

QUALITY ACCOUNT

2024/2025



Physiological
Measurements Ltd.

UNDERSTAND | INNOVATE | DELIVER





Contents

Quality Account Statement	4
About PML	5
Quality Governance Framework	6
Priorities for Improvement	7
Patient Feedback and Complaints	9
Clinical Audit	12
Incident Reporting and Learning	14
Workforce and Training	16
Digital Innovation and IT Developments	22
Sustainability and Environmental Commitment	23
Priorities for 2025-26	24
Statements of Assurance	25
Looking Ahead	26
Public Availability of This Report	26

Quality Account: 2024/25 Statement

This report outlines how Physiological Measurements Ltd (PML) has worked to improve the quality of care it delivers to patients between 1st April 2024 and 31st March 2025.

It describes what went well, what could be improved, and what we plan to focus on next year. The report includes patient feedback, outcomes from clinical audits, internal governance activity, and staff engagement. We continue to place patient safety, clinical excellence, and service accessibility at the heart of everything we do.

The 2024-2025 reporting period marked a transformative year for PML. It was the first full year operating under the ownership of the Inuvi Group, bringing with it opportunities to align governance, systems, and strategy with other Inuvi entities, particularly Express Diagnostics.

This year saw PML complete 192,050 scans, a 23% increase on the figures reported in the previous year. The organisation continued to meet its quality and safety objectives, achieving high compliance in clinical audits (with over 87% of reports meeting or exceeding standards) and successfully implementing the PSIRF framework for safety incident reviews.

The organisation is now strategically focused on further collaboration with Express Diagnostics and maintaining quality while addressing the impact of the loss of a major contract in Hertfordshire (ending March 2025).

Other milestones included:

- ISO9001 Re-accreditation (January 2025).
- ISO14001 accreditation achieved (January 2025).
- Cyber Essentials Plus Accreditation and DSPT (Data Security and Protection Toolkit) compliance (standards met).
- Verified reductions in carbon emissions under ISO14064, showing progress toward company sustainability goals.
- Further utilisation of the Radar quality system to enhance visibility and performance monitoring.

PML received over 14,000 pieces of patient feedback, with over 96% showing high satisfaction rates. Workforce training and governance were improved, clinical governance structures were extended, and internal audit findings have led to immediate improvements across pathways and infrastructure.

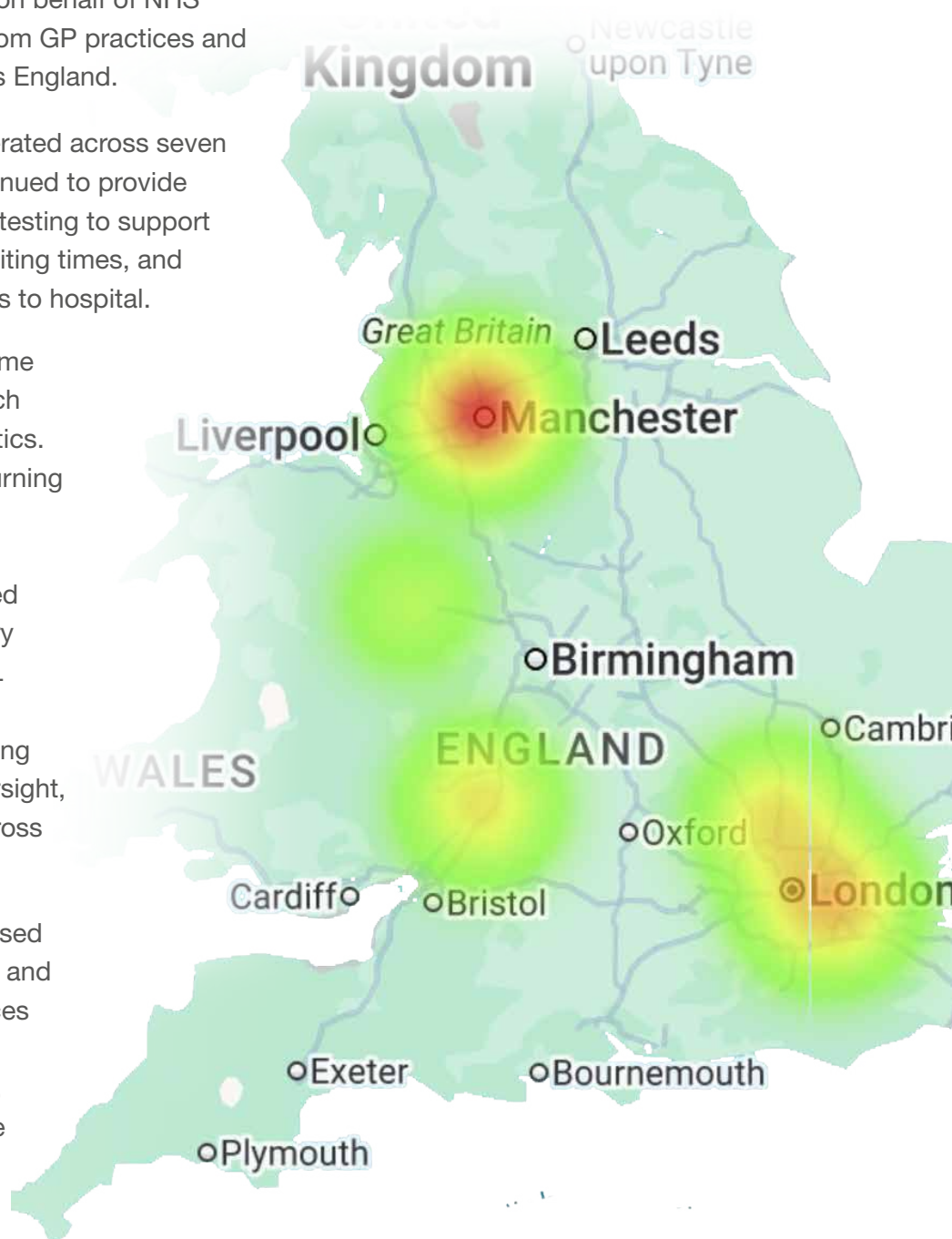
About Physiological Measurements (PML)

Physiological Measurements Ltd is a leading provider of community-based diagnostic services. PML offers non-obstetric ultrasound (NOUS) and cardiology diagnostics on behalf of NHS commissioners, delivered from GP practices and primary care facilities across England.

As of March 2025, PML operated across seven regional contracts and continued to provide timely access to diagnostic testing to support earlier diagnosis, reduce waiting times, and reduce unnecessary referrals to hospital.

In October 2024, PML became part of the Inuvi Group, which also owns Express Diagnostics. This acquisition marked a turning point, with shared systems and integrated governance models now being developed to harmonise service delivery and quality monitoring. PML has retained its operational independence while benefiting from shared resources, oversight, and innovation pipelines across the wider group.

PML's mission remains focused on delivering safe, effective, and accessible diagnostic services within the NHS framework while supporting innovation, sustainability, and workforce development.



Quality Governance Framework

PML operates a comprehensive quality governance framework which includes clinical audit, risk management, patient safety, infection control, safeguarding, training compliance, and service evaluation. Governance oversight is led by the Deputy Director of Governance, supported by a small governance team, with key quality functions coordinated via weekly governance meetings.

In 2024-25, PML implemented the Patient Safety Incident Response Framework (PSIRF) in full. This marked a transition away from the "pure" Root Cause Analysis (RCA) at the heart of the previous Serious Incident Framework (SIF) toward a more learning-focused approach to incident reviews. PSIRF has enabled more proportionate and inclusive methods of reviewing patient safety events, allowing the organisation to respond constructively to concerns and learn from both low and high risk incidents.

Radar, PML's digital quality and compliance platform, has been more widely embedded across departments. It now tracks complaints and patient incidents, risk management, health and safety incidents, safeguarding issues, and policy compliance. The expanded use of dashboards has enabled greater visibility of trends and helped the governance team act on emerging risks or non-compliance promptly.

Governance reviews also addressed key quality domains such as:

- Urgent pathway documentation, with standard operating procedures updated for improved clarity or adherence to best practice.
- Improved training and access to clinical systems for temporary and new staff, ensuring stronger controls and documentation.
- Clinic environments, where several infection control and equipment issues were raised through audits and acted upon by regional leads.

The quality governance approach has become increasingly data-driven, with escalation routes for emerging themes and action-tracking in Radar now embedded as standard practice.

Priorities for Improvement

The following priorities follow on from the areas outlined in the 2023-24 report which have now been progressed further this year.

Digital Governance and Radar Utilisation

Radar has become the central platform for monitoring incidents, internal audit results, infection control, and policy compliance. For this year we will also be migrating several HR functions across to Radar such as Induction checklists and Professional Registration/DBS certification evidence for clinicians, facilitating better monitoring and compliance with mandatory training and workforce compliance records. Its wider deployment has enabled better reporting by region, prompt escalation of issues, and improved engagement by operational leads. This has supported a more informed and timely approach to service improvement.

Cross-validation and Consistency in Clinical Audit

PML enhanced the objectivity of its clinical audit program by pairing sonographers with trained senior reviewers and utilising a structured audit scoring matrix. Monthly 5% audits were completed for all sonographers, and trend analysis allowed clinical leads to identify patterns in underperformance and act accordingly. All clinicians scoring below the 3.8 benchmark received direct feedback and, where necessary, remedial support.

Patient Engagement and Communication

Analysis of Friends and Family Test (FFT) data and the annual patient survey results highlighted areas where patient communication could be improved. Updates were made to appointment communications and patient information leaflets, with clinical teams being encouraged to give clearer post-scan explanations. Patient engagement was also enhanced through increased visibility of the feedback process, with posters and QR codes placed in waiting rooms allowing the capture of a broader spread of patient feedback.

Workforce Development and Training Consistency

While compliance with mandatory training remained high (97.4%), appraisals and some role-specific training required further attention. A new appraisal format was introduced to align better with organisational goals, with reflective learning sessions now offered to clinicians following audits or incidents. The governance team also reviewed the onboarding process, ensuring SOPs were followed and access to clinical systems was properly controlled. Each of these priorities supported the overarching aim of improving patient safety, enhancing clinical quality, and strengthening organisational learning across all teams.

Service Activity

Between 1 April 2024 and 31 March 2025, PML completed a total of 192,050 diagnostic examinations, an increase of over 23% compared to the previous year's total. This growth reflects increased regional demand, improved capacity utilisation, and enhancements to scheduling and operational efficiency.

This year also saw continued service delivery across multiple regional contracts, with the highest volumes recorded in Kent and Medway, Hertfordshire, and Greater Manchester. However, some shifts occurred within contract activity due to regional commissioning decisions. the Hertfordshire service confirmed that its contract would not be renewed April 2025, representing a significant referral volume for the coming year.

Despite this, the organisation remains focused on expanding into new service lines, including extended cardiac diagnostics and a wider entry into community diagnostics for respiratory and audiology services. These areas are currently under strategic review.

Ongoing development in triage and workflow systems has helped reduce waiting times and improve patient throughput, while weekly monitoring of service performance metrics allowed central teams to address booking issues, DNA (Did Not Attend) rates, and clinic utilisation.

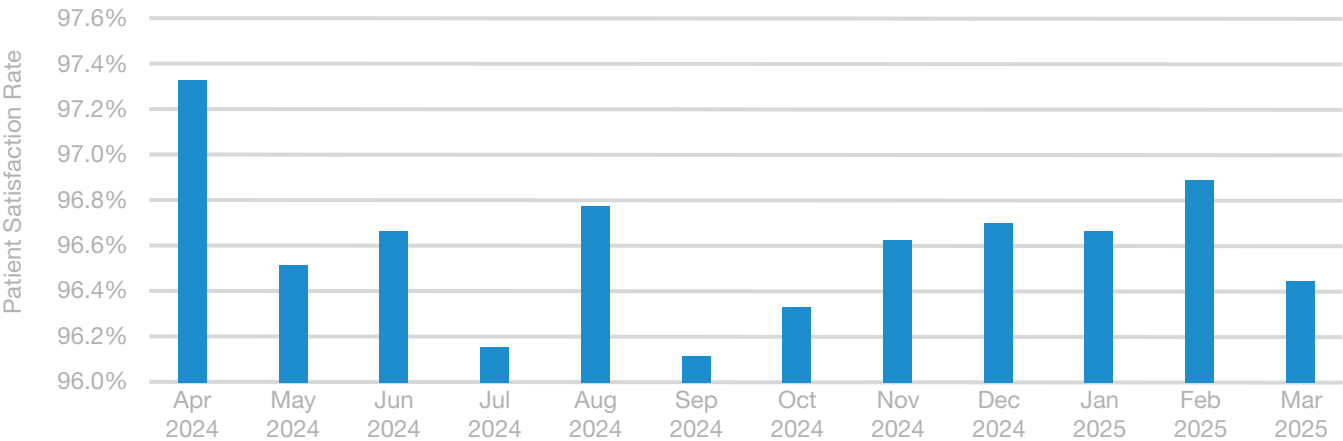


Patient Feedback and Complaints

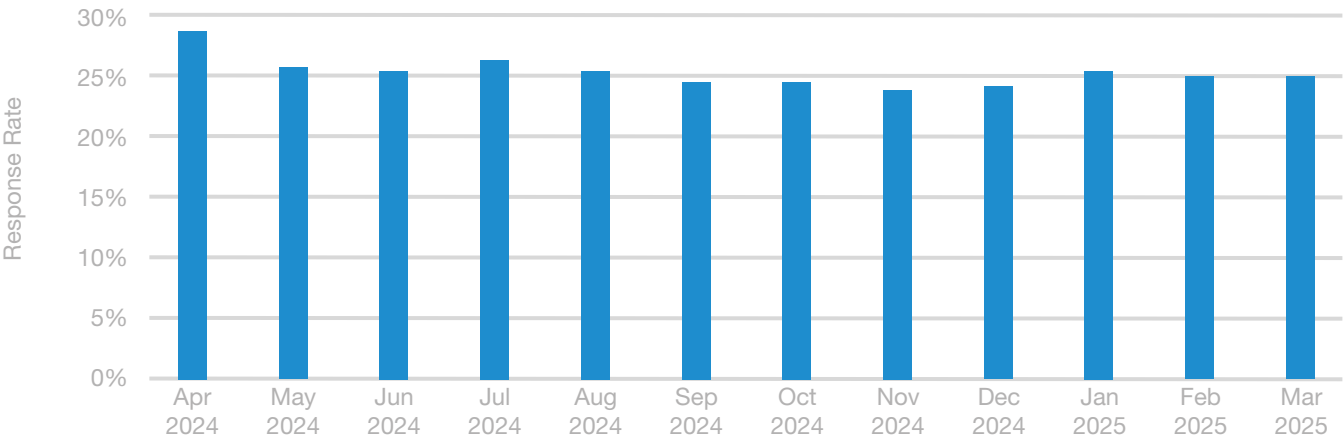
Patient feedback remains a cornerstone of PML’s quality improvement processes.

In addition to our Friends and Family Test (FFT) SMS-based surveys, we also conducted a broader annual patient experience survey across all regions providing greater insight into overall patient experience. This wider sampling approach enabled more diverse patient voices to inform service changes.

Patient Satisfaction (Apr 24-Mar25)



Response Rate (Apr 24-Mar25)



The vast majority of patients (over 94%) indicated they were “extremely likely” or “likely” to recommend the service. Positive feedback centered on ease of access, professionalism, and friendliness of staff. In contrast, suggestions for improvement frequently referred to delays in appointments and the need for better communication when clinics were rescheduled.

This year, we reviewed thematic data across all regions, enabling better correlation between complaints, incident trends, and survey findings. As a result, clearer action plans were developed to address recurring issues such as communication gaps or appointment confusion. A summary of findings is shown below.

Survey Area	Summary of Findings
Ease of Booking	The majority found booking straightforward and the process efficient.
Appointment Choice	Most were offered multiple dates/times; some were letter-booked without choice.
Understanding of Purpose	Nearly all fully understood purpose and preparation required.
Clarity of Location Info	Most reported location details were timely and clear.
Clinic Cleanliness	All clinics rated as clean and comfortable; some noted 'tired or dated' environments.
Staff Professionalism	Staff widely described as respectful, professional, and welcoming.
Staff Communication	Communication praised as clear, informative, and reassuring.
Post-Appointment Contact	The majority did not need to follow up; those who did mainly asked about results.
Clarity of Next Steps	Patients felt well informed about their results and next steps.
Overall Satisfaction	Service is overwhelmingly rated as 'Excellent' or 'Very Good'.

Complaints

A total of 30 formal complaints were received during the reporting period, slightly reduced from the previous year's total of 32. Complaints were mainly linked to appointment booking issues, patient communication, and clinician bedside manners. As in previous years, poor bedside manners remain an underlying theme in several of our more significant complaints, and this continues to be addressed via direct engagement with clinical teams, training, and reflective practice discussions.



Every complaint received was investigated in line with PML policy, with responses sent within agreed timescales. Lessons learned were reviewed by the governance team and shared during clinical team meetings.

Learning from Feedback

Service updates in response to patient feedback included:

- Updating appointment reminder messages to clarify clinic locations and access.
- Adding extra signage in some of our shared community clinics.
- Providing clearer post-scan instructions via updated patient leaflets.
- Providing extended appointment times for patients requiring assistance such as patients using our interpreter service or patients who require the use of a guide dog.

Overall, we see patient engagement as a dynamic and evolving component of service delivery, and PML remains committed to using all sources of patient feedback to drive measurable improvements.

Clinical Audit

PML's clinical audit program serves as a core mechanism for ensuring high-quality, consistent, and safe diagnostic reporting. Throughout 2024-2025, monthly 5% retrospective audits were conducted for all sonographers, using standardised audit tools aligned with Society of Radiographers (SOR) and Royal College of Radiologists (RCR) guidance.

The audit methodology evaluated three core domains:

- 1 | **Image Quality**
- 2 | **Report Quality**
- 3 | **Conclusion/Advice Accuracy**

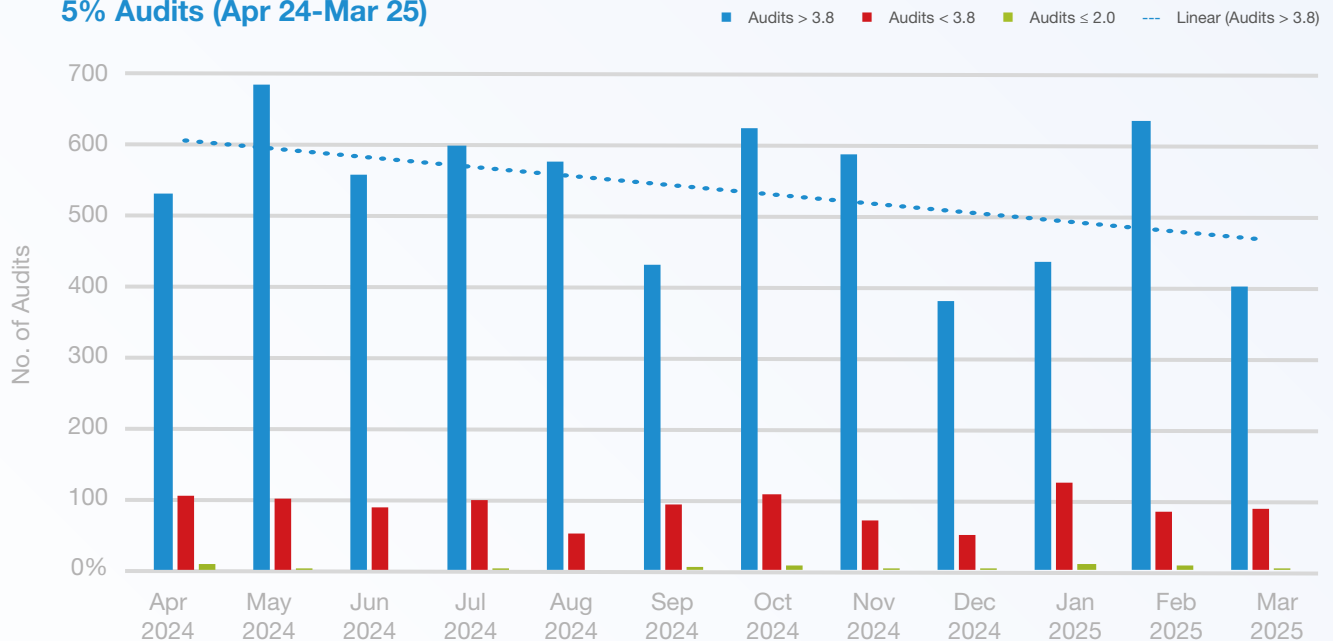
Scores range from 1 (critical concern) to 5 (fully compliant), with a calculated mean per report given. Scores were categorised as follows:

- ≥ 3.8 = Meeting or exceeding expectations
- Between 2.0 and < 3.8 = Acceptable but below expected standard
- ≤ 2.0 = Triggering formal review, discrepancy meetings or corrective actions.

Audit Volumes and Findings

Between April 2024 and March 2025, 7,493 clinical audits were completed: a significant increase from the previous year. This expansion reflects improved compliance in all service areas and the growth in scan volumes across the organisation.

- 6,437 audits (85.9%) achieved a mean score of 3.8 or higher
- 1,056 audits (14.1%) scored below 3.8 but above 2.0
- 44 audits (0.6%) scored 2.0 or lower

5% Audits (Apr 24-Mar 25)

These results demonstrate strong overall compliance and a year-on-year improvement in both audit coverage and consistency. While there was a higher volume of total audits, the proportion of low-scoring reports remains very small and well managed within PML's governance framework.

Learning and Remediation

Sonographers receiving scores below threshold (3.8) engaged in follow-up discussions with senior auditors and clinical leads. Where patterns were observed, these were addressed through:

- Increased audit frequency.
- Referral to discrepancy meetings.
- Individual support plans and review of local protocols and procedures.

Monthly summaries of audit results were shared with governance (and when required HR), and broader themes were used to shape workforce training content, including interpretation skills and report phrasing consistency.

The audit process also served to identify examples of excellent practice, and these were shared across the teams to promote consistency and build collective learning.

Incident and Safety Reporting

PML recorded a total of 103 incidents during the reporting year, compared to 66 in the previous year. Of these, the majority were minor clinical, operational, or documentation errors.

Key headline data:

- | | |
|---|---|
| 1 | Serious Incident (SI) was reported and fully investigated under PSIRF. |
| 4 | Safeguarding concerns were logged and managed in accordance with local safeguarding policy. |
| 2 | Minor health and safety related incidents. |

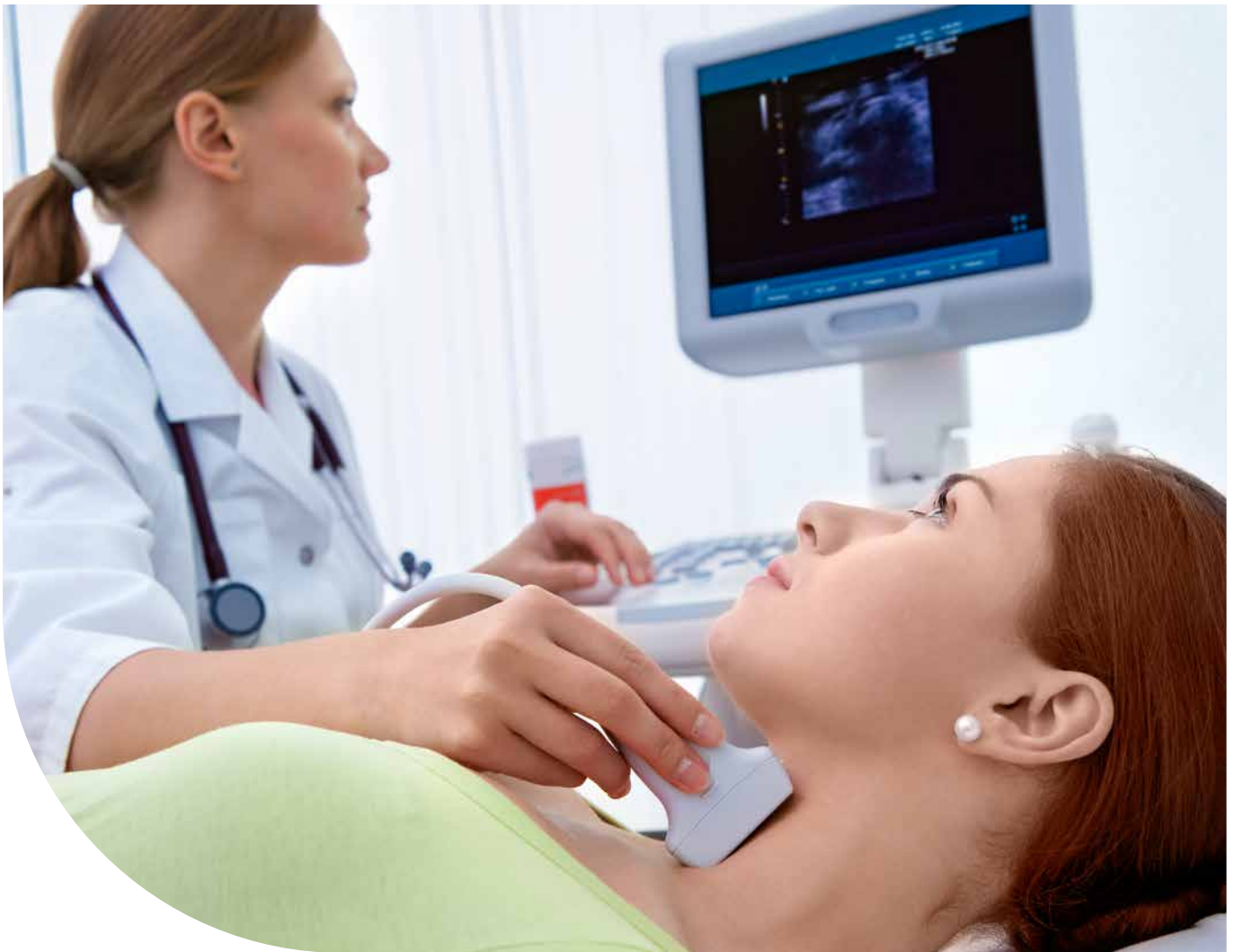
Most incidents were related to issues such as booking confusion, data entry errors, or infection control observations.

PSIRF Implementation

The full implementation of the Patient Safety Incident Response Framework (PSIRF) in mid-2024 marked a significant evolution in PML's approach to incident management. Under PSIRF, incident review places greater emphasis on learning, context, and systems thinking rather than root cause assignment.

As a result:

- Learning reports now accompany all reviews of significant incidents.
- Staff involved in incidents are engaged in reflective discussions, not punitive investigations.
- Recurrent low-harm incidents are grouped for thematic learning reviews, helping to identify process-level improvements.



Reporting Culture and Radar Integration

Radar is now used consistently across all departments to log, track, and resolve incidents. The platform allows staff to input details directly, with automated prompts for escalation, safeguarding review, or clinical governance oversight.

The governance team produces monthly quality and risk dashboards covering all service regions allowing the SMT to have oversight of ongoing and emerging risks and ensure timely follow-up. This approach has contributed to a safer, more transparent incident reporting culture and allowed earlier intervention when needed.



Workforce and Training

Workforce Turnover: Starters and Leavers

Between 1st April 2024 and 31st March 2025, PML welcomed 29 new starters and recorded 10 leavers (excluding those who left during their probationary period). This indicates a relatively stable workforce, with turnover managed carefully through retention strategies and structured onboarding.

A breakdown by staff type shows that Health Care Assistants (HCAs) represented the largest group of new starters (17), followed by Sonographers (9). Notably, there were no leavers in executive management, ATO/ACP roles, or the operations team, indicating consistent leadership and administrative continuity. However, two leavers from the Patient Management Centre (PMC) and one from the office staff suggest ongoing adjustments in back-office operations.

These figures reflect the impact of targeted recruitment, especially to support growing diagnostic capacity across NOUS services, and the benefit of internal HR interventions designed to support retention.



Mental Health and Wellbeing Strategy

PML remains committed to creating a workplace environment where mental wellbeing is proactively supported. During the year, this commitment was expressed through a range of initiatives embedded into policy and practice:

- Mental health awareness is introduced at induction, supported by signposting to national tools such as the NHS 'Every Mind Matters' wellbeing plan.
- PML reaffirmed its role as a signatory to the Mindful Employer Charter.
- The company runs dedicated mental health e-learning, internal monthly wellbeing communications, and offers regular HR drop-in sessions for confidential support.
- A trained Mental Health First Aider team remains active across the organisation.
- PML supports access to external services like the NHS 'Fit for Work' scheme during illness or recovery.
- A data-informed approach is used to refine well-being initiatives. In 2024-2025, 74% of flexible working requests were approved, demonstrating practical support for work-life balance and sustained wellbeing.

Workforce Race Equality Standard (WRES) Commitment

Physiological Measurements Ltd (PML) continues to champion equality, diversity, and inclusion as foundational values underpinning its workforce strategy. As a provider of NHS services, PML recognises its responsibility to uphold the principles embedded in the Workforce Race Equality Standard (WRES) and to ensure that staff from all ethnic backgrounds are treated equitably, feel supported, and can progress in their careers without discrimination or disadvantage.

Over the 2024-2025 reporting year, PML made measurable progress in workforce representation, with 39% of employees identifying as belonging to Black or Minority Ethnic (BME) backgrounds; an increase of 2% from the previous year. This growth was supported by inclusive recruitment practices, structured onboarding, and transparent career development pathways. PML has actively worked to remove barriers to entry for underrepresented groups by incorporating anonymised recruitment processes where appropriate, promoting fair access to training and development, and embedding equality and diversity awareness into staff induction and line management training.

PML's policies reflect its commitment to equality and inclusion, particularly the Equal Opportunities Policy and the Respect at Work Policy, which are reviewed annually as part of governance assurance processes. These policies are not only regulatory requirements, but practical frameworks applied across recruitment, performance management, and incident handling; these are communicated clearly during induction and revisited during mandatory training updates.

The organisation has also prioritised the health and safety of all employees through a culturally responsive approach. During the COVID-19 pandemic, PML proactively incorporated ethnicity into its health risk assessments, ensuring staff from BME backgrounds received timely support and mitigations under its “Keeping You Safe” initiative. This approach remains embedded in current health and wellbeing policies, supporting staff at increased risk of workplace stress, clinical exposure, or health vulnerabilities.

To ensure accountability, PML submits WRES data annually to NHS England, aligning with contractual obligations under the NHS Standard Contract. Data is reviewed internally by the HR and governance team to identify trends, disparities, and areas for improvement. In 2024-2025, particular focus was given to monitoring appraisal completion and access to professional development across ethnic groups, as well as complaint and grievance outcomes involving staff of minority backgrounds.

Although progress has been made, PML acknowledges that workforce race equality is not a one-off target but an ongoing process of listening, reflection, and improvement. As such, in 2025 and beyond, the organisation will explore additional measures such as targeted mentoring, employee resource groups, and external benchmarking to ensure a workplace culture that is representative, inclusive, and empowering for all.

Mandatory Training and Organisational Learning

Training compliance remained high throughout the reporting year. As of 31st March 2025 the following compliance levels have been achieved:

Course Title	Compliance %
Data Security Awareness	97%
Safeguarding Adults Level 1	100%
Safeguarding Adults Level 2	100%
Safeguarding Children Level 1	97%
Safeguarding Children Level 2	97%
Safeguarding Children Level 3	100%
Access to Health Records	98%
Conflict Resolution	98%
Equality, Diversity and Human Rights	97%
Fire Safety	95%
Health, Safety and Welfare	95%
Making Every Contact Count	93%
Chaperone Training	95%
Preventing Radicalisation	96%
Resuscitation Level 1	96%
Work in a Person-Centered Way (Dignity in Care)	93%
Infection Prevention and Control	98%
Mental Capacity Act	97%
Deprivation of Liberty Safeguards	96%
Mental Health, Dementia and Learning Disabilities	96%
Moving and Handling	96%
Complaints Handling	97%

A breakdown of course-specific compliance shows rates between 93-100%, with exceptionally high results in safeguarding and data handling modules. Compliance is regularly tracked through the training register and escalated where modules expire, or onboarding is incomplete.

In 2024, PML launched a bespoke Data Security module in partnership with Equilibrium, focused on real-world phishing prevention. This was tailored to PML's operational risk context and included interactive scenarios. The module ensured mandatory training participation across all staff, reinforcing compliance with NHS DSPT standards and Cyber Essentials Plus accreditation.

Appraisal Process and Completion Rates

In 2024-2025, PML introduced a revised appraisal model aligned with organisational performance and salary review cycles. Appraisals are now scheduled collectively between February and March, creating consistency in feedback and development planning.

- 91% of staff received completed appraisals under this new model.
- Managers are now supported with uniform templates and evaluation guidance.

This approach has helped embed accountability and equality into career progression and resource planning.

Social Value and Inclusion Initiatives

PML's Social Value Strategy is embedded in day-to-day operations and aligned with NHS social value priorities, delivering measurable outcomes:

Local Employment & Inclusive Recruitment

- In Greater Manchester, over 36% of new recruits came from disadvantaged groups.
- In Cardiff, 50% of AiAs placed met inclusion criteria.
- PML is a signatory of the Social Recruitment Covenant and a member of the Social Recruitment Advocacy Group.

Skills Development

- Operates a Junior Sonographer Program, supporting both UK and international candidates.
- Offers placements, shadowing, and PGDip sponsorships for upskilling.
- CPD is a structured priority in clinical development.

Community Engagement

- Staff receive paid volunteering days to engage with local causes.
- Annual donations and foodbank drives are coordinated across service regions.

Environmental & Ethical Supply Chain

- Local sourcing is prioritised to reduce emissions and reinvest in communities.
- Suppliers must meet standards including anti-slavery, ISO 9001/14001/14064, and environmental codes of conduct.

Workforce Wellbeing

- Access to Mental Health First Aiders, Employee Assistance Program (EAP) schemes, and regular wellbeing updates.
- Flexible working approvals remained strong (80% in 2023-24).
- Staff surveys continue to shape internal culture and improvements.

Future Integration and Restructuring

As PML continues its alignment with Express Diagnostics under the Inuvi Group, a phased approach to workforce integration is underway. This will include:

- Shared job descriptions and recruitment procedures.
- A common set of HR policies.
- Standardised appraisal and performance management processes.

Although some restructuring is expected in 2025-26, the intended benefits include greater consistency, career development opportunities



Digital Infrastructure and IT Developments

Digital maturity advanced significantly in 2024-25, driven by increased use of Radar, updated SOPs, and improved access governance. PML focused its IT strategy on resilience, integration, and compliance with national data protection and cybersecurity standards.

Cybersecurity and Data Protection

PML achieved Cyber Essentials Plus accreditation and renewed its DSPT (Data Security and Protection Toolkit) certification. These reflect a strong internal culture of compliance and awareness of NHS Digital's expectations.

Security upgrades included:

- Controlled access to shared systems.
- Mandatory data handling training.
- Improved SOPs for subject access requests and digital data sharing with external partners.

Infrastructure and Access

In response to internal audit findings, the IT team worked with the governance team to:

- Create a formal SOP for user access control.
- Introduce a risk register entry for last-minute staff access requests.
- Implement an access request form to document permissions and approvals.

A full review of Mango5 user permissions was also completed, and documentation practices improved through system logging and version control on key policy documents.

Sustainability and Environmental Commitment

PML has continued to embed sustainability into its operational and clinical service delivery, building on the foundation established through its accreditation to ISO 14064.

Carbon Reduction and Net Zero Progress

In the 2024-2025 reporting year, PML achieved a 19% reduction in carbon emissions compared to its 2022 baseline, building on a 7% reduction in the prior year. This progress was independently verified through annual external audits. Key contributing actions included:

- Rationalising travel routes and reducing unnecessary inter-site journeys.
- Installing motion-sensor lighting in shared clinic facilities.
- Reviewing procurement to favour lower-carbon suppliers.
- Promoting hybrid working for administrative staff, where service delivery permitted.

PML remains committed to the NHS Net Zero target and uses carbon metrics to guide decision-making in equipment renewal, digital investment, and clinical model design.

Staff Engagement and Awareness

A quarterly “Green Bulletin” was launched, offering tips and updates to staff across regions. Recycling behaviours were also audited internally, revealing the need for improved signage and staff education. As a result, communication was circulated to clarify waste separation procedures, and waste bins were re-labelled.

Sustainability is now included as part of all new staff induction, and digital-first documentation practices have been adopted organisation-wide to minimise unnecessary printing.

Priorities for 2025-26

Building on this year's achievements, PML has outlined the following strategic priorities for the upcoming reporting period:

Strengthening Strategic Collaboration

PML will continue working closely with Express Diagnostics (ED) to harmonise quality systems, incident reporting structures, HR policies, and clinical audit procedures. This alignment is part of a broader Inuvi Group integration plan, aimed at supporting a potential future merger. The expected benefits include operational efficiency, service consistency, and shared learning across diagnostic specialisms.

Workforce Restructuring and Development

As part of the alignment process, PML anticipates a degree of workforce restructuring. However, this is seen as an opportunity to formalise shared job roles, clarify responsibilities, and support more consistent onboarding, appraisal, and development practices across both companies.

Expanding Service Lines and Markets

Considering the loss of the Hertfordshire contract, PML will focus on identifying and launching new services in cardiology, respiratory diagnostics, and community-based point-of-care testing to diversify its referral base and revenue streams.

Strengthening Data Integration and Analytics

PML aims to make better use of Radar and business intelligence tools to support predictive analysis, capacity modelling, and proactive risk management. Improvements in FFT analytics and real-time patient feedback tracking will also support more responsive service development.



Statements of Assurance

The PML Executive Team confirms that the information contained within this report is accurate to the best of its knowledge and complies with NHS England Quality Account guidance.

During the 2024-25 reporting period:

- PML was successfully re-accredited to ISO9001 and 14001 standards.
- PML Achieved ISO14064; measuring, reporting and verifying of greenhouse gases in March 2025
- PML fully implemented the Patient Safety Incident Response Framework (PSIRF).
- PML achieved Cyber Essentials Plus certification and DSPT compliance.
- PML continued to act as a data processor under approved NHS contracts.
- Clinical audit, internal audit, and patient feedback activities were aligned to NHS best practice and subject to executive level oversight.

Looking Ahead

This Quality Account reflects PML's ongoing commitment to safe, effective, and person-centered diagnostic care. The organisation remains focused on continuous improvement, learning from every patient's interaction and clinical review, and delivering high standards despite a changing healthcare landscape.

PML remains fully committed to delivering safe, effective, and high-quality diagnostic services. As we move forward into 2025-26, we will build on the progress made this year, continue strengthening our partnerships with NHS commissioners and patients, and prioritise innovation, digital maturity, and workforce development. Through transparency, rigorous governance, and a culture of continuous learning, we aim to ensure every patient receives outstanding care across all our services.

Public Availability of This Report

In accordance with NHS England requirements, this Quality Account will be published and made publicly accessible via the NHS Choices website and the Physiological Measurements Ltd (PML) company website. The report is available in digital format and may be provided in alternative formats upon request to support accessibility. This ensures that patients, commissioners, regulators, and members of the public can view and assess how PML continues to improve the safety, effectiveness, and experience of care across all services.







The Old Malthouse, Willow Street,
Oswestry, Shropshire, SY11 1AJ

T: 01691 676496

E: info@pml.tel

W: www.physiologicalmeasurements.com



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Measurements Ltd.**

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