of supervised practice and remedial training for the Sonographer.

Across the three categories indicated our audit process has revealed that we are consistently exceeding our expected standards as shown in the following charts:

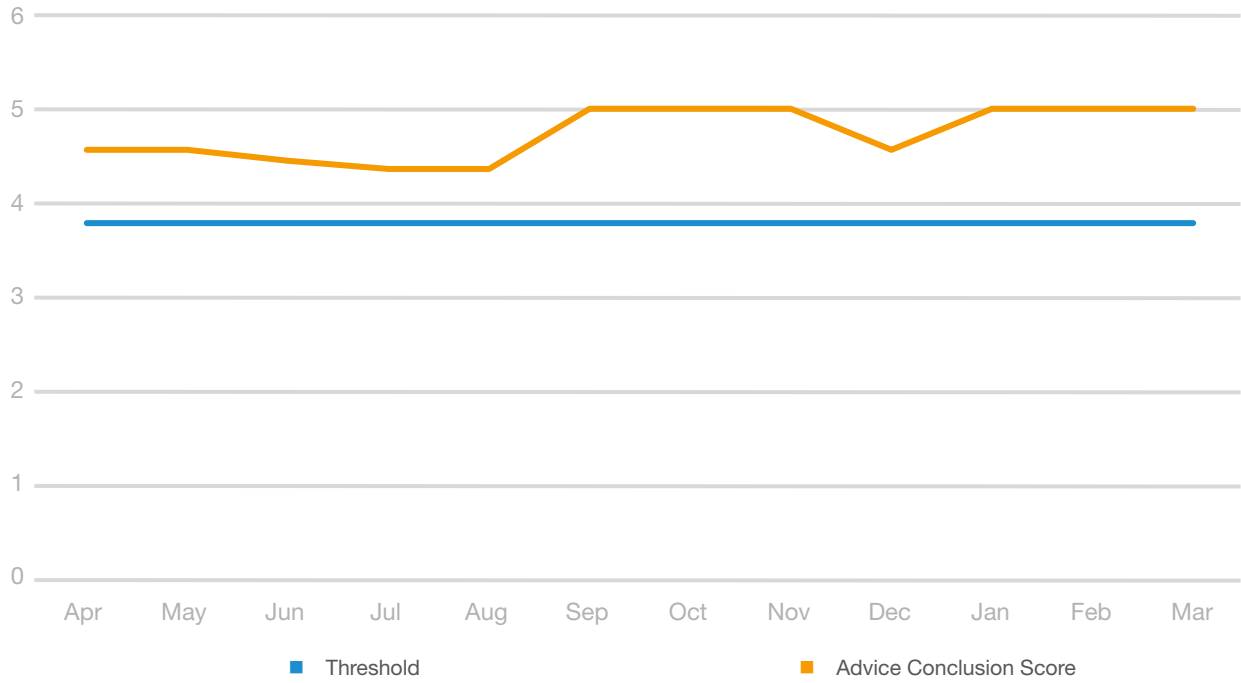
### Quality Scores



### Report Quality Score



### Advice Conclusion Score



Where the reporting standard was not met, our audit review process would automatically be triggered. On-going clinical audit allows us to monitor the clinical quality of the service for all clinicians and address any discrepancies swiftly thus ensuring a high standard is maintained.



## Quality Assurance: Care Quality Commission Statement

As an independent regulator of health and adult social care in England, the Care Quality Commission (CQC) are responsible for assuring that all health and social care providers deliver services that are safe, effective and of high quality. This is done through inspection and ongoing monitoring of healthcare providers services against specific criteria. Our last CQC inspection in 2019 was rated Good across all domains. The report can be viewed using the following link <https://www.cqc.org.uk/location/1-36338908>.

## External Certifications

PML has certification in ISO 9001:2015 (Quality) and ISO14001:2015 (Environmental) standards. We currently meet the latest national data guardian standards through completion of the Data Security and Protection Toolkit (DSPT) and are Cyber Essentials certified. We are taking active steps to reduce our carbon footprint with the development of our net zero programme in keeping with the Greener NHS National Programme.

## Cyber Security

In today's interconnected digital landscape, safeguarding personal and sensitive data whilst maintaining the integrity of our systems

is vital. We recognise the escalating threat of cyber attacks and potential risks they pose to our operations and the security of patient information. With this in mind, we have proactively established a comprehensive cyber security framework to counter these threats to ensure the utmost protection.

A cornerstone of our cyber security strategy is our strategic collaboration with a leading third party cyber security specialist company. This partnership allows us to conduct independent vulnerability and penetration testing scans either within a defined schedule or randomly as required. By subjecting our digital environment to rigorous testing, we have gained valuable insights into any potential entry points for cyber threats and have taken, where appropriate, decisive action to strengthen our defenses.

## Safeguarding Statement

Our approach to safeguarding is rooted in vigilance, compassion and collaboration. We have implemented robust safeguarding policies and procedures in line with our regional service partners and local authority guidelines.

All of our staff complete as a minimum adult and children safeguarding Level 1 training during their induction, with all patient facing staff required to complete at minimum adult and children Level 2 training to equip them with the knowledge and awareness to recognise signs of abuse or neglect and take prompt and appropriate action where concerns arise.

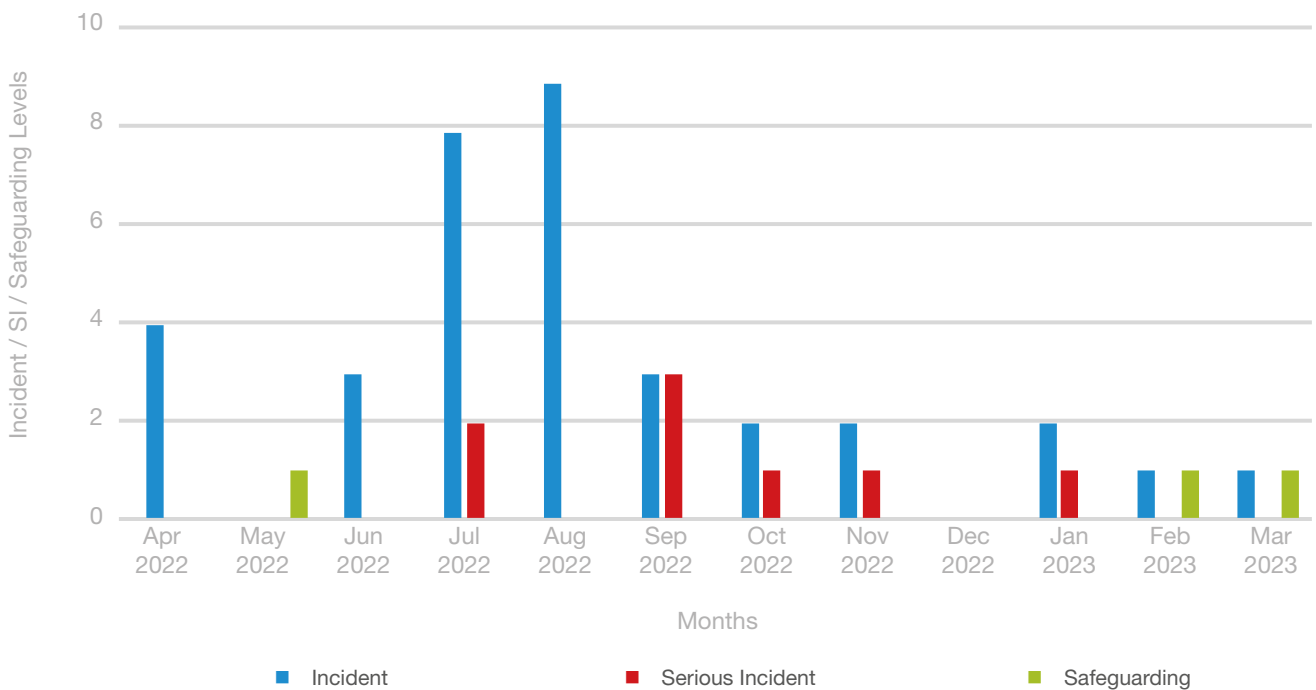
# Patient Safety Incident Investigations and Management

In line with our commitment to deliver safe and high quality services, we have fostered a culture of proactive reporting, management and learning from incidents. This approach enables us to share insights and derive valuable lessons from any errors thereby improving the safety of patients and staff.

Instances of significant (serious) incidents are promptly escalated to the senior management team who will oversee a thorough investigation with root cause analysis and resolution process. The investigative process extends beyond each individual case as we seek to understand whether any systemic underlying causes or failures within our service or how we “do things “contributed to the incident.

The concept of “never events” as defined by NHS England, signifies serious incidents that should be entirely preventable due to the availability of established guidelines, safety protocols and when the right processes and procedures implemented are followed. In this way, never events act as a barometer to the effectiveness of systems and processes we have in place.

## Incident / SI / Safeguarding Levels from April 2022 to March 2023



It should be noted that not all incidents result in harm to patients but can also include clinical errors, security breaches, major IT failures and more.

There has been one notifiable incident reported to the CQC during this reporting timeperiod. In addition all serious incidents are reported to the relevant CCG. When an incident occurs we are open and transparent in informing the patient and ensure we meet our requirements as per our duty of candor policy. Overall, our incident rate remains low at 0.03%.





## Infection Prevention and Control

PML believes that adherence to strict guidelines as outlined in our infection control policy is of the utmost importance in ensuring the safety of both service users and staff. All staff undertake infection control training commensurate with their role with annual refresher training undertaken to ensure staff remain up-to-date with their core knowledge and best practice guidance. Additionally, we routinely undertake periodic unannounced spot checks and carry out scheduled infection control audits within clinical and non-clinical settings.

## Equality, Diversity and Inclusion Statement

Equality, diversity and inclusion, at its heart, is about creating and sustaining a workplace culture where all members of staff feel they belong and are valued. At PML, we are committed to promoting equality, diversity and inclusion in all areas of our business. Our equal opportunities policy and adherence to the Workforce Race Equality Standards (WRES) reflect our commitment to fairness, respect and equal opportunities for all staff.

Following our first WRES submission report last year we put an action plan in place which added further detail (via our annual staff survey) to link in with our WRES reporting requirements (see our staff satisfaction survey results). We are pleased with our progress and the steps we have taken to remain an inclusive and equal opportunity employer.

# Patient Experience

Guided by the NHS long term plan’s emphasis on patient centric care, we prioritise enhancing and learning from patient experiences and feedback. We utilise SMS text messaging (following appointments or scans) and patient satisfaction surveys to gain valuable insights into patient experience when using our service. In addition, patients can give feedback directly via our call centre, website or email. By proactively canvassing the opinions of our patients we can ensure that our services remain patient focused, responsive and compassionate.

We carried out a patient SMS survey throughout the 12 months from April 2022 to March 2023.

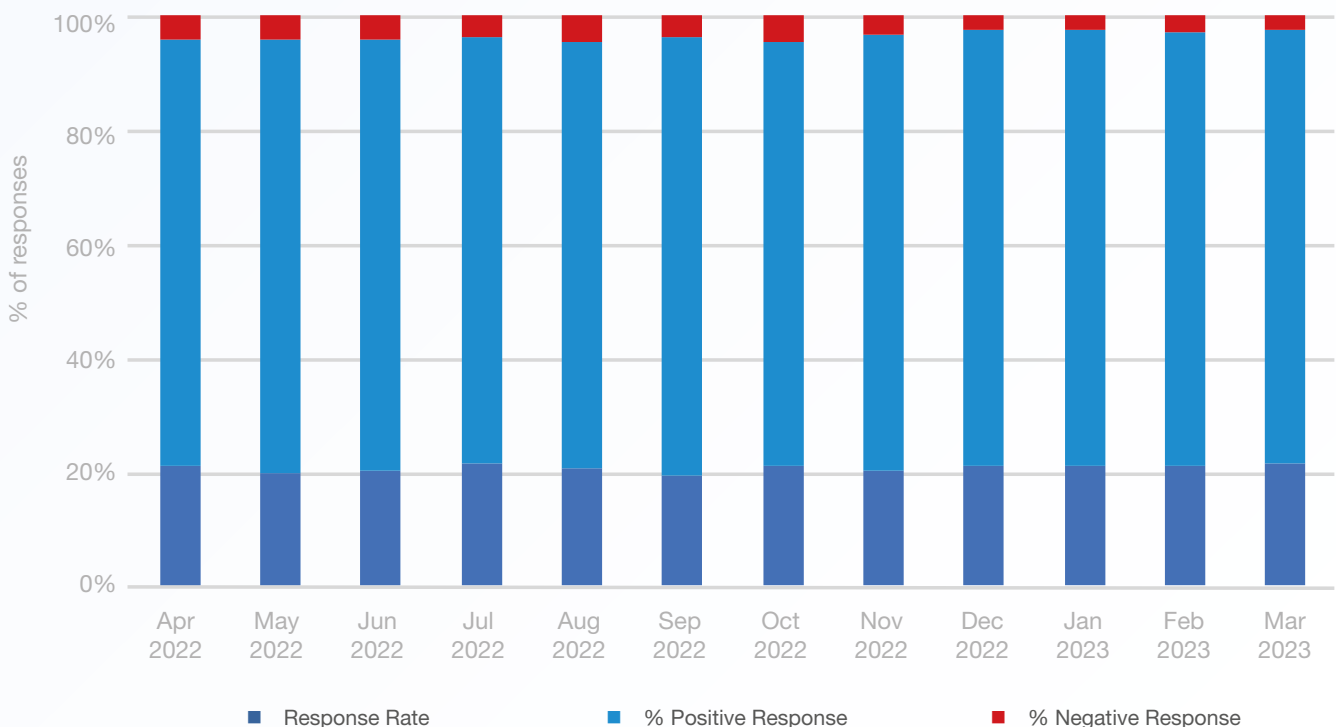
A total 162,528 SMS messages where sent to patients. The average response rate was 26%.

The survey asked the following questions:

<p><b>1. Would you recommend our service to family or friends if they required similar care or treatment?</b></p>	<p><b>2. Thinking about your response to the previous question, what is the main reason you feel this way?</b></p>
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The chart below illustrates the findings of the SMS survey.

## SMS Patient Feedback



## Survey Trends and Insights

Overall, on average 95% of patients surveyed gave positive feedback whilst 5% of patients gave negative feedback.



### Examples of Positive Feedback

**Fast efficient service.**

**Impressed with the whole service.  
Given a same day appointment.**

**Appointment was local and fitted  
in with my commitments.**

**Professional, courteous and reassuring  
staff. Clear communication and  
explanation of what was about to  
happen and what was expected from  
me, at each stage of the process.**



### Examples of Negative Feedback

**Didn't explain procedure.**

**No communication, I had no  
information from the doctor. He  
sent me home without telling me  
nothing. He just said that I will  
receive the results through my GP.**

## Learning from Feedback

We have largely maintained or improved our satisfaction scores with an overwhelming majority of our patients, which indicates we are still achieving high levels of services and care. Our dedicated patient experience lead ensures that we directly respond to all patient feedback, however it is received, which in turn is incorporated into our governance processes and shared (as learnings) with the wider team.

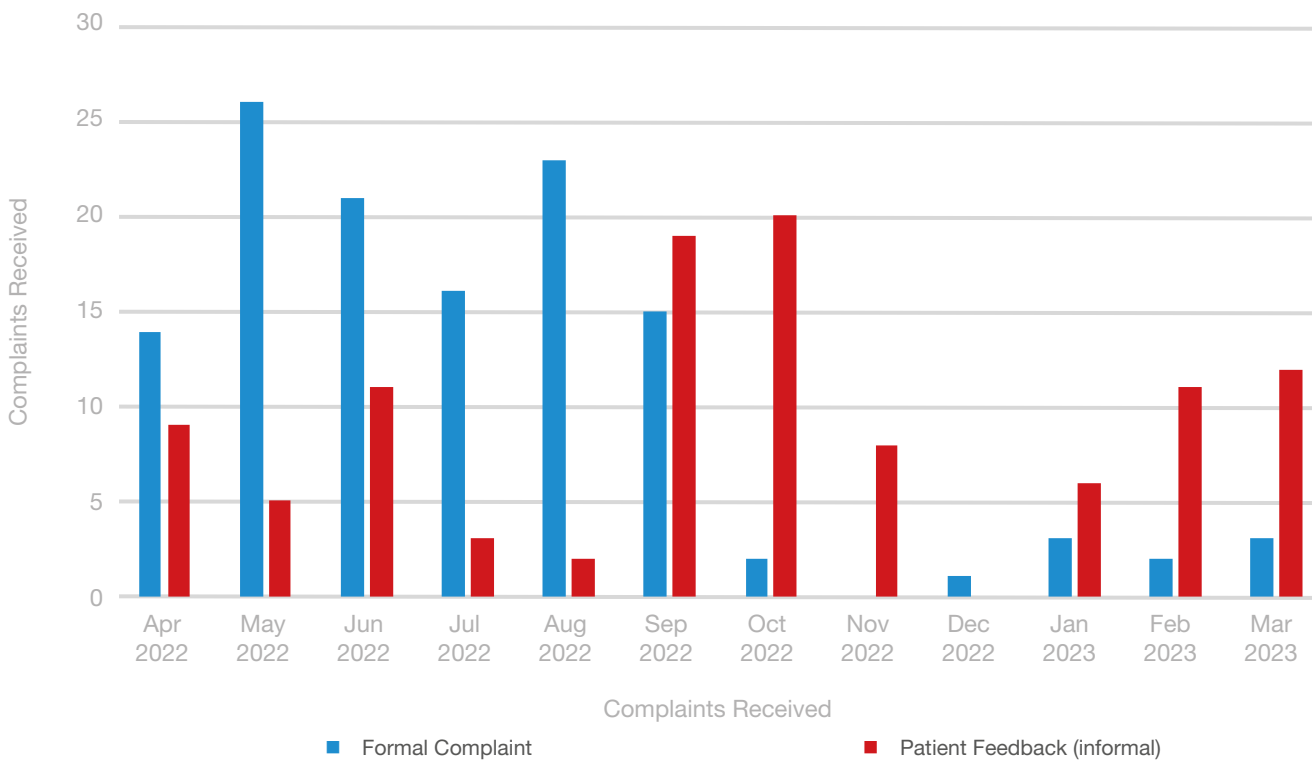
# Complaints

Complaints whilst not ideal, form an essential part of our learning process. We uphold the belief that all complaints should be managed with transparency, fairness and promptness. Our complaints policy and procedure aligns with regulatory standards and emphasises our commitment to addressing concerns, improving services and ensuring patient satisfaction. We aim to respond to all complaints within 20 working days. If it is not possible to respond to a complaint within the specified time frame, we will always contact the complainant and agree a revised time frame for resolution.



We received a total of 86 complaints in 2022/2023 (less than 0.05% of total scans done). The chart below illustrates the levels of formal and informal complaints (recorded as feedback).

## Total Complaints Received and Completed



## Summary of Months where Highest Levels of Complaints Recorded

**MAY 2022:** 30% of the complaints related to patients who had their appointment cancelled or the patient had turned up late and was asked to re-schedule as they had missed their booking.

61% of the complaints related to poor communication, by either mis-understanding the SMS text booking message or that some staff members, including PMC and clinical staff, were abrupt to patients.

### ACTIONS TAKEN AS A RESULT OF FEEDBACK

- Where examples of poor communication and bedside manner had occurred, it was subsequently raised at Sonographer meetings and discussed with individuals concerned.
- SMS text message was amended to prevent further misunderstandings

**AUGUST 2022:** Complaints received related to:

1. Patient waiting times for appointments or being turned away if patient was late for appointment
2. Clinic locations
3. Communication issues with clinical staff and patient.

### ACTIONS TAKEN AS A RESULT OF FEEDBACK

- Ongoing review of waiting lists being managed more effectively. Patients are now able to change clinic location if desired.
- Improving communication between patients and staff continues to be discussed with individuals and raised at team levels where appropriate.

**OCTOBER 2022:** Complaints received during this month related to reduced staffing levels within our patient management centre (PMC) which impacted our ability to answer patient incoming calls in a timely manner. Patients were experiencing long waits whilst waiting to get through to an administrator to book appointments.

### ACTIONS TAKEN AS A RESULT OF FEEDBACK

- A change of PMC manager and improvements in staff training where instigated.
- Our opening times where extended and improvements in staff numbers and scheduling ensured better staff utilisation resulting in improved call pick up rates.



## **Duty of Candour Statement**

Honesty, transparency and openness are fundamental tenets to our duty of candour policy. When things go wrong, we communicate openly with patients and families providing sincere apologies and explanations in a timely manner. By maintaining this commitment to candour we hope to continue to foster a level of trust and accountability in our services.

## **Freedom To Speak Up Statement**

We actively encourage a culture of openness and support for staff to raise concerns. Our freedom to speak up policy protects whistle blowers and ensure their voices are heard. Additionally we have a designated freedom to speak up champion who acts as a confidential point of contact for staff. This role is pivotal in ensuring that every staff member feels empowered and supported to voice their concerns or ideas without fear of reprisal.

## Staff Satisfaction Surveys

Utilising staff satisfaction surveys is a way for us to engage with staff and understand how they really feel about working at PML. It also enables us to quickly take action to continue to improve staff wellbeing, job satisfaction and drive retention and loyalty.

At PML we carry out an annual anonymous staff survey which captures the experiences of employees and affords them a platform from which to voice positive experiences and areas for improvement (zero returns should also be considered when viewing this data). The most recent staff survey took place in October 2022. A summary of the results are shown below:

### Health and Wellbeing

**87%** of staff surveyed feel they have a good work/life balance

**94%** of staff surveyed feel happy working with their colleagues

**ANALYSIS:** The results suggest that a majority of staff feel they have a good work/life balance and positive interpersonal relationships within the company.

### Staff Engagement

**87%** of staff feel proud to work for PML

**86%** of staff feel proud of the services we offer our patients

**74%** of staff feel they are a valued member of the PML team

**ANALYSIS:** Whilst the results are positive, we recognise that in terms of how staff feel valued this is an area that improvements can be made. We are working on introducing reward and recognition initiatives which highlight the efforts of employees across all levels.

## Training and Development

**78%** of staff feel they are adequately trained for their role

**65%** of staff feel they have the opportunity to progress

**ANALYSIS:** Whilst a significant proportion of staff feel they have received the right amount of training for their role the percentage of respondents who feel they have opportunities to progress is still relatively low which suggests there may be a potential gap in career development opportunities. This is any area where we are continually evaluating via our appraisal process to help employees identify and work towards career goals.

## Equality

**87%** of staff surveyed feel that they have not experienced any form of discrimination at work.

**89%** of staff surveyed do not feel they have experienced any form of bullying or harassment by other team members.

**25%** of Senior Management Team are from a Black, Asian, and Minority ethnic (BAME) background (An increase of 7.5% over the previous year)

**38%** of our staff are BAME (An increase of 6% on the previous year)

**48%** of our staff are non-clinical of which 2.2% are BAME.

**52%** of staff are medical staff of which 38% are BAME.

**ANALYSIS:** The numbers are very positive and suggest we have an excellent environment of equality and inclusivity. We are continuing our efforts to maintain this by promoting awareness and providing channels for reporting.



# Continual Service Development/Improvement

At PML, we recognise that innovation and progress are essential elements for the delivery of a high quality diagnostic imaging service. Our commitment to continuous service development is underpinned by a strategic approach that focuses on investing in key areas, nurturing partnerships and fostering a culture of excellence.

## Investment in Staff

Our dedicated and highly skilled workforce forms the backbone of our service delivery. We prioritise the development and well-being of our staff through ongoing training, professional growth opportunities and a supportive work environment. During the 2022/2023 reporting period we have added the following key personnel to our team

- Deputy Director of Governance and IT
- Business Relationship Manager
- Governance Lead
- Patient Experience Lead
- Senior Data Analyst
- Carbon Net Zero Administrator

We have also continued to invest heavily in strengthening our clinical workforce with the development of our overseas workforce recruitment programme. This has already started to yield positive results and remains a cornerstone in our journey towards elevating care standards and achieving our overall services quality aims.



## Investment in New Systems and Initiatives

### Radar

We have recent begun the process of implementing Radar, an award winning quality and compliance software, which will help us to streamline our governance processes allowing us to be more efficient and responsive. It also has the added benefit of allowing us to share information more easily with other organisations.

### Social Value Initiatives

PML as a provider of community healthcare services recognise the importance of providing added social value in the communities we work in, whether this is via the creation of local jobs, supporting community health and wellbeing initiatives or by improving the local environment. With this in mind we have begun the process of developing a social value strategy. To help us in this new endeavor we have taken the decision to partner with a specialist social value consultancy firm who will support us in identifying and delivering social value initiatives that will have real social impact in the community.

### Carbon Net Zero

PML are actively working to achieve PAS 2060 carbon certification and we are working to develop a carbon reduction plan.

As we move into the future we are fully committed to ongoing investment in both technology and resource to ensure we continue to deliver a safe, dependable and an efficient service for all of our patients.

# Conclusion

**As we conclude this quality account report for 2022/2023, we reflect on a year marked by challenges, setbacks and accomplishments.**

Our journey over this year has been one of resilience and adaptation where the impact of COVID-19 emphasised the need for enhanced patient safety measures, and the adoption of different ways of working to continue to deliver our services. We are inspired by the progress we have made and continue to make and remain dedicated to achieving our mission of excellence.

We extend our gratitude to our dedicated staff, partners and patients for their support and collaboration on this journey. Together we shape a future where quality and excellence are the cornerstones of every interaction and service we offer.





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**Physiological  
Measurements Ltd.**

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