



Physiological  
Measurements Ltd.

 an Inuvi company

UNDERSTAND  
INNOVATE  
DELIVER

# Quality Account

2025/2026

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# PART 1

## Statement on Quality from the Group Chief Operating Officer

I am pleased to introduce Physiological Measurements Ltd.'s Quality Account for 2025/26, which sets out our performance and progress over the past year, and our priorities for the year ahead.

This has been a year of continued development for PML. We delivered 147,591 diagnostic examinations across our NHS contracts, supporting earlier diagnosis and faster access to care for patients across England. Our governance arrangements continued to mature, underpinned by a strong clinical audit programme, robust incident reporting and learning, and ongoing investment in workforce compliance and digital systems.

I am particularly pleased that PML has continued to build on its achievement of independent ISO 14064-1 greenhouse gas verification, alongside maintaining certification to ISO 9001 and ISO 14001, demonstrating our commitment to environmental responsibility as well as clinical and operational quality. We also renewed our Cyber Essentials Plus accreditation and maintained a Data Security and Protection Toolkit status of Standards Exceeded, reflecting the importance we place on protecting patient information.

As part of the wider Inuvi Group, PML is working closely with colleagues across the Group to align governance frameworks and share learning, ensuring that patients benefit from consistent, high-quality standards wherever they access our services. Looking ahead to 2026/27, our priorities include strengthening workforce assurance, enhancing internal audit, and continuing to improve patient experience and accessibility.

I would like to thank our staff for their continued professionalism and commitment to patient safety and quality, and our NHS commissioners for their ongoing partnership. I confirm that, to the best of my knowledge, the information contained within this Quality Account is accurate.



**Stewart Graham**

Group Chief Operating Officer

## Introduction

This Quality Account describes the quality of services delivered by Physiological Measurements Ltd between 1<sup>st</sup> April 2025 and 31<sup>st</sup> March 2026.

Quality Accounts are annual reports that provide information about the quality of healthcare services delivered to patients and other stakeholders. They are intended to demonstrate organisational performance, highlight achievements, identify areas requiring improvement and outline future priorities.

The report draws upon information obtained from a range of sources including clinical audit, patient feedback, incident investigations, complaints, workforce metrics, internal audits, governance reviews and service performance monitoring.

Throughout 2025/26, PML continued to place patient safety, clinical effectiveness and patient experience at the centre of service delivery. The organisation remained committed to continuous improvement through robust governance processes, strong clinical leadership and a culture that encourages learning and openness.

## About Physiological Measurements Ltd

Physiological Measurements Ltd is a specialist provider of community-based diagnostic services supporting NHS patients across England.

The organisation provides non-obstetric ultrasound and cardiology diagnostics from community locations including GP practices, health centres and other primary care settings. Services are designed to improve access to diagnostics closer to home, reduce waiting times and support earlier diagnosis and treatment.

During 2025/26, PML delivered services across multiple NHS contracts including Bromley, Gloucestershire, Greater Manchester, Derbyshire, Bury, Tameside and Glossop, Bexley and Shropshire.

During the reporting period, PML received 177,054 referrals and completed 147,591 diagnostic examinations.

## Service Activity Overview

Activity	Total
Referrals Received	177,054
Examinations Undertaken	147,591
Ultrasound Examinations	131,953
Cardiology Examinations	15,638

In addition to delivering diagnostic services on behalf of the NHS, PML continues to support workforce development, environmental sustainability, digital innovation and organisational learning as part of its wider commitment to quality improvement.

The organisation is certified to ISO 9001 and ISO 14001, maintains Cyber Essentials Plus accreditation and currently holds a Data Security and Protection Toolkit (DSPT) status of Standards Exceeded.

## Quality Governance Framework

Physiological Measurements Ltd maintains a comprehensive governance framework designed to ensure the delivery of safe, effective and high-quality diagnostic services. The framework provides oversight of clinical quality, patient safety, information governance, workforce compliance, environmental management and organisational performance.

Governance arrangements are supported by a multidisciplinary leadership structure comprising the Medical Director, Clinical Services Director and Director of Clinical Governance, supported by operational managers, governance personnel and lead clinicians. These arrangements ensure that quality and safety remain central to service delivery and that risks, incidents and emerging issues are reviewed and managed appropriately.

A programme of weekly and monthly governance meetings continued throughout 2025/26. Weekly governance meetings provided operational oversight of incidents, complaints, safeguarding concerns, audits and emerging risks, while monthly governance meetings reviewed organisational performance, quality indicators, compliance activity and quality improvement initiatives.

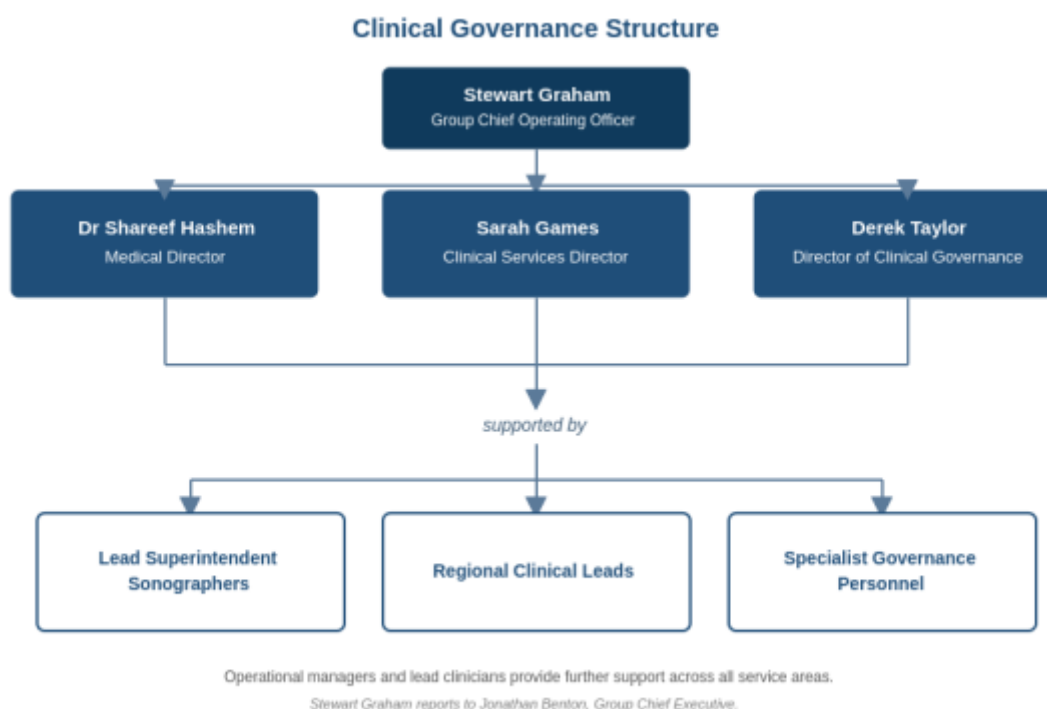
Radar remains the organisation's primary digital quality management platform and is used to manage incidents, complaints, risks, audits, action plans and policy documentation. The system provides a central repository for governance information and supports effective monitoring of quality performance across all service areas.

The Patient Safety Incident Response Framework (PSIRF) remained fully embedded throughout the reporting period and continues to support a systems-based approach to patient safety and organisational learning. Learning arising from incidents, complaints, audits and safeguarding concerns is reviewed through established governance structures and used to inform service improvement activities.

PML also continued to work closely with the wider Inuvi Group during the reporting period to align governance frameworks, strengthen assurance processes and support the development of consistent governance standards across Group companies. This work will continue throughout 2026/27 and represents a key strategic priority for the organisation.

A more detailed review of governance performance, audit activity, patient safety arrangements and quality assurance systems is provided within Part 3 of this report.

## PML Clinical Governance Structure



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### Clinical Leadership

Clinical oversight is provided by:

Dr Shareef Hashem: Medical Director

Sarah Games: Clinical Services Director

Derek Taylor: Director of Clinical Governance

The clinical leadership team is supported by Lead Superintendent Sonographers, Regional Clinical Leads and specialist governance personnel.

### Quality Monitoring

Quality performance is monitored through a combination of:

- Monthly clinical audit programmes
- Peer review processes
- Incident investigations
- Patient feedback analysis

- Contract performance monitoring
- Internal audit schedules
- Compliance reviews
- Workforce performance monitoring

During 2025/26, PML further strengthened governance arrangements through the introduction of a dedicated Peer Review email account; further detail is provided under Quality Governance Framework in Part 3.

The organisation also continued preparations for wider governance alignment across the Inuvi Group, creating the foundations for a more consistent approach to quality, risk and compliance management across all group companies.

## PART 2. PRIORITIES FOR IMPROVEMENT

### Review of Quality Priorities for 2025/26

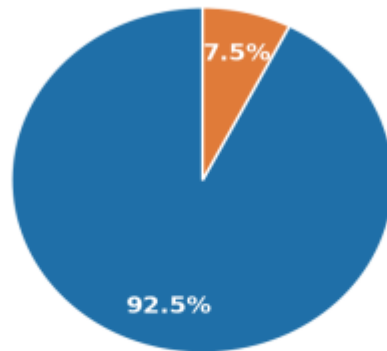
#### Digital Governance and Information Management

Strengthening digital governance and information management was a key priority during 2025/26, with continued use of Radar as the organisation's central quality management platform, alongside enhanced cyber security controls including quarterly firewall and user access reviews, and preparatory work on Qualys vulnerability management software. Outcomes against this priority are set out in full under Digital Innovation and IT Developments in Part 3.

#### Clinical Audit and Quality Assurance

Maintaining and improving clinical quality remained a major organisational priority throughout 2025/26. The organisation's retrospective clinical audit programme continued to provide assurance regarding the quality and consistency of diagnostic reporting, with 6,511 audits completed and 92.5% achieving or exceeding the required quality standard. Full detail is provided under Clinical Audit and Peer Review in Part 3.

## Clinical Audit Performance (2025/26) 6,511 Audits Completed



■ Achieving or exceeding quality standard (≥3.8)  
■ Below quality standard (<3.8) – of which 11 audits (0.2% of total) scored ≤2.0

A significant development during the year was the introduction of a dedicated Peer Review email account; this is described in full under Quality Governance Framework in Part 3.

These initiatives contributed to improved audit performance during 2025/26 and strengthened the organisation's ability to identify learning opportunities and areas requiring improvement.

### Patient Experience and Communication

Improving patient experience remained a central organisational objective during 2025/26. Patient feedback continued to be collected through the Friends and Family Test, patient satisfaction surveys, compliments, complaints and incident investigations.

Learning arising from patient feedback informed several service improvements. Accessibility arrangements were strengthened through improvements to British Sign Language support and connectivity. Booking systems were updated to identify clinician gender, enabling patient preferences to be accommodated wherever operationally possible. Patient preparation information was also strengthened through improved appointment communications, website information and reminder processes.

PML remains committed to ensuring that patient feedback directly influences service development and quality improvement activities. Patient feedback throughout the year remained consistently positive and demonstrated high levels of satisfaction with the quality of care received. Improvements to communication processes and accessibility arrangements have helped support a more inclusive patient experience and reinforced our commitment to patient-centred care.

## Workforce Development

Supporting and developing the workforce remained a key organisational priority throughout 2025/26. PML continued to invest in training, professional development and staff engagement initiatives designed to support both individual development and organisational performance.

A significant achievement during the reporting period was the attainment of a 100% appraisal completion rate. This provides assurance that all employees received a formal review of performance, objectives and development needs.

PML also continued to support the Junior Sonographer Programme and Junior Echocardiographer Programme, maintained apprenticeship opportunities and strengthened employee engagement through the introduction of quarterly pulse surveys.

## Environmental Sustainability

PML remains committed to reducing the environmental impact of its operations and embedding sustainability into organisational decision-making. Throughout 2025/26, the organisation maintained ISO 14001 certification and continued to build upon its independent ISO 14064 greenhouse gas verification. Full detail is provided under Sustainability and Environmental Commitment and ISO 14064 Carbon Footprint Verification in Part 3.

## Summary of Progress

Overall, excellent progress was achieved against the organisation's priorities during 2025/26. Improvements to governance systems, cyber security, clinical audit performance, patient experience, workforce development and environmental management have further strengthened PML's ability to deliver safe, effective and responsive diagnostic services.

Collectively, these improvements have strengthened governance oversight, enhanced clinical quality assurance, improved workforce compliance, supported patient experience and reinforced organisational resilience. The progress achieved during 2025/26 provides a strong foundation for the priorities identified for 2026/27 and demonstrates PML's continued commitment to quality improvement and patient-centred care.

## Priorities for Improvement 2026/27

Continuous improvement remains a fundamental principle of PML's approach to governance and service delivery. Building upon the progress achieved during 2025/26, the organisation has identified several priorities for the forthcoming year.

### Alignment of Governance Frameworks Across the Inuvi Group

As part of the wider Inuvi Group, a key priority for 2026/27 will be the continued alignment of governance frameworks, policies, procedures and quality standards across PML, Express Diagnostics and other Group organisations.

This programme of work will support greater consistency in governance processes, risk management, patient safety, quality assurance and regulatory compliance while recognising the differing operational requirements of each organisation.

The alignment of governance systems will facilitate shared learning, strengthen organisational resilience and support the development of a common approach to quality improvement across the Group.

### Strengthening Workforce Compliance and Assurance

PML will continue to invest in workforce governance systems to improve compliance monitoring, workforce assurance and regulatory oversight.

A major development during 2026/27 will be the implementation and further development of Credentially as the organisation's workforce compliance platform. Credentially will provide enhanced oversight of professional registrations, mandatory training, right to work documentation, DBS certification and other workforce compliance requirements.

The system will improve visibility of compliance information, reduce administrative burden and provide earlier identification of expiring credentials and training requirements. These improvements will support safer recruitment practices, strengthen governance oversight and provide greater assurance regarding workforce compliance.

## Enhancing Quality Assurance Through Internal Audit

The internal audit programme will continue to play a central role in supporting quality improvement during 2026/27.

Building upon progress achieved during 2025/26, we will further develop our internal audit programme to provide greater assurance regarding service quality, regulatory compliance and patient experience.

Audit activity will continue to focus on areas presenting the greatest opportunity for improvement and organisational learning. Findings will be used to identify trends, strengthen processes and support evidence-based improvements across operational, clinical and administrative functions.

We will also seek to further strengthen the use of audit outcomes as a mechanism for sharing learning and demonstrating the effectiveness of corrective and preventive actions.

## Improving Patient Experience and Accessibility

PML remains committed to ensuring that patients receive high-quality, accessible and responsive services.

During 2026/27, we will continue to build upon improvements implemented during the previous year, including enhancements to patient communication, accessibility arrangements and patient information resources.

Particular emphasis will be placed on ensuring that patient feedback continues to influence service development and that improvements are implemented in response to patient experience data, complaints and compliments.

## Digital Innovation and Cyber Security

The continued development of digital systems will remain an important priority during 2026/27. Work will continue to support the development of iPMC2, integration initiatives across the Inuvi Group and the implementation of enhanced cyber security controls. The introduction of Qualys vulnerability management software will provide additional assurance regarding cyber resilience and support compliance with evolving Cyber Essentials Plus requirements.

The organisation will continue to utilise technology to improve efficiency, strengthen governance oversight and enhance both the patient and staff experience.

## Environmental Sustainability and Corporate Responsibility

PML will continue to support the wider Inuvi Group sustainability agenda and further embed environmental considerations into organisational decision-making.

The organisation will maintain certification to ISO 14001 and continue to identify opportunities to reduce environmental impact through improved resource management, energy efficiency and sustainable working practices.

Alongside environmental objectives, PML will continue to support social value initiatives, workforce development and community engagement activities that contribute positively to patients, employees and local communities.

## Statements of Assurance

### Review of Services

During 2025/26, PML provided community-based diagnostic services on behalf of NHS commissioners across England. Services included Non-Obstetric Ultrasound (NOUS) examinations, echocardiography, electrocardiography, ambulatory ECG monitoring and ambulatory blood pressure monitoring.

We routinely review the quality of all services provided through clinical audit, patient feedback, incident review, safeguarding oversight,

governance meetings and contract performance monitoring to ensure that patient care remains safe, effective and responsive.

## Care Quality Commission Registration

PML remained registered with the Care Quality Commission throughout the reporting period and continued to deliver regulated activities in accordance with applicable legislation and regulatory requirements.

No CQC warning notices, requirement notices or enforcement actions were issued during 2025/26.

## Clinical Audit

Clinical audit remains one of the most important components of PML's quality assurance framework.

During the reporting period, 6,511 retrospective clinical audits were completed through the organisation's established 5% audit programme. Audit outcomes informed professional development, governance review and service improvement activities throughout the year.

Clinical audit findings continued to be reviewed through governance structures and contributed to ongoing improvements in reporting quality and consistency.

## Patient Safety and Incident Management

PML maintained a structured approach to incident reporting, investigation and organisational learning throughout the reporting period.

Incidents were managed through Radar and reviewed through established governance structures in accordance with the Patient Safety Incident Response Framework. Learning arising from incidents was used to support service improvement and strengthen patient safety arrangements.

## Safeguarding Assurance

PML maintained safeguarding arrangements throughout the reporting period supported by policies, mandatory training, governance oversight and clear escalation processes.

Four safeguarding concerns were identified during the reporting period. Although none met the threshold for formal escalation to external safeguarding authorities, each concern was reviewed appropriately and communicated to the patient's GP to ensure continuity of care and appropriate follow-up.

Safeguarding training compliance remained at 91% throughout the reporting period.

## Information Governance and Data Security

PML maintained a Data Security and Protection Toolkit status of Standards Exceeded throughout the reporting period and renewed its Cyber Essentials Plus accreditation.

Information governance arrangements continued to be strengthened through enhanced monitoring processes, quarterly firewall rule reviews, quarterly iPMC2 user access reviews and ongoing cyber security improvements.

The organisation remains committed to protecting patient information and ensuring compliance with all relevant information governance requirements.

## Data Quality

PML recognises the importance of accurate, complete and reliable data in supporting patient care, service delivery and organisational decision-making.

Data quality controls remain embedded throughout operational systems and are supported through governance oversight, routine monitoring and internal audit activity.

The organisation continues to review data quality performance through established governance processes to ensure that information remains accurate, timely and fit for purpose.

## Quality Management Systems

PML maintained certification to ISO 9001 throughout the reporting period.

The Quality Management System provides a structured framework for managing quality, governance, risk, audit, complaints, incidents and continual improvement activities across the organisation.

The system continues to support the delivery of safe, effective and responsive services while promoting a culture of continuous improvement.

## Environmental Management and Sustainability

PML maintained certification to ISO 14001 throughout 2025/26 and continued to strengthen environmental governance arrangements through internal audit, management review and sustainability planning.

We also continued to build upon the achievement of independent ISO 14064-1 greenhouse gas verification in 2025.

Verification was undertaken by an independent UKAS-accredited verification body and included assessment of Scope 1, Scope 2 and relevant Scope 3 greenhouse gas emissions.

The achievement provides assurance regarding the accuracy, transparency and reliability of PML's carbon reporting and demonstrates the organisation's commitment to environmental responsibility and continual improvement.

## PART 3. REVIEW OF QUALITY PERFORMANCE

### Quality Governance Framework

PML's quality governance framework, leadership structure and use of Radar as the organisation's primary quality management system are described in the Introduction to this report. The section below sets out how this framework operated in practice during 2025/26, including clinical governance developments, risk management and the outcomes of internal audit activity.

During 2025/26, clinical governance arrangements were strengthened further through the introduction of a dedicated Peer Review email account, giving clinicians a structured mechanism to seek second

opinions, discuss complex findings and share learning with colleagues. This has supported greater consistency of reporting across services.

The Patient Safety Incident Response Framework (PSIRF) remained embedded throughout 2025/26 and continues to support the organisation's commitment to developing a positive safety culture and a systems-based approach to learning from incidents.

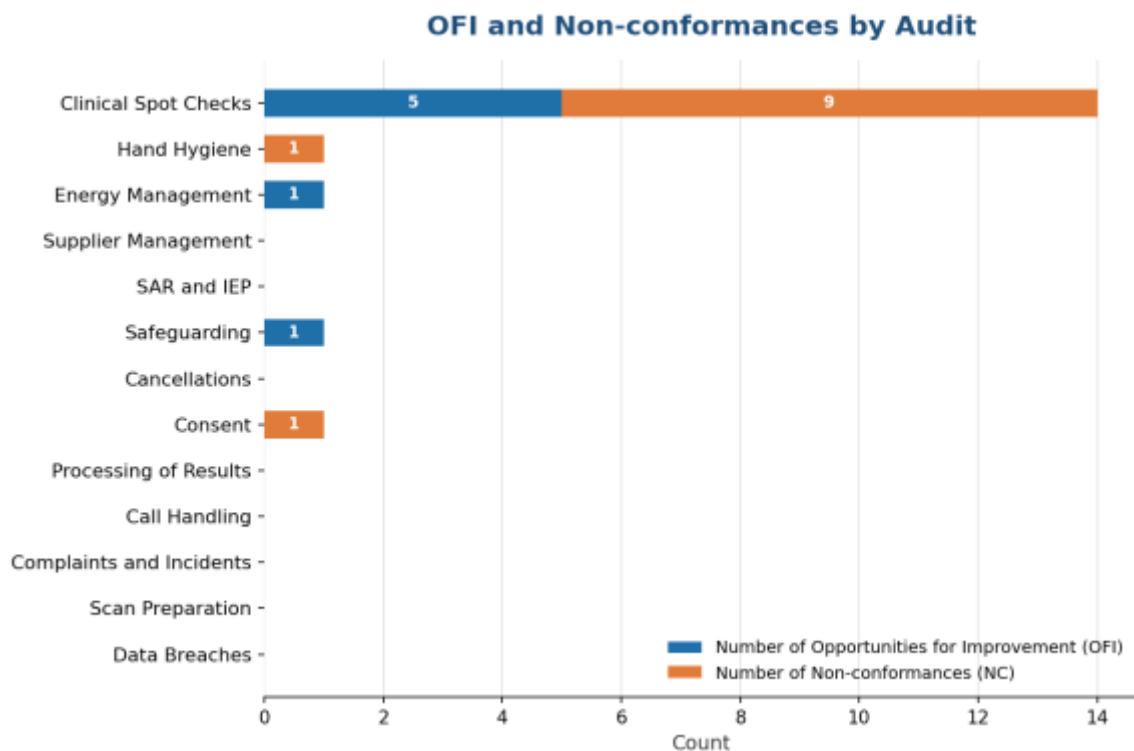
Clinical governance processes continued to mature throughout the reporting period. Clinical audit, peer review, discrepancy management and professional development activities provide assurance regarding the quality and consistency of reporting across all services.

PML maintains a proactive approach to risk management and recognises the importance of identifying and addressing risks before they impact patient care or service delivery. Risks are managed through a structured framework that enables operational, clinical, information governance and organisational risks to be identified, assessed and monitored.

Internal audit remains a key component of PML's quality assurance framework and provides assurance regarding compliance with policies, procedures, contractual requirements and regulatory standards.

The audit programme identified seven Opportunities for Improvement and eleven Non-Conformances during the reporting period. Findings were reviewed through governance processes and corrective actions implemented where required. The internal audit programme reviewed a broad range of operational, clinical and governance processes throughout the reporting period. Audits included safeguarding, complaints management, incident reporting, consent processes, call handling, results processing, Subject Access Requests, Image Exchange Portal processes, infection prevention and control practices, energy management and clinical spot checks.

Findings arising from audit activity provided valuable assurance regarding compliance with organisational policies and contractual requirements while also identifying opportunities for improvement. Actions arising from audit findings were monitored through established governance processes and informed improvements to documentation, operational procedures, safeguarding arrangements and environmental management controls.



## Service Activity and Access Performance

Throughout 2025/26, PML continued to provide a significant volume of community-based diagnostic services on behalf of NHS commissioners across England.

During the period 1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2026, PML received a total of 177,054 referrals. Of these, 174,992 referrals were accepted for examination and progressed through diagnostic pathways. A total of 1,582 referrals were rejected, most commonly due to duplication, incomplete referral information or failure to meet referral criteria.

The remaining 480 referrals relate primarily to duplicate referrals and administrative corrections identified during processing. Where a referral appeared more than once on the system, duplicate entries were removed, and in some instances these were also recorded against the rejected or discharged categories where they fell outside contractual acceptance criteria.

The organisation completed 147,591 diagnostic examinations during the reporting period. This activity included both ultrasound and cardiology services and reflects the continued demand for community diagnostic provision.

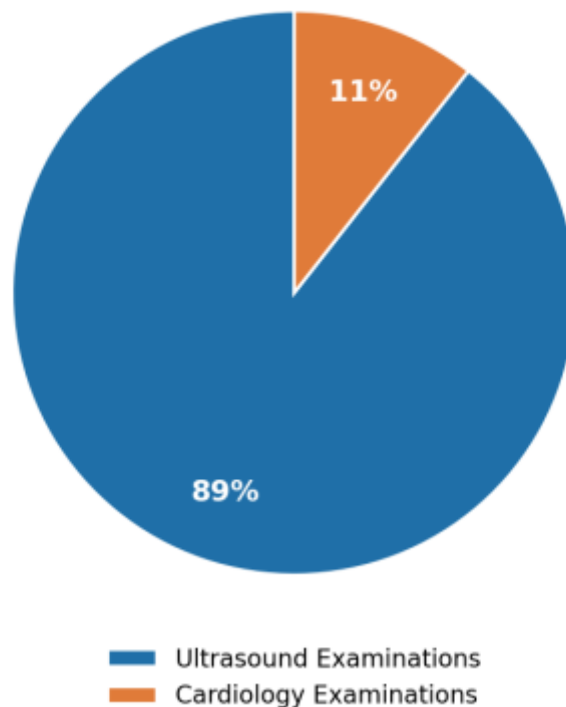
At the end of the reporting period, 14,543 patients remained on active waiting lists while 11,879 patients had been discharged from the pathway following clinical review or completion of the diagnostic process.

### Activity by Service Type

Ultrasound examinations continued to represent the largest proportion of activity undertaken by PML. During 2025/26, the organisation completed 131,953 ultrasound examinations, accounting for approximately 89% of total activity.

Cardiology services accounted for a further 15,638 examinations, representing approximately 11% of activity.

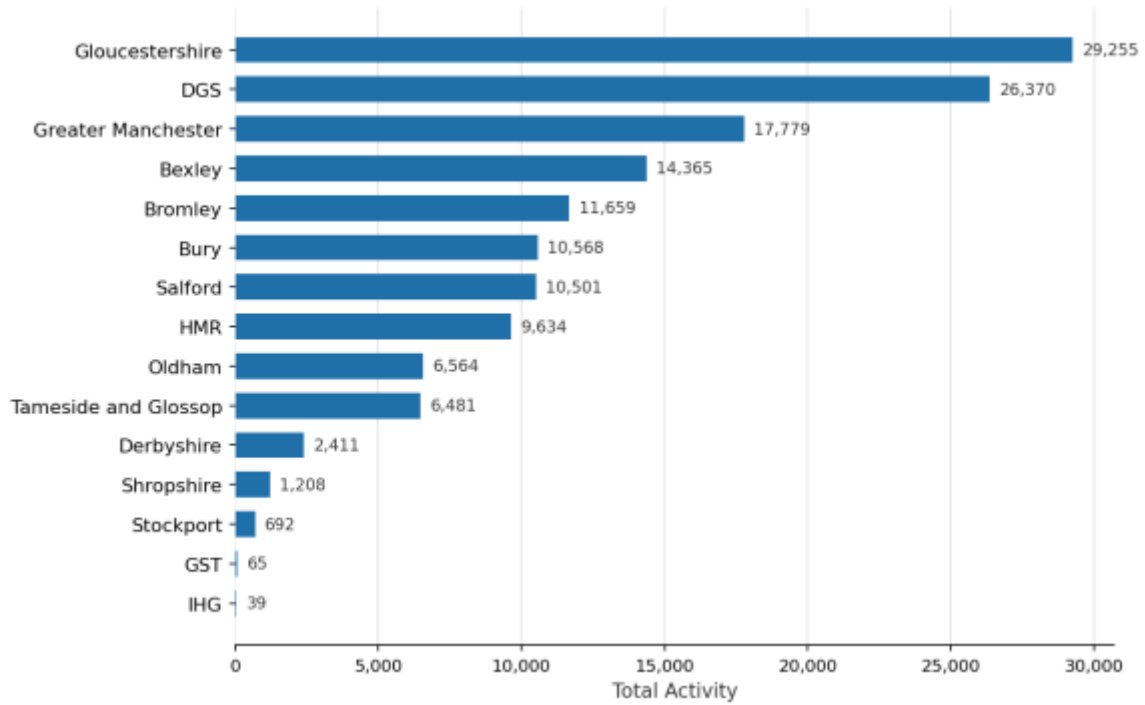
**Ultrasound Activity vs Cardiology Activity**



### Regional Activity

The highest levels of activity were recorded within Gloucestershire and Greater Manchester contracts, reflecting both population size and established referral pathways. The DGS contract also generated significant activity during the first half of the reporting period before concluding in September 2025, contributing to the workforce changes referenced under Workforce and Training.

### Regional Activity by Contract (2025/26)



### Access Performance

Timely access to diagnostic services remains a key indicator of service quality and patient experience.

During 2025/26:

Performance Indicator	Result
Average Referral-to-Investigation Time	7.43 days
Average Urgent Referral-to-Investigation Time	3.40 days
Average Report Turnaround Time	0.85 days
Average Urgent Result Return Time	0.21 days

These figures demonstrate PML's continued commitment to ensuring patients receive timely investigations and prompt clinical reporting.

## DNA Performance

The annual DNA rate during 2025/26 was 6.82%, compared with 6.47% during the previous reporting period.

While the increase was relatively small, the organisation continued to implement measures designed to reduce avoidable non-attendance, including reminder systems, courtesy calls and improvements to patient communication.

## Administrative Activity

During the reporting period, PML processed 109,424 patient letters, including appointment letters, DNA notifications and patient communications supporting referral management and appointment scheduling.

## Image Exchange Portal

PML processed 1,457 Image Exchange Portal requests during 2025/26. Of these, 1,436 were completed within the agreed service level agreement, resulting in an overall compliance rate of 98.56%.

**Image Exchange Portal SLA Compliance (2025/26)**



Completed within SLA (1,436)  
Outside SLA (21)

*1,457 Image Exchange Portal requests processed during 2025/26*

## Patient Feedback and Complaints

Patient feedback remains one of the most valuable sources of information available to the organisation and plays an important role in shaping service improvement activities.

PML continues to seek patient feedback through a range of mechanisms including the Friends and Family Test, patient satisfaction surveys, compliments, complaints and incident reporting processes.

The Friends and Family Test (FFT) continued to be reviewed monthly throughout the reporting period. Results remained consistently positive, reflecting the high levels of satisfaction reported by patients attending community diagnostic services.

The Patient Satisfaction Survey undertaken during 2025 found that 70% of respondents rated their overall experience with PML as excellent.

## What Patients Told Us

Feedback received throughout the year highlighted a number of recurring strengths:

- Professionalism and friendliness of staff
- Quality of communication
- Convenience of community locations
- Speed of appointments
- Quality of care provided
- Clinical reassurance and support
- Patients frequently described staff as kind, professional, caring and helpful.



## Complaints

During 2025/26, PML received 35 formal complaints compared with 30 complaints during the previous reporting period.

Common complaint themes included:

- Communication issues
- Patient expectations
- Appointment cancellations
- Requests relating to clinician gender preferences

All complaints were investigated in accordance with organisational complaints policy and procedures and reviewed through governance structures to ensure learning was identified and shared where appropriate.

## Learning from Feedback

Patient feedback informed a number of service improvements during the year including:

- Improved BSL accessibility arrangements for hearing impaired patients
- Enhanced patient preparation information
- Improved appointment reminder processes
- Clinician gender identification within booking systems
- Improvements to clinic safety arrangements

Patient feedback continues to be reviewed routinely through governance processes and forms an important component of service improvement planning. Feedback themes are triangulated alongside complaints, incidents and clinical audit findings to identify opportunities for improvement and to ensure that organisational learning is informed by the patient experience.

We recognise that positive feedback is equally valuable in identifying examples of good practice and continue to share compliments and positive patient comments with staff to support learning, engagement and recognition.

## Clinical Audit and Peer Review

Clinical audit remains one of the most important mechanisms through which PML assures the quality, consistency and safety of diagnostic reporting.

PML operates a structured retrospective 5% audit programme that reviews ultrasound reports against established quality standards.

During 2025/26, a total of 6,511 clinical audits were completed.

Outcome	Number	Percentage
Audits $\geq 3.8$	6,022	92.5%
Audits $< 3.8$	489	7.5%
<i>(of which, audits <math>\leq 2.0</math>)</i>	<i>11</i>	<i>0.2%</i>

The audit programme also identified:

Measure	Total
Rebooks	161
Addendums	654

These results represent an improvement compared with the previous reporting period and provide strong assurance regarding the quality and consistency of diagnostic reporting across the organisation.

## Patient Safety, Incidents and Learning

Patient safety remains the highest priority for PML and is fundamental to the delivery of high-quality diagnostic services.

Throughout 2025/26, incidents continued to be managed through Radar, providing a structured and consistent approach to incident reporting, investigation and action management.

The Patient Safety Incident Response Framework remained fully embedded throughout the reporting period and continues to support a systems-based approach to learning.

During 2025/26, six incidents were managed under PSIRF arrangements and reviewed jointly by the Clinical Services Director and Director of Clinical Governance.

Learning arising from these reviews resulted in several service improvements including:

- Strengthening accessibility arrangements for patients requiring BSL support
- Reinforcing clinical communication pathways
- Reviewing equipment safety arrangements
- Additional environmental safety checks

Learning from incidents continues to be shared through governance meetings, clinical forums and targeted communications.

## Safeguarding

PML recognises its responsibility to safeguard adults and children at risk and remains committed to ensuring safeguarding principles are embedded throughout service delivery.

Safeguarding training compliance remained high throughout the reporting period, achieving an overall compliance rate of 91%.

During 2025/26, four safeguarding concerns were identified and reviewed through established governance processes. The concerns arose from disclosures made during appointment booking interactions and clinical consultations and related primarily to patient wellbeing, mental health and historic vulnerabilities.

Examples included concerns regarding patient welfare, historic trauma, emotional distress and previous mental health experiences. Although none of the concerns met the threshold for referral to external safeguarding authorities, each concern was reviewed appropriately and communicated to the patient's GP to ensure continuity of care and appropriate follow-up where required.

No patients were identified as being at immediate risk of harm and no urgent safeguarding intervention was required.

## Workforce and Training

As of March 2026, PML employed 85 members of staff across clinical, operational and corporate functions.

<b>Staff Group</b>	<b>Headcount</b>
Sonographers	20
Cardiac Physiologists	10
HCA's / AIA's	20
Patient Management Centre	22
Operations	4
Governance	4
Administration	3
Management	2

Workforce turnover during the reporting period was significantly influenced by organisational restructuring activity and TUPE transfers associated with the conclusion of two NHS contracts. The majority of employee departures were therefore linked to organisational change rather than workforce retention concerns.

Despite these changes, service continuity was maintained throughout the reporting period and the organisation continued to retain key clinical, governance and operational expertise.

## Training Compliance

Training Area	Compliance
Data Security Awareness	95%
Prevent	93%
Safeguarding	91%
Mandatory Training	86%
Role-Based Training	85%

A significant achievement during the reporting period was the attainment of a 100% appraisal completion rate. The organisation also continued to support apprenticeship opportunities, the Junior Sonographer Programme and the Junior Echocardiographer Programme.

## Equality, Diversity and Inclusion

PML remains committed to creating an inclusive working environment and promoting equality of opportunity.

As of March 2026, 40% of employees identified as belonging to Black and Minority Ethnic backgrounds, reflecting the diverse nature of the organisation's workforce.

## Digital Innovation and IT Developments

Digital innovation, cyber security and information governance remain fundamental to the delivery of safe and effective healthcare services.

PML maintained Cyber Essentials Plus accreditation throughout the reporting period and currently holds a DSPT status of Standards Exceeded.

To strengthen cyber security governance arrangements, PML introduced a formal quarterly firewall rule review process during 2025/26. These reviews assess firewall configurations, network access permissions and rule requirements to ensure that only business-justified access remains in place and that redundant or unnecessary rules are identified and removed.

The organisation also introduced quarterly reviews of user accounts and permissions within iPMC2. These reviews provide assurance that access rights remain appropriate to individual roles and support the principle of least privilege.

Preparatory work also commenced for the implementation of Qualys vulnerability management software, as set out under Priorities for Improvement 2026/27.

During the reporting period, PML and Express Diagnostics merged their IT support functions to create a single support structure across both organisations. This development supports the wider One Inuvi programme and has strengthened resilience, knowledge sharing and support capability across the Group.

Significant development work also continued within iPMC2 following the appointment of PolyTech as development partner. A major focus has been the onboarding of Express Diagnostics services into the platform, supporting greater standardisation, functionality and integration across the Group.

## Sustainability and Environmental Commitment

Environmental responsibility remains embedded within PML's governance framework and is supported through the Environmental Management System certified to ISO 14001.

### ISO 14064 Carbon Footprint Verification

Building upon its established Environmental Management System, PML continued to build upon the achievement of independent verification of its greenhouse gas emissions in accordance with ISO 14064-1.

ISO 14064 is the internationally recognised standard for the quantification, monitoring and reporting of greenhouse gas emissions. Verification against this standard provides independent assurance that an organisation's reported carbon footprint has been calculated using recognised methodologies and that the data presented is accurate, transparent and reliable.

The verification process included assessment of Scope 1, Scope 2 and relevant Scope 3 greenhouse gas emissions and was undertaken by an independent UKAS-accredited verification body.

Achieving ISO 14064 verification represents an important milestone in PML's environmental sustainability journey and demonstrates the organisation's commitment to transparency, accountability and continual improvement in environmental performance. PML remains one of a relatively small number of independent diagnostic providers to have achieved independent verification of greenhouse gas emissions under ISO 14064.

The verification process has provided greater insight into the organisation's carbon footprint and supports future environmental objectives, carbon reduction initiatives and sustainability planning. The organisation continues to work collaboratively with the wider Inuvi Group to strengthen environmental governance and identify opportunities to reduce emissions while maintaining safe and effective service delivery.

PML recognises that sustainable healthcare delivery is an increasingly important component of quality and governance and remains committed to supporting NHS environmental objectives and longer-term net zero ambitions.

## Social Value and Community Engagement

PML recognises that its responsibilities extend beyond the delivery of diagnostic services and include making a positive contribution to the communities it serves, supporting employee wellbeing and promoting social value through its organisational activities.

During 2025/26, PML continued to support a range of social value initiatives both independently and through its participation within the wider Inuvi Group. The organisation recognises that creating social value is not limited to charitable activity alone but also includes workforce development, employee engagement, equality and inclusion, community participation and support for future healthcare professionals.

Throughout the reporting period, PML maintained an annual events calendar designed to recognise key religious festivals, awareness campaigns, charitable initiatives and cultural events. The calendar supports organisational planning and promotes awareness, inclusivity and engagement across the workforce.

The organisation continued to strengthen employee engagement arrangements through the development of its staff survey programme. In addition to the annual employee survey, shorter quarterly pulse surveys have been introduced to provide more frequent opportunities for colleagues to share feedback, identify concerns and contribute to organisational improvement.

As part of the wider Inuvi Group, PML supported charitable initiatives through the Group's partnership with Spread a Smile, a charity dedicated to supporting seriously ill children and their families. During the reporting period, employees participated in activities supporting the Spread a Smile Easter Appeal, and additional fundraising initiatives were planned with company match-funding arrangements designed to maximise charitable contributions.

PML also continued to promote volunteering and community participation by providing employees with a paid volunteering day to support registered charitable organisations and community activities. This initiative enables employees to contribute positively to causes that are important to them while supporting wider community engagement and social responsibility objectives.

The organisation remains committed to supporting workforce development and creating opportunities for future healthcare professionals. During 2025/26, PML maintained two active apprenticeship positions and continued to support both the Junior Sonographer Programme and Junior Echocardiographer Programme. These initiatives provide structured development opportunities and contribute to the long-term sustainability of the diagnostic workforce.

Equality, diversity and inclusion remain central to PML's organisational culture. The organisation continues to recruit from diverse backgrounds and recognises the value that diversity brings to patient care, innovation and organisational performance. Activities delivered through the annual events calendar and employee engagement initiatives support the organisation's commitment to creating an inclusive and supportive working environment.

During the reporting period, consideration was also given to future organisational accreditation schemes that support employee engagement, culture and workplace experience. This includes exploration of nationally recognised frameworks such as Great Place to Work as part of the wider Inuvi Group's people and culture strategy.

PML remains committed to strengthening its contribution to social value and community engagement and will continue to identify opportunities to support patients, employees, communities and future healthcare professionals through meaningful and sustainable initiatives.

## Looking Ahead

The 2025/26 reporting period has been characterised by continued organisational development, strong clinical performance and the further maturation of governance arrangements.

The organisation has strengthened governance systems, enhanced cyber security arrangements, improved clinical audit performance and continued to invest in workforce development and patient experience initiatives.

As part of the wider Inuvi Group, PML is well positioned to continue building upon these achievements and support future service development, innovation and organisational growth.

Community diagnostics continue to play an increasingly important role within the NHS, supporting earlier diagnosis, reducing waiting times and improving access to care closer to home.

PML remains committed to supporting these priorities and delivering safe, effective and compassionate services for patients and commissioners.

## Public Availability of this Report

This Quality Account has been prepared in accordance with NHS Quality Account principles and demonstrates PML's commitment to transparency, accountability and continuous improvement.

The report provides an overview of the quality of services delivered during the period 1 April 2025 to 31 March 2026 and is made available to patients, commissioners, staff and other stakeholders.

Feedback on this report is welcomed and may be submitted through the organisation's established communication channels.

## Statement of Directors' Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare a Quality Account for each financial year. NHS England has issued guidance on the form and content of annual Quality Accounts, which the directors have had regard to in preparing this report.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the content of the Quality Account meets the requirements set out in the NHS Quality Accounts Regulations and associated guidance;
- the Quality Account presents a balanced picture of the organisation's performance over the reporting period;
- the performance information reported is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported is robust and reviewed for accuracy and completeness prior to inclusion; and
- the Quality Account has been prepared in accordance with NHS England guidance.

The directors confirm, to the best of their knowledge and belief, that they have complied with the above requirements in preparing this Quality Account.



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**Derek Taylor**

Director of Clinical Governance

## Annex: Statements from External Organisations

In line with the NHS Quality Accounts requirements, PML's commissioning Integrated Care Boards (ICBs) were invited to review this Quality Account and provide formal comments for inclusion in this Annex.

At the time of publication, the ICB's comments had not yet been received. PML will incorporate the ICB's statement in this Annex once received and will republish an updated version of this Quality Account accordingly.