

QUALITY ACCOUNT

2021/2022



Physiological
Measurements Ltd.

UNDERSTAND | INNOVATE | DELIVER



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Quality Account: Definition And Purpose



The Healthcare Act (2009) requires providers of NHS healthcare services to produce an annual quality report about the quality of services they deliver. Quality of services are measured by focusing on patient safety, clinical effectiveness and patient experience.

The primary purpose of quality accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they provide.

It allows leaders, clinicians, governors and staff to demonstrate their commitment to continuous, evidence based quality improvement, and to explain their progress to the public.

This quality account demonstrates our achievements in the past year in support of our overall vision, as well as being forward looking outlining our commitment and plans for ongoing quality improvement.

Our separate annual report provides additional information across the full spectrum of standards.

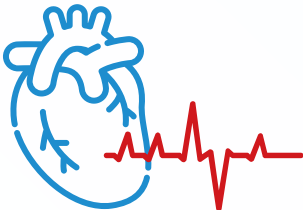
PML at a Glance



We provide 40+ clinics daily



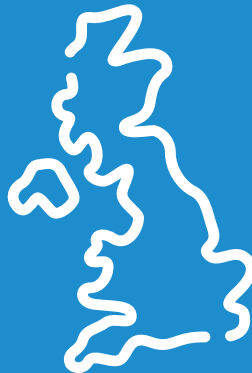
140+ employees



FA approved sports cardiology service



Over 196,000 diagnostic scans performed this year



Services available in 7 geographical regions throughout England

Part 1:

Statement of Quality

During the past year we have continued to deal with challenges due to the COVID-19 pandemic, with clinical quality and patient safety being the main priority. We continued to adhere to enhanced clinical protocols to ensure the safety of our staff and patients including; the wearing of additional PPE, screening patients for COVID-19, and doing patient temperature checks prior to each appointment. We also included in all our reports that a Covid-19 screening had been performed.

As a business we continued to adhere to all government guidelines as required regarding safety and self-isolation. We provided regular communications to staff via email, updated our dedicated COVID-19 policy and clinical protocols in line with government advice.

In spite of these unforeseen challenges as a business PML has continued to develop and grow. During the period between 1 December 2021 to the 30 November 2022, we have performed nearly 200,000 diagnostics tests and scans, up by almost 25% on the previous year.

At PML our vision is to continue to provide a first class community diagnostic ultrasound and cardiology service that exceeds our service pledge and our customers' expectations. This quality account demonstrates our achievements in the past year in support of our overall vision, as well as being forward looking outlining our commitment and plans for ongoing quality improvement.

We continued to manage our growing capacity in 2021/2022 whilst still ensuring that the majority of patients were seen within contracted deadlines and targets as close to their place of residence, or aligned to patient choice, with the option to change their appointment time if needed.

Ratings across all domains for our last CQC inspection in September 2019 was **Good**. The report can be viewed using the following link <https://www.cqc.org.uk/location/1-363389081>

Our Core Values

We are proud to run our business in alignment with our core company values, and we ask all of our staff to consider how they can contribute to these in their day-to-day roles. Our core values are:



Safety and care for people



Developing talent



Encouraging innovation



Sustainability & corporate integrity



Quality and excellence in our services



Embracing openness and valuing diversity

Quality Strategy

PML aims to provide a patient centred, timely, high quality, efficient, equitable and effective community cardiology and ultrasound service. This will be achieved by providing a standard of service which adheres to the principles of good care and best practice. To meet these aims the service is designed to achieve the following quality objectives:

- To create a high performing organisation that seeks to create excellence in its skill base, enabling the building of effective partnerships with our staff and key stakeholders.
- Continually improve the quality of the services we provide to our patients and key stakeholders using the Specific-Measurable-Attainable-Realistic-Time specific (SMART) model.
- Continue to contribute to improved choice and access for diagnostic scans and tests for patients within the community setting thereby facilitating better outcomes for patients.
- To manage and implement a formal programme of staff planning, selection, recruitment, training and personal development to enable the care requirements of patients to be continually met.

Part 2:

Priority for Improvements 2021/2022

The purpose of PML's quality strategy is to continue to deliver a safe and clinically effective service, whilst building on and improving the patient experience of our services based on patient feedback and our own evidence-based findings, from our experiences of providing nationwide diagnostic services.

Alongside our overarching quality strategy objectives we have utilized four facets of quality improvement as a means of demonstrating how these aims will be evidenced and monitored.

The key improvement activities central to this aim are:

- Quality assurance
- Commitment to care
- Staff engagement and patient satisfaction
- Continual service development

By focusing on these key areas, we have set a clear directive on how we intend to continue to deliver our quality strategy.

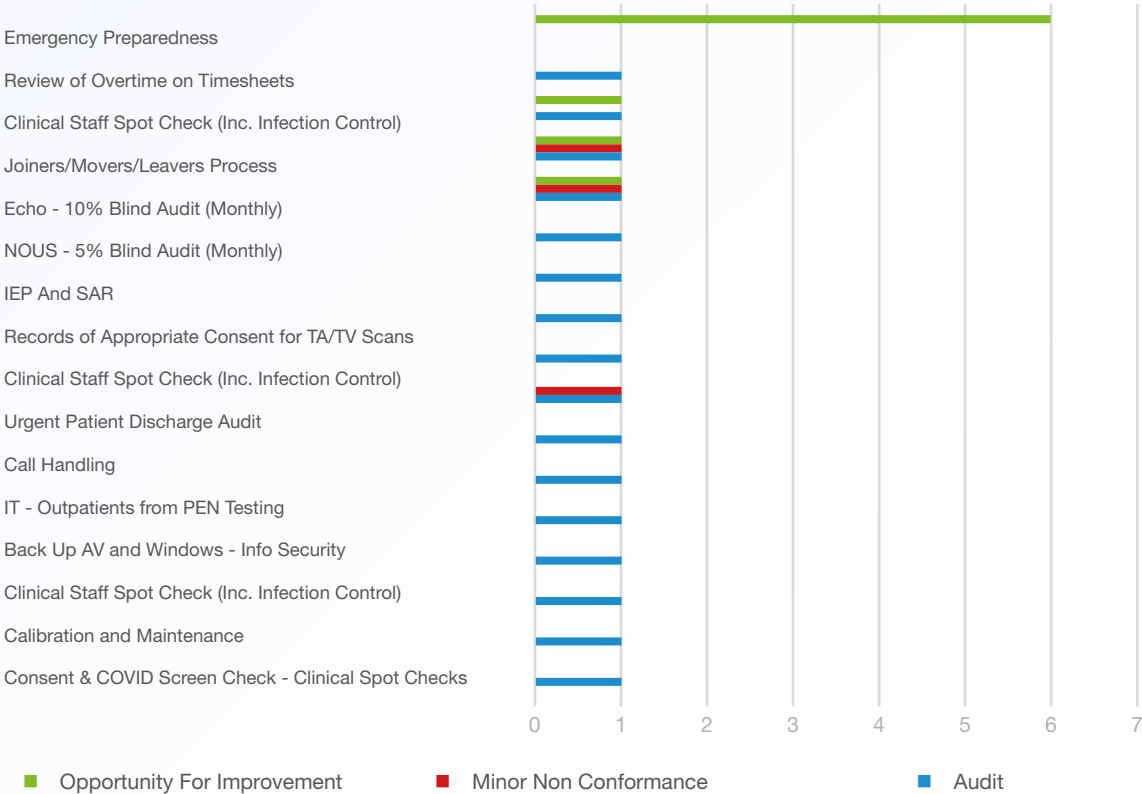


Part 3:

Quality Assurance

PML has built a comprehensive internal quality assurance programme based on continuous monitoring, assessment and implementing corrective actions that ensures we continue to deliver services of the highest standards.

The graph below shows the key areas defined under our quality assurance programme, demonstrating how we were able to identify and track areas requiring improvement and where we applied corrective actions.



In addition to our internal audit programme, we also undertook a comprehensive monthly clinical audit programme for all of our clinicians with the overall aims of:

- Improving the quality of care
- Maintaining an overall high standard of image quality and reports
- Enhancing professional training and continuous improvement

External Quality Assurance

PML has certification in ISO 9001 (Quality) and ISO14001 (Environmental) standards. We are Cyber Essentials certified and currently meet the standards of the latest Data Security and Protection toolkit. We are taking active steps to reduce our carbon footprint with the development of our net zero program in keeping with the Greener NHS National Programme.

With cyber-attacks becoming the norm, now more than ever it is important to undertake regular vulnerability scans and penetration testing. With this in mind, we have partnered with a third-party specialist cyber security company, who have provided a hosted software solution that allows us to automate this process on demand. This solution allows penetration and vulnerability scans to be performed as many times as we choose. The scans can be scheduled daily, weekly, monthly, quarterly or annually as well as on demand.

The new automated solution will allow our IT team to have a greater visibility of vulnerabilities, and enable them to produce patching reports to resolve these potential threats throughout the year. This will allow our IT team to keep up-to-date with the latest vulnerabilities or threats as they are discovered, and further strengthen the core infrastructure and web applications within the business.

Commitment to Care

Safeguarding

All of our staff complete safeguarding adult and children level 1 training during their induction, with all patient facing staff required to complete at minimum adult and children Level 2 training. Our safeguarding lead has also completed Level 3 training, and is available to provide additional support and advice. All staff, as part of their induction training, are made aware of the importance of safeguarding and compliance and are given access to our company safeguarding policies and procedures.

We have found that across Integrated Care Boards (ICB's) there are variances in safeguarding policies and procedures with some managed in-house and some outsourced to local council services. To manage this, we have produced our own safeguarding reporting framework, which links into local safeguarding reporting pathways, thereby ensuring that any concerns escalated are dealt with in the most appropriate and timely manner.



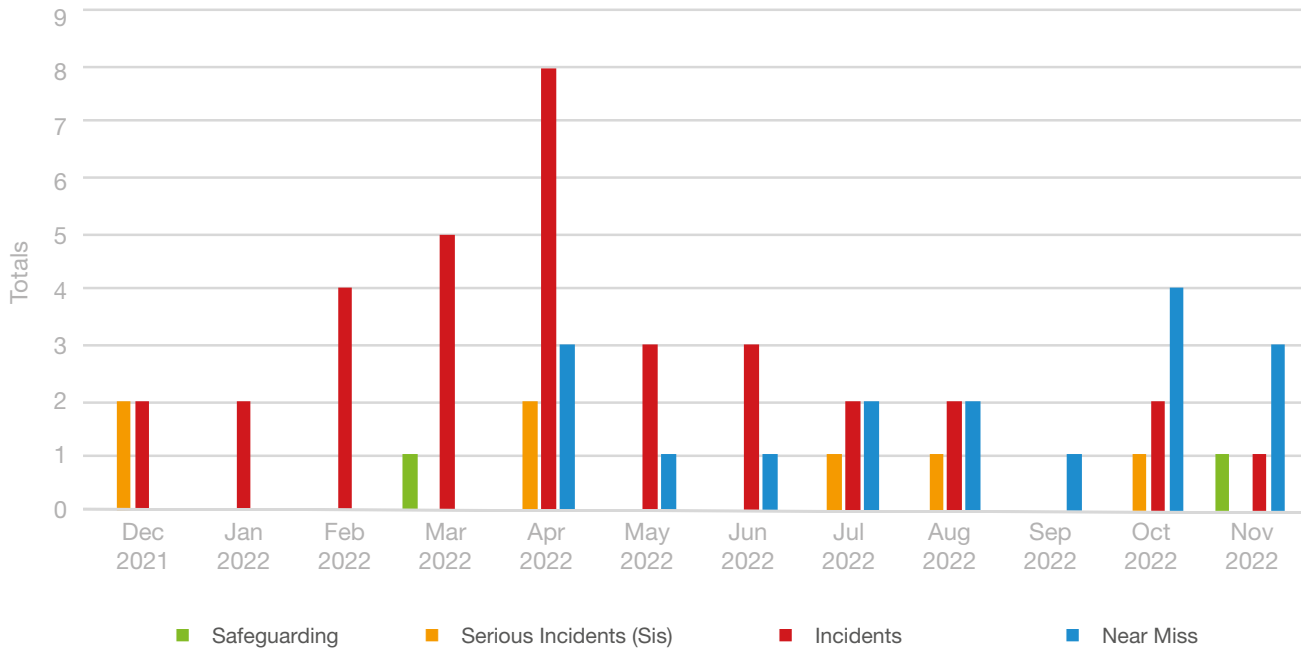
Incidents

As a provider of NHS commissioned services PML has a duty to report, investigate and manage incidents through our own internal procedures aligned with the national requirements.

Although the majority of our patients are treated safely and effectively, there are always risks associated with any procedure. This may lead to some people being inadvertently affected or harmed, despite the professionalism and dedication of our staff. The range of incidents logged below relate to various categories affected including:

- Clinical
- Booking management
- IT systems/applications
- Buildings and maintenance

Incidents logged between December 2021 and November 2022



From the graph shown above it can be seen that there was a significant spike during April 2022 which aligned with the following additional categories being reported:

Incident 1: A number of referrals had not been added to our booking system within 24 hours of receipt due to an administrative error.

Outcome: All patients affected were contacted and offered an appointment. As a result of this incident, we deployed a more robust system for checking and validating referrals.

Incident 2: GPs had questioned why some patients had been told to set the urgency of their own referral.

Outcome: Upon internal investigation, it was confirmed that GPs are required to set the referral urgency, and this was later discussed and agreed by GPs with additional communication given to PML booking staff to prevent this re-occurring.

Most of the incidents seem to stem from communication issues therefore this played a significant part in us developing better communication pathways, and ensuring our staff were aware of the correct process or procedures to follow.

Overall, our combined incident rate remains very low at 0.03%.

PML have a ‘Serious Incidents’ (SI) Reporting and Investigation policy in place (it includes ‘near misses’). This is in addition to us having a management framework, and fostering an open, fair and no-blame work culture, where any action against individuals will be considered only if there has been any reckless intent, failure to follow company policy or practice guidance, or they have acted outside of their professional boundaries or responsibilities.

All SIs are investigated accordingly and immediately reported to the Senior Directors as follows:

- **Level 1** - Concise internal investigation;
- **Level 2** - Comprehensive internal investigation;
- **Level 3** - Independent investigation with lessons learned and a root cause analysis carried out to understand how to mitigate the SI from re-occurring. If required we will implement necessary improvements to our internal processes and procedures.

All SIs are reported in line with local and national requirements.

Our quality and integrated governance team are in the process of developing our Patient Safety Policy and Plan in anticipation of the Patient Safety Incident Response Framework (PSIRF). PSIRF will replace the current contractual requirement for the reporting of serious incidents under the Serious Incident Framework (2015) from autumn 2023.

Health and Safety

PML believes that adherence to strict guidelines as outlined in our infection control policy is of paramount 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.

Equality, Diversity and Inclusion

We believe that patients and their families have the right to be treated fairly, with dignity and respect, and that they should not suffer discrimination on any grounds due to their; age, disability, gender reassignment, marriage and civil partnership, race, religion or sexual orientation.

PML is an equal opportunities employer and we follow the Workforce Race Equality Standards (WRES). On an annual basis we provide a submission to the NHS Trusts which confirms our compliance against the NHS standard contracts. This links to part of our company values, 'Embracing openness and diversity'.

Therefore, our staff have the right to be treated fairly during the recruitment process and throughout their career progression at PML, and they can expect to work in an environment where diversity and equality of opportunity is valued.



Patient Feedback

At PML we pride ourselves on our patient centred philosophy and recognize the value of the feedback we receive from our patients, as this is a very important indicator of the quality of our service provision and reflects our quest to continue to deliver the best possible service to our patients.

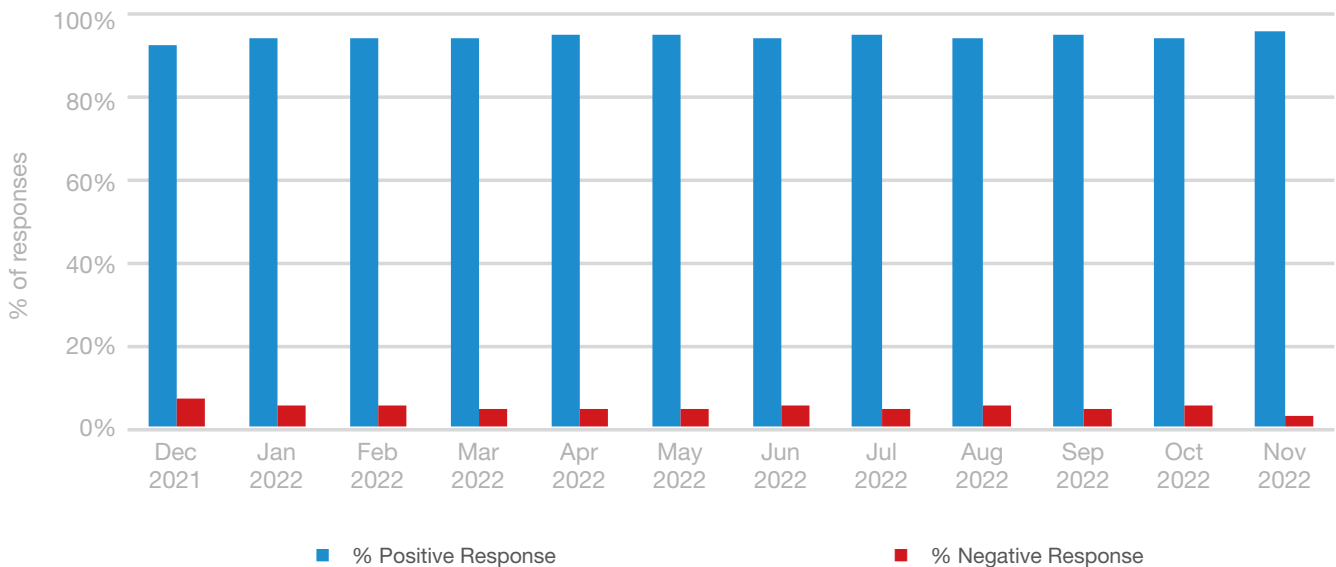
Patient Satisfaction Survey: Data Collection

We carried out a patient satisfaction survey between December 2021 and November 2022. Following their appointment each patient was sent an SMS text message asking the following questions:

- 1. Would you recommend our service to friends and family if they required similar care of treatment?**
- 2. Thinking about your response to the previous question, what is the main reason you feel this way?**

The graph outlined below reflects the collated results of feedback received via SMS text messaging from our patients.

Patient Satisfaction Response Rates %

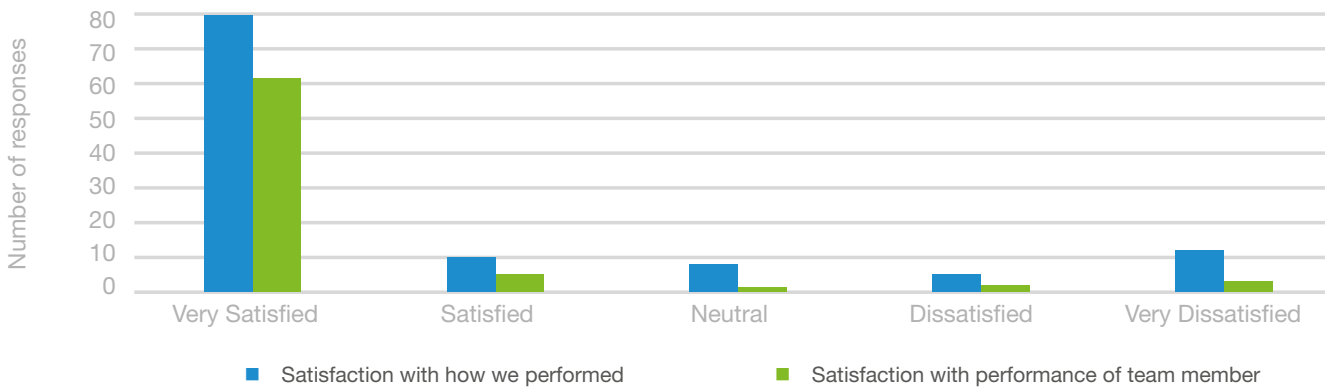


We also conducted a post telephone appointment satisfaction survey to further understand patient experience of our service and what areas can be improved upon. As part of this survey, patients are asked the following questions:

- Please tell us how you feel we performed today?
- How satisfied were you with how our team member performed today?

A summary of the responses can be seen in the graph below.

Post appointment patient satisfaction responses



Overall the survey results suggest that our appointment booking service is performing well with the majority of respondents being very satisfied with their experience, however there is room for improvement as evidenced by some of the lower grade responses. In view of this we have made changes to our internal booking procedures, improved staff training and worked closely with our systems provider to improve call features.

You said: Long waiting times on phones to get through.

We did: Implemented a call back feature so that patients didn't have to wait on the phone for prolonged periods.

You said: We would like more opportunities throughout the day to contact the booking team to schedule an appointment.

We did: Extended booking team working hours. Patients can now book appointments from 8am to 8pm.

We also review all patient feedback captured via a variety of other methods including direct verbal and written feedback. Below are some additional examples of feedback given by patients using our service:



Sometimes we do not always get it right and patients have responded and told us about aspects of their experience that could be improved.

One consistent theme identified from patient feedback centered around poor bedside manner and not giving patients enough information about examinations. We have strived to address these concerns with additional training and spot check audits for clinicians to improve their engagement with patients and put them at ease whilst undertaking procedures.

We are committed to learning from patients experiences whether those experiences are good or bad and will continue to monitor and make improvements in response to feedback from our patients.

Staff Engagement

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 also carry out an annual anonymous staff survey which captures the experiences of employees and gives them a platform from which to voice their positive experiences and areas for improvement. The most recent staff survey took place in November 2021. A summary of the results can be seen below:

85% feel that they are treated with dignity and respect	89% use their skills and abilities within their role	93% are happy working with their colleagues	89% are aware of, and follow, PML COVID-19 protocols
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The results were on the whole positive, although we did receive some negative feedback in the responses, the most frequent relating to high workload, communication issues and lack of career growth potential. Based on this feedback we have sought to improve staff levels, skills mix, foster better communication channels between teams and provided more opportunities for recognition and career growth for staff.

GP Referrer Feedback

A GP satisfaction survey was carried out during 2021/2022 where we asked our GP partners to comment on aspects of our service. In summary the results were:

100% of GPs considered our referral forms easy to complete and submit	100% of GP's were satisfied with the quality of our results and images	87.5% of GP's were satisfied with the locations of our clinics	87.5% of GP's would refer all their patients to PML
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Complaints

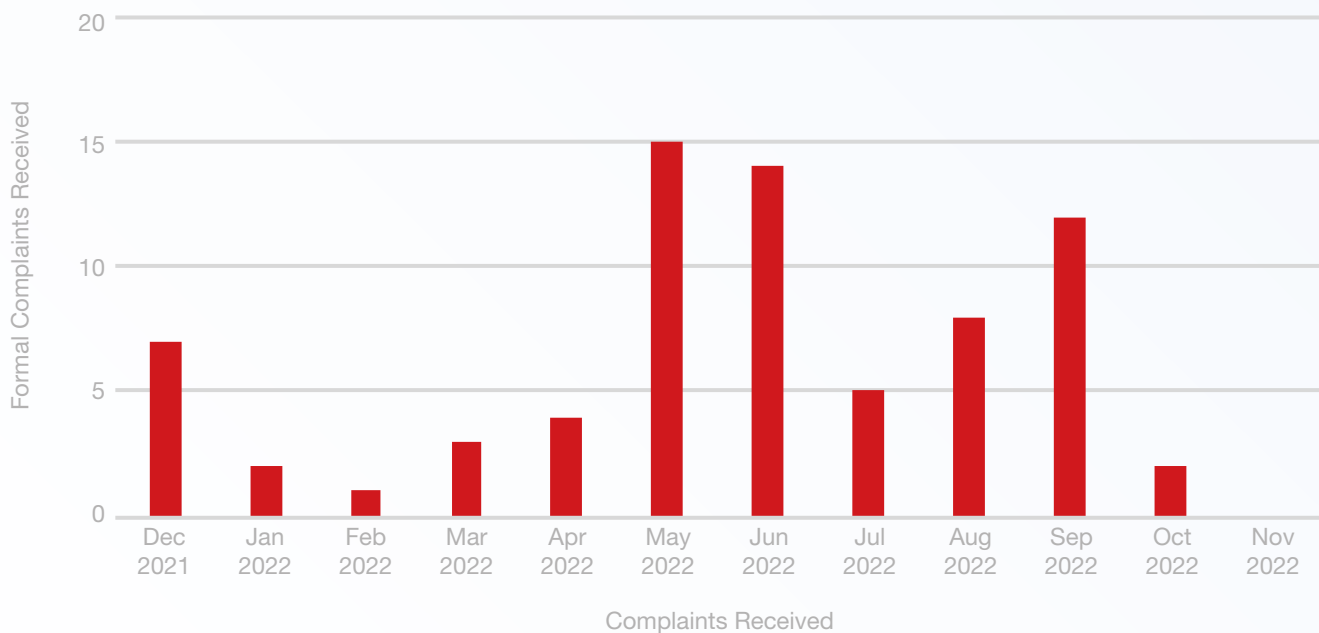
Complaints are managed in line with our complaints policy and procedure. A complaint is any expression of dissatisfaction, whether justified or not, about any aspect of our service provision.

All complaints are investigated fairly and in a timely manner. The Complaints Policy aligns with our company values 'Safety and Care for People', 'Quality and Excellence in our Services' and the Care Quality Commission Regulation (16) receiving and acting on complaints.

Patient complaints remain very low in relation to the volume of scans carried out.

The graph below reflects volumes of formal complaints received on a monthly basis between December 2021 and November 2022.

Total complaints received and completed



From the graph, a peak in complaints can be seen during the months of May and June 2022 which corresponded with the relaxing of coronavirus restrictions in the wider community, however within GP surgeries (where the vast majority of our services are conducted from), patients were still required to wear face coverings and adhere to good hand hygiene practices, thus this discordance between community settings and GP practice coronavirus requirements contributed to an overall higher level of complaints from patients during that time.

It should be noted that all complaints are investigated via our standard complaints process. We welcome complaints from our patients and use them as a means to improve patient experience, drive quality of service improvements, and to lead to a safer more patient centric service.

Continual Service Development/Improvement

Continuous service improvement is a goal owned and driven by all PML staff, reinforced by ongoing training and supported by the company as a whole.

As of 2021/2022, we now employ over 140 staff who work either full time or part time. This can be supplemented by bank and contractors when required to enable the business to match short term variance in demand and to smooth capacity. As the company continues to grow, we have further strengthened our organisational structure, with the introduction of the following specialized roles:

- Deputy Director of Governance and Information Technology
- Deputy Director of Operations and Performance
- Business Relationship Manager
- Governance Lead
- Patient Experience Lead
- Senior Data Analyst

Our Overseas Workforce Programme continues to deliver, with an additional 14 Advanced Ultrasound Sonographers joining the organisation during this time period. Additional resource has been recruited to support the pastoral and orientation of this workforce to ensure smooth onboarding.

We have continued to invest heavily in our IT infrastructure during 2021/2022 facilitating continued hybrid working. This has allowed us to continue to provide services and ensures an agile approach to work following the COVID-19 pandemic.

In October 2022, we began the process of migrating our Microsoft Cloud infrastructure to MS Azure, with the IT annual programme focusing on utilizing the additional information security tools and functionality the platform offers.

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

Conclusion

This quality account showcases the progress we have made against our quality improvement strategy during 2021-2022, in continuing to provide a patient centric service and maintaining high quality standards in spite of the challenges of COVID-19.

Our approach of embracing an evidence based data-driven focus on quality management, has enabled us to identify key areas for improvement and take proactive measures to address them. By focusing on continuous quality improvements we are confident as a provider of diagnostic services that we can continue to provide high quality care and services for our patients now and well into the future.





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