

# QUALITY ACCOUNT

2023/2024



Physiological  
Measurements Ltd.

UNDERSTAND | INNOVATE | DELIVER



## Quality Account: 2023/2024 Statement

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# Quality Account: 2023/24 Statement

**We are pleased to present our quality account for the period spanning April 1st, 2023, to March 31st, 2024.**

This report serves as a testament to our achievements, challenges, and aspirations for the advancement of our overall quality strategy and priorities in the year ahead. It stands as a transparent reflection of the quality of services we provide, underscoring our commitment to continuous improvement.

Throughout persistent challenges, we have remained steadfast in our commitment to upholding patient safety practices. In navigating sector-wide issues, we have embraced innovation, resulting in the successful completion of over 155,000 diagnostic scans for this reporting timeperiod. This accomplishment reaffirms our dedication to meeting the healthcare needs of our communities.

Within this report, we offer a comprehensive overview of our service quality, outlining our accomplishments, challenges, and areas slated for improvement. Our overarching objective remains unchanged: to deliver exceptional services and care to our patients, thereby generating tangible value for our communities. We embrace this mission wholeheartedly, striving each day to elevate our service delivery and positively impact the lives of those we serve.



**Andy Honeyman (Executive Director)**

# Quality Account: Purpose

As a provider of NHS healthcare services, each year we are required to publish a quality account which informs the public and our service partners about the quality of services we provide. Our quality account contains

information about the quality of our services, the improvements we have made over the last 12 months and sets out our priorities for the forthcoming year.

# An Introduction to Physiological Measurements (PML)

Physiological Measurements (PML) is a leading independent provider of community ultrasound and cardiology services established in 2005 by former clinical physiologists Andy Honeyman and Jon Pither. We are a diverse multi-national team of 140+ people, united by a vision and passion to deliver the best possible services to our communities across England and Wales.

## Our Locations

- Bexley
- Bromley
- Cardiff
- Dartford
- Gloucestershire
- Hertfordshire
- Greater Manchester
- Shropshire

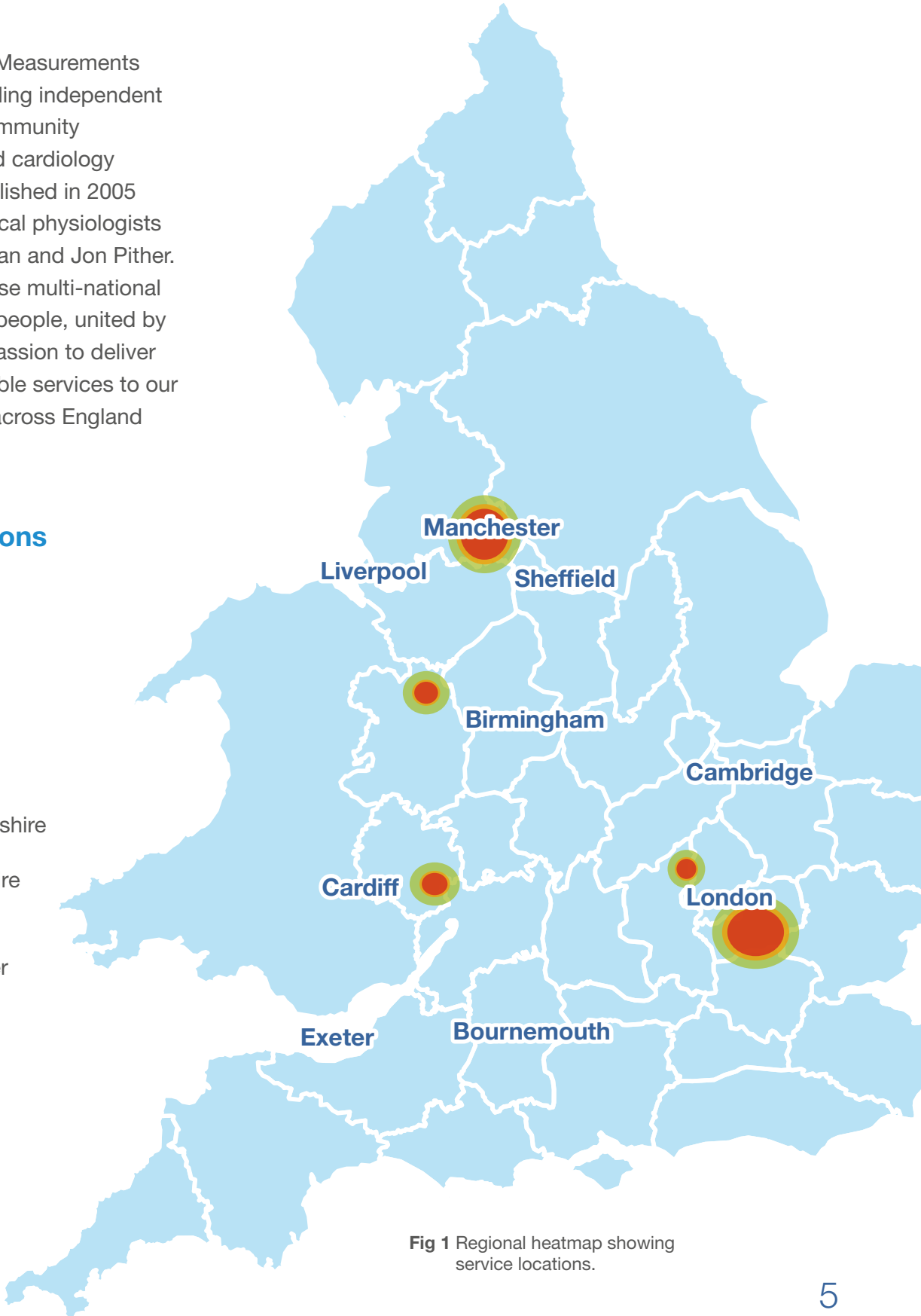


Fig 1 Regional heatmap showing service locations.



The services we currently provide are detailed in the chart below:

Non-Obstetric Ultrasound Services	Cardiology Services
Abdominal Ultrasound	Transthoracic Echocardiography (Echo)
Gynaecology	Resting 12 Lead Electrocardiography (ECG)
Renal Tract/Bladder/Prostate	24 hr. Ambulatory Blood Pressure
Scrotal/Testicular	24 hr. Ambulatory Electrocardiography (AECG)
Musculo-skeletal (MSK)*	48 hr. Ambulatory Electrocardiography (AECG)
Suspected DVT*	72 hr. Ambulatory Electrocardiography (AECG)
Superficial masses or lumps	7 Day Ambulatory Electrocardiography (AECG)
Abdominal Aortic Aneurysm screening (AAA)*	Sports Cardiology Screening
Vascular Ultrasound	

\*Only performed in limited clinics

**Fig 2.** Examination types per speciality

PML remains dedicated to delivering exceptional services, fostering close partnerships with NHS commissioners, GPs, and secondary care trusts to fulfil NHS England's mandate of enhancing access to diagnostic imaging services for patients. This commitment ensures greater choice, services provided within closer proximity to patients' homes, and alleviates pressure on hospital waiting times within the acute sector. Through this collaborative endeavour, we not only facilitate improved patient access but also contribute to enhanced patient outcomes.

# Our Core Values: Mission Statement

**PML is committed to continuing to deliver excellence and quality in healthcare to our patients and clients, whilst upholding environmentally and socially responsible values.**

## Our Vision

Our vision is to be one of the UK's most dynamic community healthcare diagnostics providers, creating sustainable services which are essential to a better, safer, and healthier life for our patients.

## Company Values

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



**Safety and Care for People**



**Encouraging innovation**



**Quality and Excellence in our services**



**Developing Talent**



**Environmental and social responsibility**



**Embracing openness and valuing diversity**



This will be achieved by providing a standard of service which adheres to the principles of good care practice.

To meet these aims the service is designed to achieve the following objectives:

- To treat all patients in with care, dignity, and respect at all times.
- To deliver a service of the highest quality that will be both efficient and timely.
- To ensure that a flexible service is delivered, attentively and in a non-discriminatory fashion while respecting each service users right to independence, privacy, dignity, fulfilment, and the right to make informed choices and to take risks.
- To manage and implement a formal sustainability programme that encompasses how we act in an environmentally and socially responsible way, to ensure that we meet the needs of the present without compromising the future of our planet.
- To ensure that service users' needs and values are respected in matters of religion, culture, race/ethnic origin, sexuality/sexual orientation, political affiliation, and disabilities/impairments.
- To manage and implement a formal programme of staff planning, selection, recruitment, training, and personal development to enable the care requirements of service users are met.
- To manage the care service efficiently and effectively, to make the best use of resources and to maximise value for money for the service user and our customer.
- To ensure that all staff receive the necessary training and personal development to perform their jobs in the most effective manner.





## Part 1:

# Quality Statement

**At PML, we uphold a commitment to delivering safe and efficient healthcare services, guided by effective leadership and collaboration between our executive directors and senior management team. Our dedication to patient safety, clinical excellence, and continuous improvement forms the cornerstone of our quality ethos.**

Our executive directors and senior management team synergize to provide robust and visionary leadership. Together, supported by our broader teams, we ensure adherence to regulatory standards, fostering a culture of excellence across the organisation. This collaborative approach empowers us to make informed decisions and implement strategic initiatives that benefit our patients and stakeholders.

Patient safety is our top priority. Leveraging a comprehensive risk assessment framework, we are quickly able to identify potential hazards and vulnerabilities within our service delivery. Subsequently, we proactively implement necessary corrective measures and improvements, incorporating valuable learnings to enhance overall performance. Through effective leadership, evidence-based practices, and rigorous risk management, we ensure that our services remain safe and effective.

# Quality Strategy

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

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



# Part 2:

## Priority for Improvements 2024/2025

### **PATIENT SAFETY: WHY IT SHOULD BE A PRIORITY FOR IMPROVEMENT.**

Patient safety is fundamental to the provision of high quality healthcare. Errors or incidents that compromise patient safety can result in harm and increased healthcare costs. Prioritising patient safety ensures that we continue to mitigate risks, improve processes, and foster a culture of safety.

#### **HOW WE WILL ACHIEVE THIS.**

Implementation of patient safety incident response framework (PSIRF) and rollout of training in the new level 1 patient safety syllabus for all staff.

### **CLINICAL EFFECTIVENESS: WHY IT SHOULD BE A PRIORITY FOR IMPROVEMENT.**

Clinical effectiveness focuses on delivering care that is evidence based, safe and delivers desired outcomes for patients. By focusing on clinical effectiveness, we can ensure that our resources are used efficiently, and clinical outcomes are the best they can be for patients.

#### **HOW WE WILL ACHIEVE THIS.**

Focus on continuous Improvement by expanding our audit program to include full clinic quality evaluations and encourage multi-disciplinary collaboration and engagement in the audit process to drive continuous improvement efforts. Establishing a clinical effectiveness committee to monitor and promote best practise and ensure that robust arrangements are in place for continually improving clinical effectiveness.

### **PATIENT EXPERIENCE: WHY IT SHOULD BE A PRIORITY FOR IMPROVEMENT.**

Patient experience encompasses all interactions patients have with our service, including communication, quality of care and overall satisfaction with our services. Evidence suggests that improving patient experience leads to increased patient satisfaction and better health outcomes.

#### **HOW WE WILL ACHIEVE THIS.**

Continue to implement a variety of patient feedback mechanisms such as direct surveys and community focus group collaboration, and tailor feedback to meet the diverse needs and preferences of patients including those from disadvantaged or vulnerable groups.

### **SUSTAINABILITY: WHY IT SHOULD BE A PRIORITY FOR IMPROVEMENT.**

Sustainability involves minimising the environmental impact of our business operations, promoting public health. Prioritising sustainability aligns with the overarching sustainability goals of PML as a business and nationally in line with the NHS green plan.

#### **HOW WE WILL ACHIEVE THIS.**

Working more within local communities and continue our work towards environmental sustainability goals such as energy conservation measures, waste reduction and the use of renewable resources.

## Part 3:

# Review of quality priorities and performance 2023/24

### Internal Quality Management

At PML, we prioritise the maintenance of a robust Internal Quality Management System (QMS) in line with the rigorous standards outlined by ISO 9001:2015, a globally recognised benchmark for quality management.

In January 2024, PML underwent an independent ISO surveillance audit, a pivotal milestone in our commitment to continuous improvement and adherence to stringent quality standards. Successfully passing this audit without any non-conformances serves as a testament to our ongoing commitment to operational excellence and signifies our proactive approach to ensuring compliance and driving continuous improvement initiatives across our organisation.

Central to our QMS is our ongoing internal audit program (see fig 3), which entails regular evaluations of our operations, procedures, and clinical practices across all facets of our business including administration, clinical competency, Standard Operating Procedures (SOPs), protocols, staff training, and more.

Audit Title	No. Opportunities for Improvement (OFI)	No. Non-conformances (NC)
Patient Records	0	1
Mango 5 Compliance	4	0
Waste Management	0	0
Back up and Disaster Recovery	0	0
Consent	0	0
Clinical Staff Spot Check	15	0
PMC and M5 Call Handling	4	0
Purchase Orders	1	1
Carbon Offsetting	0	0
Emergency Preparedness	0	0
SI and Complaints	0	0
Records Management	0	0
Energy Management	1	0
IEP and SAR	1	0
Recycling	0	1
Infection Control Equipment	1	0
Spot Check 5% Audits	4	0
Referrals - Data Breaches	0	0
<b>Total</b>	<b>31</b>	<b>3</b>

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

Areas recording the highest levels of NCs or OFI, as shown in Fig 3, are as follows.

- **CLINICAL SPOT CHECKS (OFI)** Opportunities for improvement included ensuring all staff had ID badges, updating PAT testing records for all equipment, arranging repairs for defective probes, ensuring all clinics had a working phone, ensuring all staff are aware of emergency procedures and the location of First Aid kits and defibrillators, and ensuring staff are aware of uniform requirements for infection, prevention & control e.g. bare below the elbows.

**ACTION TAKEN:** A list of identified improvements was sent to the Operations Team and Infection, Prevention & Control Lead to action with follow up audits scheduled to assess levels of compliance.

- **PMC AND MANGO 5 CALL HANDLING (OFI)** It was noted that there were areas for improvement regarding training and the safeguarding escalation process.

**ACTION TAKEN:** A Standard Operating Procedure was created, and additional training provided to Mango 5 admin staff on how to report a safeguarding concern. Refresher training was also provided on booking all appointment types and triaging follow-up appointments.

- **MANGO5 COMPLIANCE (OFI)** It was identified that some of the Mango 5 agents lacked knowledge of clinic locations, Sonographer gender, prep instructions for certain types of scans and the procedure for referring a patient back to their GP due to lack of contact.

**ACTION TAKEN:** The clinic address spreadsheet has now been updated to include more concise directions. The clinician gender spreadsheet was updated, and the PMC Handbook was updated to include further information on patient preparation for scans.

- **SPOT CHECK 5% CLINICAL AUDITS (OFI)** It was identified that standard procedure is not always followed for scores that fall below a certain level, as per company policy. It was also identified that there was a lack of communication across the company with regards to some of the 5% clinical audit outcomes.

**ACTION TAKEN:** Comments are now added for all audits that fall below the designated threshold, with standardised language used. Clear lines of communication are also now in place between clinical staff, governance dept and HR. All audits are reviewed by the governance lead on a monthly basis.



## Risk Management

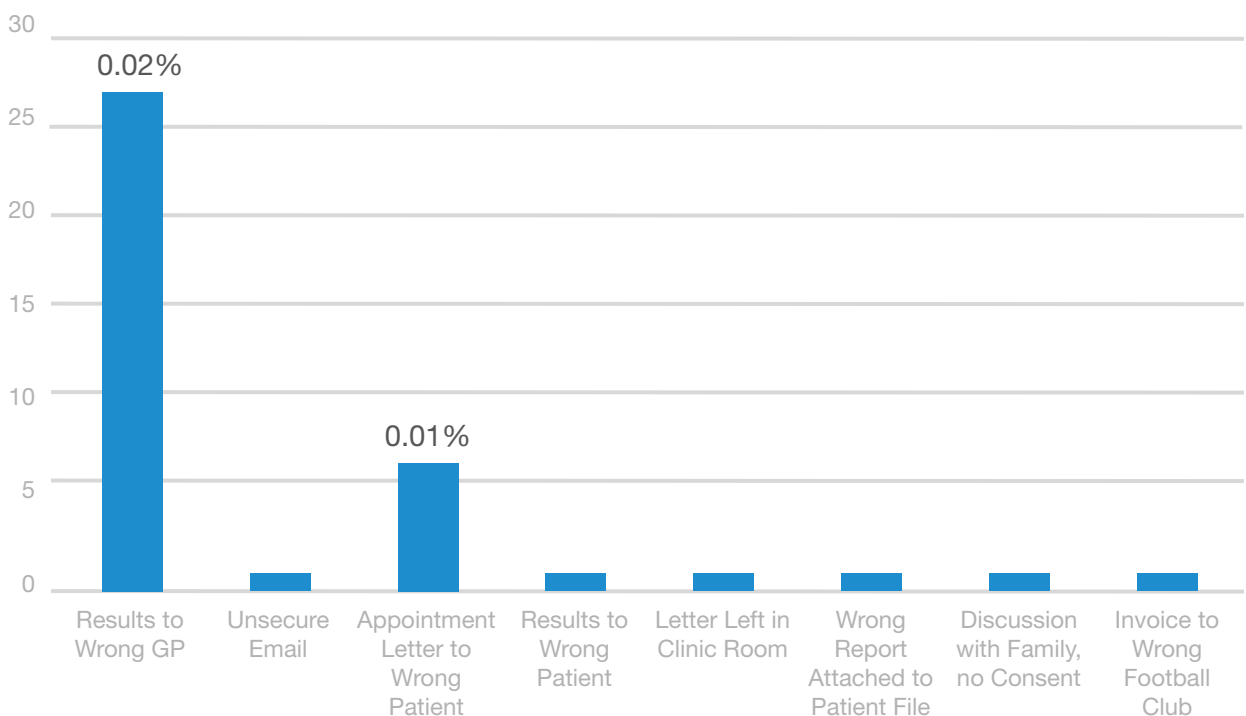
PML is committed to minimising risk through a framework of integrated governance supported by a proactive risk management process. The management and control of risk is the overall responsibility of the management executives and at an operational level is overseen by the governance lead. This system supports the management of risk alongside the provision and maintenance of an effective method of risk identification and associated controls, risk reviews and decision making. All identified risks are logged on our risk register which is reviewed at monthly risk review meetings or sooner if warranted.

No new significant risks have been identified for this reporting period. All risks are now managed via our risk and compliance system Radar. Any significant risks identified are escalated immediately to SMT where a decision is taken on the best course of action to manage the risk.

### Internal Data Breaches

As technology evolves, PML, like many healthcare providers, has transitioned from paper-based to electronic systems, enhancing integration, efficiency, and the security of patient data. While the majority of our patient data processing is electronic, some manual entry points remain, potentially increasing the risk of errors.

The chart below outlines the most common errors encountered (See fig. 4).



**Fig 4.** Data breaches by type and frequency. Percentage of total value (breaches) shown.

Percentage of total value (breaches) shown. Areas recording the highest number of breaches, as shown in the preceding chart, are as follows.

- **RESULTS TO WRONG GP** There were 27 instances of results reports being sent to the wrong GP practice. This equates to 0.02% of results reports processed. The most common theme identified was reports being sent to practices with a similar name to the patient's GP practice.

**ACTION TAKEN:** Regular briefings now take place with the referrals and results teams to embed the importance of cross referencing the referring practice and ensuring the practice code is correct. Monthly spot check audits have also been implemented and we are currently onboarding an automated referral mapping software solution which will drastically reduce the number of manual entry touchpoints within PMC processes.

- **APPOINTMENT LETTER TO WRONG PATIENT** There were 7 instances of patient appointment letters being sent to the wrong patient. This equates to 0.01% of letters sent to patients. It was identified that this was due to PMC administrators printing letters in bulk.

**ACTION TAKEN:** Regular reminders have been sent to administrators to emphasise the importance of printing only one letter at a time as per current process. The imminent introduction of an automated letter printing and folding service will effectively eliminate this type of error.

It should be emphasised that these results represent a small fraction of the overall number of appointment letters and patient results sent successfully. For illustration, on average, we send over 14000 patient results and over 7000 appointment letters every month without error.

## Clinical Audit Process

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

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



In addition, the appropriateness of seeking a Radiologist comment/ second opinion is also assessed. Each of the categories above has an assigned scoring system which enables a quantitative measure to be given. **A mean score of 3.8 or above across all categories is the expected standard.** Scores lower than this would be subject to review of performance. Any score of 2 or lower will be referred to a discrepancy meeting. Any score of 1 or less would trigger an incident investigation procedure. More than one score of 2 or less (for any two separate ultrasound examinations) within the same audit cycle or a trend of a high referral rate to any discrepancy meeting would lead to a period of supervised practice and remedial training for the Sonographer.

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

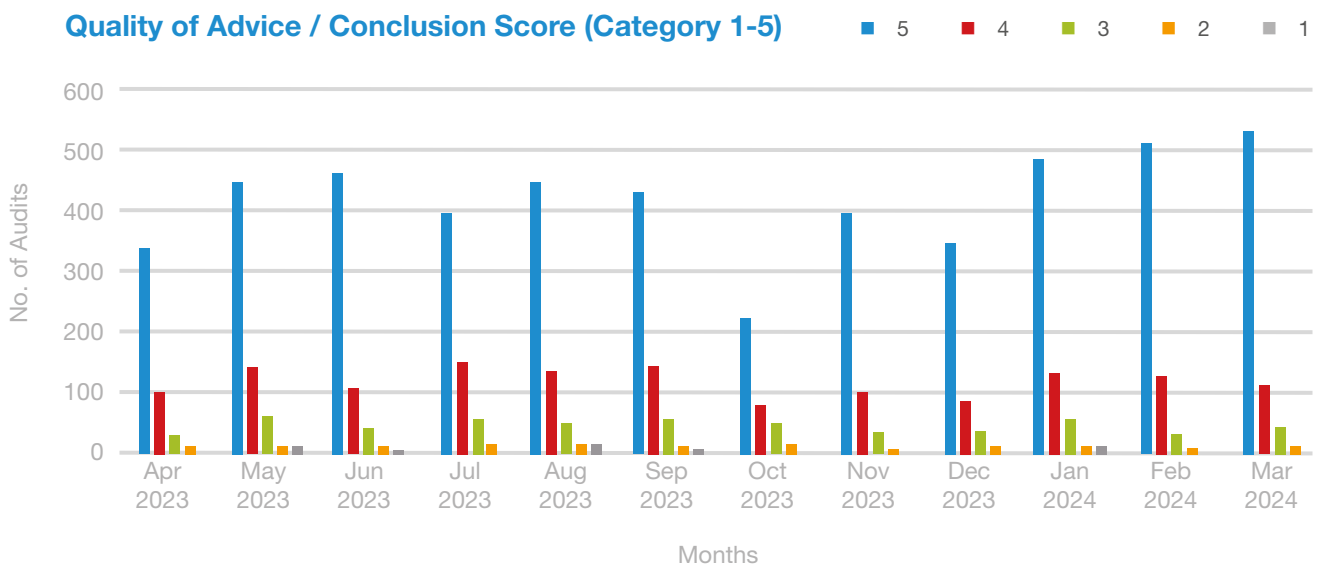
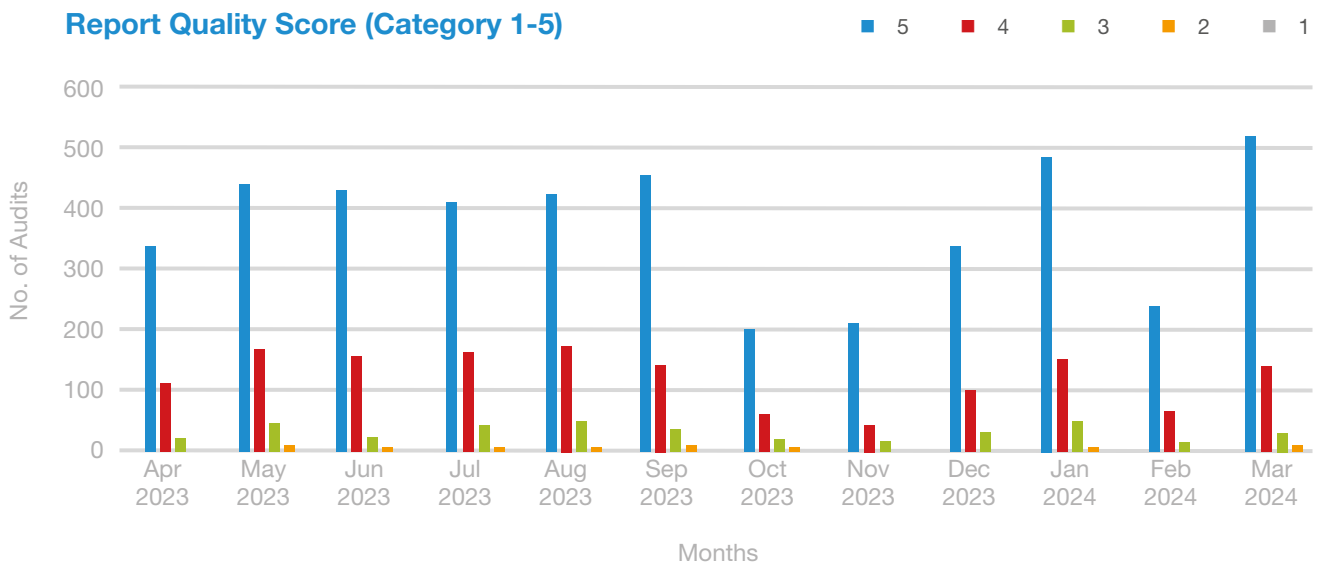
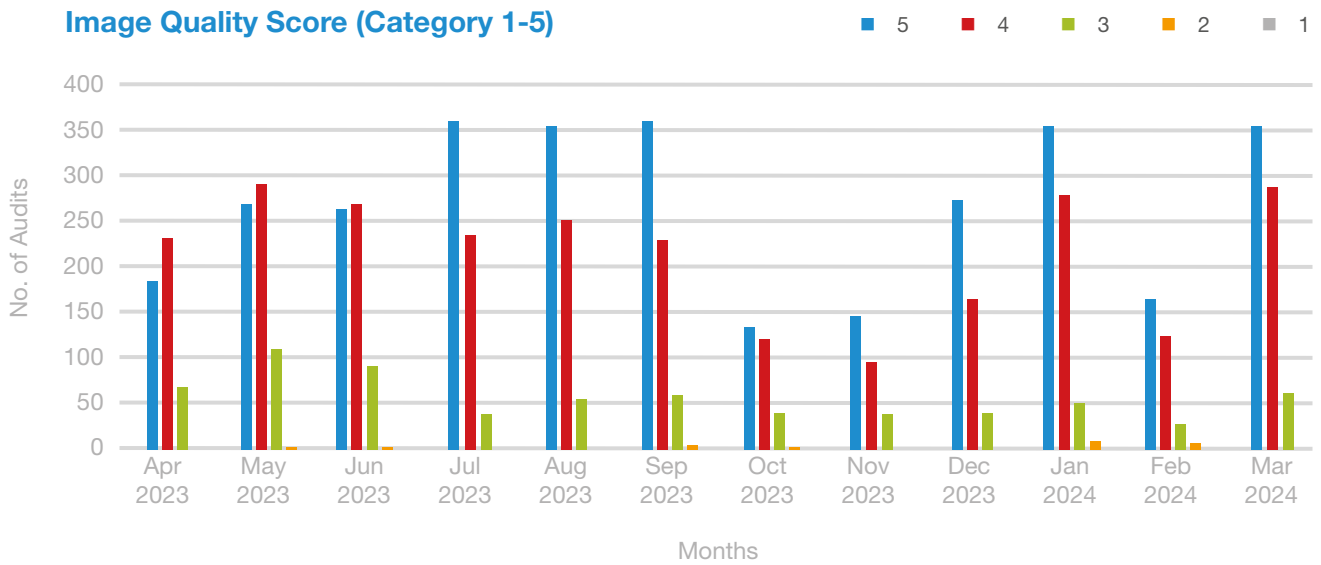


Fig 5. Annual Clinical Audit Results: Overview

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

The tables below show the total scores obtained for each category (as a % of the total work audited).

#### IMAGE QUALITY SCORE (CATEGORY 1-5)

Year	Category	1	2	3	4	5
2023-2024	% of total audits	0.1	0.5	10.4	39.5	49.5

The image quality results demonstrate that 89% of audited images fell into the category 4 and 5 descriptors being of good diagnostic quality.

#### REPORT QUALITY SCORE (CATEGORY 1-5)

Year	Category	1	2	3	4	5
2023-2024	% of total audits	0.3	1.5	6.2	22.9	69.1

The report quality results demonstrate that 92% of audited reports fell into the category 4 and 5 descriptors being of good diagnostic value.

#### QUALITY OF ADVICE / CONCLUSION QUALITY SCORE (CATEGORY 1-5)

Year	Category	1	2	3	4	5
2023-2024	% of total audits	0.5	1.8	7.5	19.8	70.6

The quality of advice/conclusion results demonstrate that in over 90% of the reports audited the advice given/conclusion offered was clinically sound and answered the clinical question.

**Fig 6.** Clinical Audit Discrepancy results (%)

## IT Service and Security Developments

### IT Service and Security Enhancements

Over the past year, our IT department has made significant strides in enhancing our technical infrastructure and ensuring the efficiency and security of our digital infrastructure. The following is an overview of the key developments and accomplishments of our IT department.

#### Azure Migration

Our transition to a new secure cloud environment is now complete, consolidating all PML servers, VPNs, and firewalls under our direct control. This shift provides us with full autonomy and adaptability over our digital infrastructure.

The introduction of Azure Virtual Desktop has revolutionised our remote desktop experience, accommodating an average of 30 users daily. We are actively exploring avenues to enhance performance while optimising costs for future scalability.

#### Cloud-Based HSCN Express Route

We've implemented a cloud based HSCN express route, ensuring a secure connection for external NHS organisations requiring access to iPMC2. This heightened security is achieved through mutual express route requirements, bolstering data integrity and confidentiality.

#### InTune Integration

InTune integration has empowered us to establish update rings for all PML laptops, streamlining patch management for Windows and drivers updates in alignment with Cyber Essentials standards.

#### Partnership with Venture 1

Our collaboration with Venture 1 marks a strategic shift in our IT consultancy services. With their specialised expertise in Azure infrastructure and extensive experience in healthcare IT, Venture 1 has seamlessly supported our migration efforts and provided invaluable insights for system optimisation. Their familiarity with NHS policies and infrastructure requirements ensures tailored solutions aligned with our organisational objectives.

#### Checkpoint CloudGuard Firewall

The deployment of Checkpoint CloudGuard Firewall represents a significant enhancement to our cloud security posture. With a meticulously documented rule base, we've fortified network segregation and fortified defences against common threats like external Remote Desktop Protocol (RDP) access. Softcat's managed service further ensures ongoing firewall updates and change management for sustained protection.

#### Nems Web Upgrade

An upgrade to Nems Web for our Cardiology teams addresses critical IT risks, featuring a new SQL database and comprehensive audit history capabilities for enhanced data integrity and accountability.





## **DMARC Implementation for Office365**

Our adoption of Domain-based Message Authentication, Reporting, and Conformance (DMARC) protocol for Office365 signals a proactive approach to email security. By thwarting domain spoofing attempts and providing authentication assurance to recipients, DMARC significantly reduces the risk of phishing attacks and enhances our credibility in digital communications.

## **EE Migration for iPhones**

Our transition from O2 to EE as our mobile services provider, coupled with the deployment of industry-standard software Jamf, ensures robust mobile device security

for all Sonographers. This migration also encompasses an upgrade in MiFi device download speeds, enhancing connectivity and performance in clinic settings.

## **Data Security and Protection Toolkit and Cyber Essentials**

We are currently fully compliant with the Data Security and Protection Toolkit (DSPT) and are currently finalising our new DSPT submission for 2024.

We continue to hold a current Cyber Essentials + Accreditation. Having Cyber Essentials accreditation demonstrates PMLs commitment to cyber security and combating the never ceasing threat of cyber-attacks.

## Incidents and Investigations

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

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

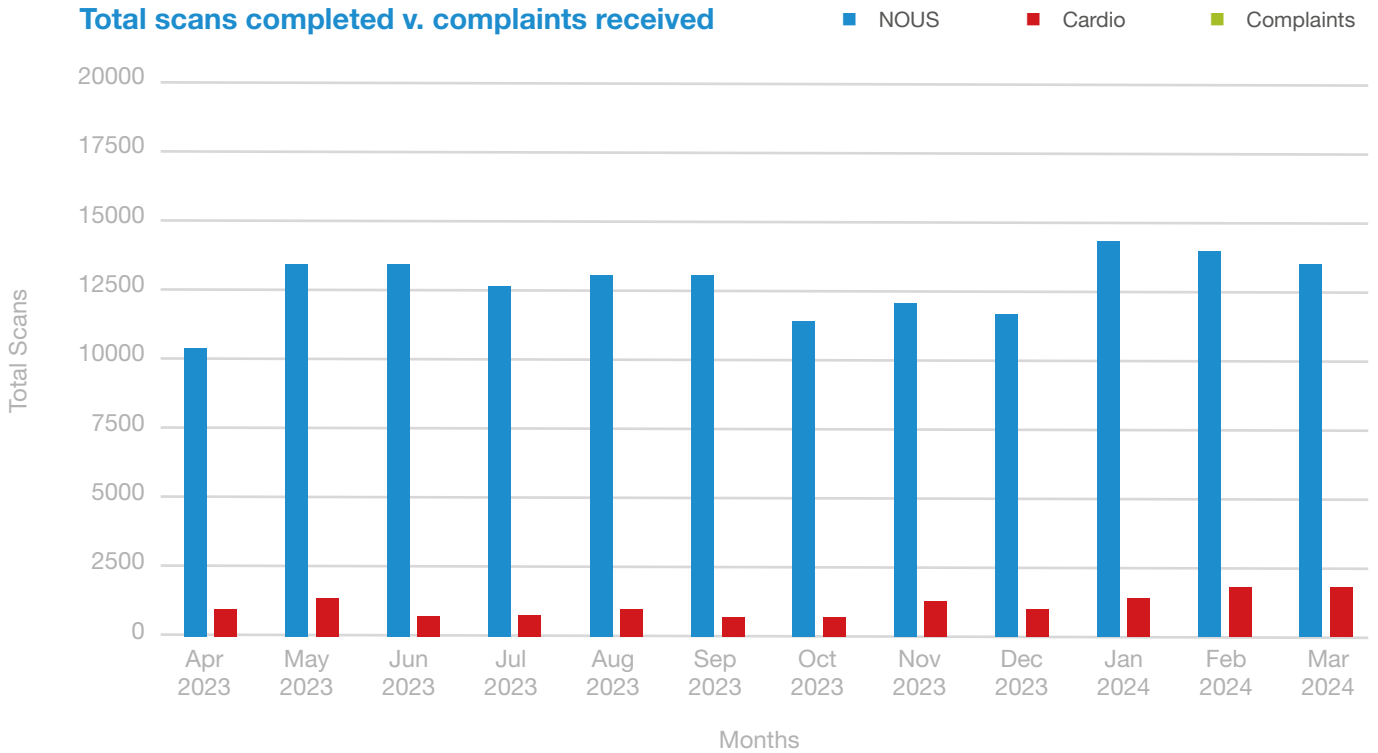


## Complaints, Feedback and Concerns

At PML, we recognise complaints as valuable opportunities for learning and improvement. While not ideal, they serve as integral components of our quality assurance process. Our approach to managing complaints is guided by principles of transparency, fairness, and timeliness. Aligned with regulatory standards, our robust complaints policy and procedure underscore our commitment to addressing concerns, enhancing services, and prioritising patient satisfaction.

We strive to acknowledge and respond to all complaints within 20 working days, demonstrating our dedication to prompt resolution. In instances where meeting this timeframe is unfeasible, we prioritise proactive communication with the complainant to mutually agree upon revised timelines for resolution. Through this proactive and transparent approach, we aim to foster trust, accountability, and continuous improvement within our organisation.

We received a total of 29 complaints during this report time period which represents a reduction of 66% from the previous year's data.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>NOUS</b>	10569	13267	13460	12850	13259	13035	11480	12295	11726	14583	14490	14087
<b>Cardio</b>	1434	1704	1253	1325	1438	1241	1244	1542	1423	1550	1670	1535
<b>Complaints</b>	2	1	1	4	0	2	4	4	3	4	2	2

Fig 7: Overview of complaints received vs patients scanned.

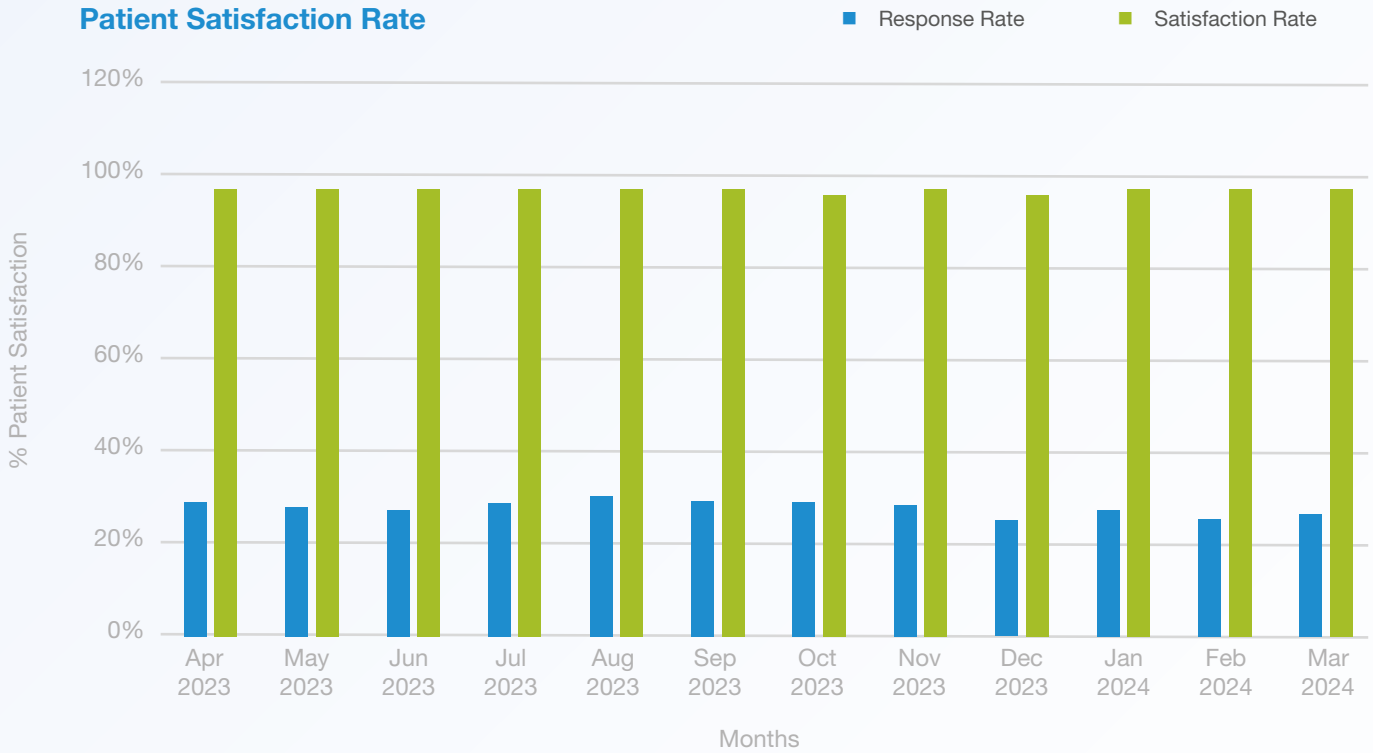
## Patient Experience

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

The SMS survey asked the following questions.

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

### Patient Satisfaction Rate



	Response Rate	Satisfaction Rate
April 2023	28.31%	96.79%
May 2023	27.30%	96.64%
June 2023	27.32%	96.85%
July 2023	28.63%	97.26%
August 2023	29.11%	97.35%
September 2023	29.05%	96.68%
October 2023	28.66%	95.80%
November 2023	28.05%	96.53%
December 2023	24.50%	96.64%
January 2023	26.30%	96.84%
February 2023	24.45%	96.63%
March 2023	25.08%	97.16%

Fig 8. SMS survey results data.

## Learning from feedback

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

## Patient Safety Incident Response Framework (PSIRF)

In line with national directives, last year we began the transition from the Serious Incident Framework to the new Patient Safety Incident Response Framework (PSIRF). The adoption of PSIRF applies to all independent sector services provided under the NHS standard contract.

PML is committed to moving away from a retribution response to incidents and establishing a just culture within the organisation and will always encourage and support incident reporting where an incident may have or is likely to occur which has caused, contributed to or may lead to harm of a patient, visitor or colleague.

The goals of just culture include:

- empowering staff to understand why an error has occurred.
- shifting focus away from outcomes and towards system design and optimisation
- managing behavioural choices
- designing safety into all clinical systems and processes

PSIRF will enhance these by creating stronger links between patient safety events and learning for improvement.

Currently we are in the final stages of implementing PSIRF having completed all the prerequisite requirements under NHS England's standard PSIRF transition plan.

## Safeguarding

At PML, safeguarding is a cornerstone of our commitment to ensuring the well-being and safety of all individuals under our care. Our safeguarding approach is characterised by vigilance, compassion, and collaboration, reflecting our dedication to protecting vulnerable populations.

Aligned with regional service partners and following local authority reporting guidelines, we have established robust safeguarding policies and procedures. These serve as comprehensive frameworks for identifying, responding to, and helping to prevent instances of abuse or neglect.

To equip our staff with the necessary skills and awareness, all employees undergo mandatory safeguarding training. As part of their induction, all staff complete adult and children safeguarding Level 1 training. Additionally, patient-facing personnel are required to complete adult and children safeguarding Level 2 training. These training initiatives empower our staff to recognise signs of abuse or neglect and take prompt and appropriate action to safeguard individuals in our care.

## Infection prevention and control

In the past year, significant strides have been made in our infection prevention and control (IPC) activities, reflecting our commitment to maintaining a safe and hygienic environment across all company operations.

Enhancements to the spotcheck audit form have facilitated more thorough assessments, resulting in actionable insights and improvements in various areas, including emergency procedures. These efforts have been pivotal in ensuring compliance and readiness to effectively manage any potential infection risks.

Furthermore, meticulous cleaning schedules have been implemented for Cardiology and NOUS, encompassing all clinics and equipment. These schedules have been widely disseminated to ensure universal adherence and accountability.

Responding proactively to feedback regarding cleanliness standards, particularly within the NOUS service, initiatives have been implemented to bolster monitoring and accountability. Daily cleaning sign-offs records are now reported to respective Advanced Imaging Assistant (AIA) leads, fostering a culture of transparency and compliance. Additionally, audits of TV scan infection control procedures have been revised as per BMUS recommendations to maintain our rigorous standards.



Collaborating closely with AIA leads, we've developed comprehensive training materials, including an enhanced shadowing document for NOUS personnel. Additionally, plans are underway to implement randomised handwashing audits, underscoring our dedication to promoting fundamental hygiene practices. Scheduled presentations at key team meetings, including the AIA meeting in June 2024 and PML team meeting in March 2025, will provide opportunities to update on IPC initiatives and garner support for future endeavours.

Looking ahead, our commitment to IPC remains steadfast. Regular spot checks and audits will continue, ensuring continuous improvement and compliance among clinical members.

IPC documentation remains accessible on Radar, facilitating ongoing review and refinement of protocols to adapt to evolving challenges and best practices. Our ongoing commitment to IPC underscores our dedication to ensuring the safety and well-being of our employees and patients alike.

## **Equality, Diversity, and Inclusion**

At PML, we prioritise fostering a workplace culture where every staff member feels a sense of belonging and appreciation. We are dedicated to promoting equality, diversity, and inclusion across all aspects of our operations. Our commitment to fairness, respect, and equal opportunities is reflected in our equal opportunities policy and adherence to the Workforce Race Equality Standards (WRES).

## **Staff Engagement**

At PML, we recognise the invaluable role that our staff play in driving our success and delivering quality healthcare services. To ensure that our team members feel heard, valued, and empowered, we regularly conduct comprehensive staff surveys to gauge employee satisfaction, gather feedback, and identify areas for improvement. These surveys serve as a vital tool for enhancing staff engagement, as they provide a platform for employees to voice their opinions, share insights, and contribute to organisational decision-making processes.

Through our commitment to staff surveys and engagement initiatives, we aim to cultivate a culture of collaboration, transparency, and continuous improvement within our organisation. By actively listening to our staff, addressing their concerns, and quickly implementing positive changes based on feedback, we hope to foster a supportive and inclusive work environment where everyone feels motivated, appreciated, and invested in the company's mission and goals.

Moreover, staff surveys enable us to assess the effectiveness of our HR policies, training programs, and leadership practices, allowing us to make evidence-driven decisions to enhance employee satisfaction, retention, and overall organisational performance. By prioritising staff surveys and fostering meaningful staff engagement, we strengthen our team cohesion, boost morale, and ultimately deliver better outcomes for users of our services. The most recent staff survey took place in March 2024 and had a response rate of 41%. This means that while the results have provided valuable insights, they represent the views of less than half of our total workforce. A summary of the results from those who responded is detailed below.

**Health and Wellbeing**

**85%** of staff surveyed feel they have a good work/life balance.

**88%** of staff surveyed feel happy working with their colleagues.

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

**Staff Engagement**

**85%** of staff surveyed feel proud to work for PML.

**93%** of staff surveyed feel proud of the services we offer our patients.

**87%** of staff surveyed feel they are a valued member of the PML team.

**ANALYSIS:** All responses shown in regard to staff engagement have demonstrated an improved score over the previous year's survey, underscoring our commitment to continually striving to improve staff work experience.

## Training and Development

**79%** of staff surveyed feel they are adequately trained for their role.

**78%** of staff surveyed feel they have the opportunity to progress.

**ANALYSIS:** The majority of respondents answered positively to these questions, and results have shown improvement over last years' annual survey in regard to staff progression. A contributory factor in this has been the widespread completion of outstanding staff appraisals where staff are given the opportunity to outline their aspirations for progression with their line manager, enabling a clear route to progression to be agreed and mapped out.

## Equality

**94%** of staff surveyed feel that they have not experienced any form of discrimination at work, a 7% improvement on the previous year.

**97%** of staff surveyed understand the process involved if they had to report an incident of discrimination.

**ANALYSIS:** The numbers are very positive and suggest we have an excellent environment of equality and inclusivity.

Results of our staff surveys are discussed at senior management team meetings, where any improvement actions can be identified and implemented. Whilst the overall survey results are encouraging, they represent only a portion of our total workforce i.e. those who responded to the survey. We are committed to exploring additional methods of gathering feedback to ensure that we hear from a broader segment of our staff so that we are able to address the needs and concerns of the entire team.

# Continual Service Development/Improvement

At PML, we understand that ongoing innovation and advancement are fundamental to delivering exceptional diagnostic imaging services. Our commitment to continuous service development is guided by a strategic framework that emphasises investment in key areas, fostering partnerships, and nurturing a culture of excellence.

## Investment in Staff

Our workforce, comprised of dedicated and highly skilled professionals, is central to our service delivery. We prioritise the growth and well-being of our staff through continuous training, professional development opportunities, and a supportive work environment. Throughout the 2023/2024 period, we have continued to heavily invest in fortifying our operational and clinical workforce, including the ongoing implementation of our overseas recruitment program.

## Investment in New Systems and Initiatives

Last year, we began the integration of RADAR, an award-winning quality and compliance software, into our operational framework. This implementation aimed to streamline our governance processes, enhancing efficiency and responsiveness while fortifying our compliance framework on a secure and scalable platform. We are pleased to announce that RADAR has now been successfully deployed, becoming an integral component of our quality and compliance infrastructure. This implementation empowers us to manage our data sets more effectively and proactively address compliance requirements.



## Social Value Initiatives

As a provider of community healthcare services, PML recognises the importance of delivering added social value to the communities we serve. Whether through local job creation, support for community health and well-being initiatives, or environmental improvements, we are committed to making a positive impact. In the past year, we have expanded our social value contributions within the communities we serve, resulting in tangible benefits and reinforcing our commitment to community enrichment.

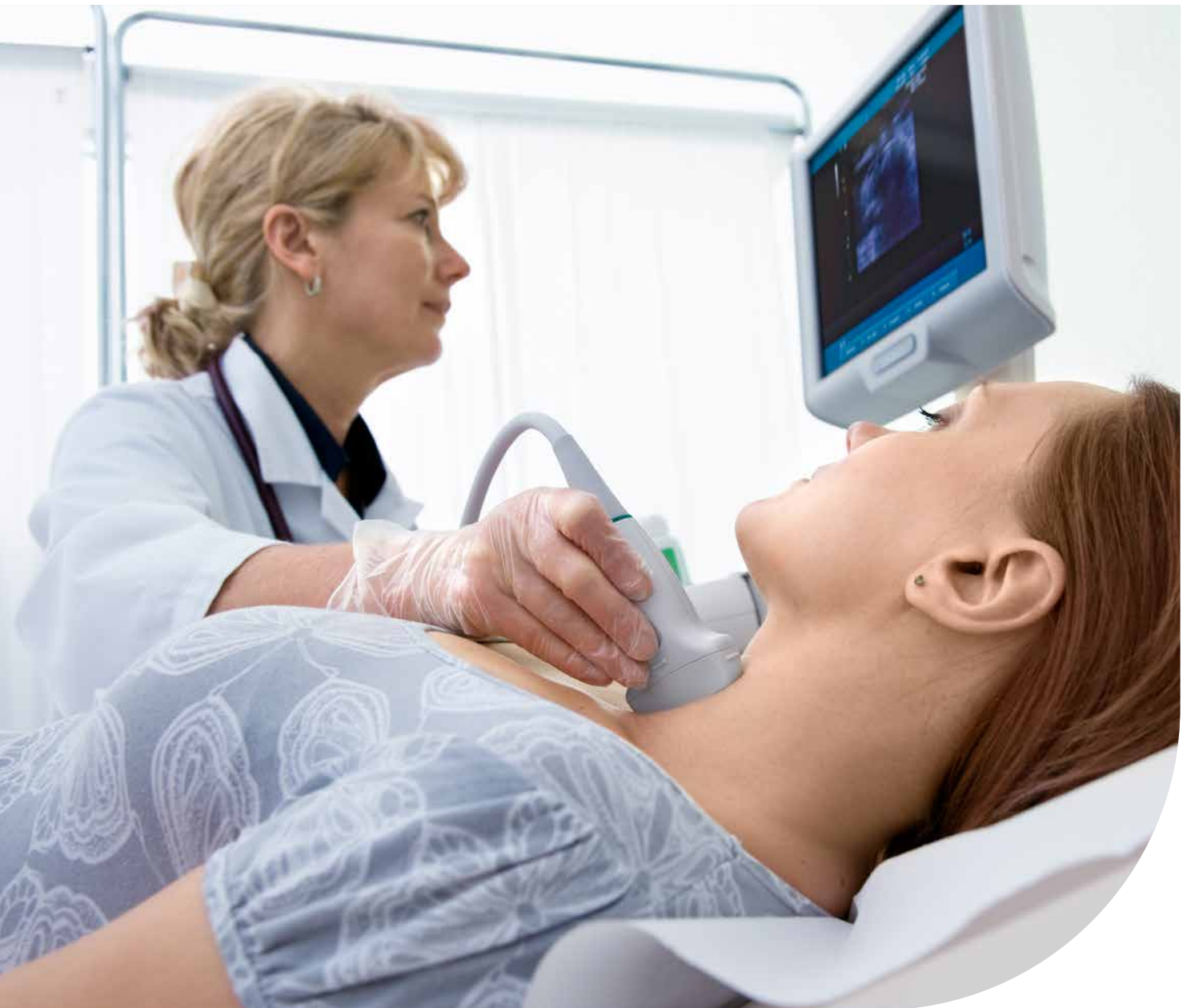
## Environment & Sustainability

PML are committed to sustainable development (meeting the needs of the present without compromising the ability of future generations to meet their own needs) as a guiding principle within our business. Concern for the environment is an integral and fundamental part of this commitment and our aim is to reduce the impact on the environment from our operations.

To meet our environmental aspirations, we always assess the environmental impact of our operations, setting targets and objectives to improve our environmental performance. These targets are regularly reviewed and audited. To demonstrate our commitment to achieving our environmental goals we are ISO 14001 accredited, an environmental management system which we have held since 2018. Details of this are outlined in our policy 'PML Approach to 9001:2015 and 14001:2015' QS2025.

Additionally, to support our ongoing commitment to the environment, in March 2023 we joined a Net Zero scheme, working towards our ISO 14064-1 accreditation, and we are proud to announce that we became officially ISO 14064 accredited in February 2024. The ISO 14064 pilot provided PML with a pathway to externally validate our emissions and targets (Science Based Targets initiatives).

This process required data to be gathered from 2022 and 2023, providing an eye-opening insight into the business emissions from the different sectors of our operations. As part of this ISO, we have developed a new Carbon Reduction Plan (CRP) to conform with the PPN 06/21 and in 2024 we will look to implement some of the initiatives from the CRP.



Throughout 2023, we accomplished the following:

### **Transportation**

- Staff are encouraged to use public transport where possible and are reimbursed for the costs of fares via an expenses policy.
- All company cars purchased or leased are energy efficient.
- Existing company cars are monitored for their end-of-life performance and are traded for energy efficient models when they have become ineffectual.
- A staff commuting survey was conducted to provide further insight into the emissions resulting from staff travel.



## Waste Management

- ASH waste continues to manage our waste, maintaining legal compliance and striving to achieve 100% diversion from landfill.
- We are doing our best to help achieve 'zero waste to landfill' through our recycling principles that are communicated to all our staff. Recycling is audited bi-annually.
- We undertake responsible disposal of outdated IT equipment in line with WEEE regulations through UK IT Recycling Ltd.
- All confidential documents are shredded and recycled.
- 100% of paper used in head office is made of recycled materials.
- Our head office housekeeping team use a minimal amount of corrosive and harmful cleaning products; preferring instead to utilise products verified as being environmentally friendly.

## Energy Air Pollution and Climate Change

- Scope 1 and 2 emissions from 2022 and 2023 (company premises, company vehicles, and purchased electricity) were tracked as part of our ISO 14064. This included the clinic spaces we operate out of.
- From 2022 to 2023, we saw a -1% change in our Scope 1 and 2 emissions.
- Our gas usage decreased by 2% from 2022 to 2023.
- Whilst we purchase the least polluting alternative gas and electricity sources, we are planning to move to 100% renewable energy for our electricity at our head office and St George's clinic.

## Purchasing and Procurement

- We have a new Green Purchasing Policy, (QS9127) that details how and why green purchasing is important, how it helps PML, and why staff involved in procurement should consider the environment in purchasing decisions. This is an overarching policy that changes the way new and approved suppliers are scored in our supplier matrix.
- In 2024, the implementation of this policy will have a real and measurable impact on our business emissions, especially across Scope 3.

# Conclusion

**As we draw the curtain on our quality account report for the period of 2023/2024, we pause to reflect on a year defined by both challenges and triumphs.**

Throughout this journey, we have leveraged our past achievements as stepping stones towards continuous improvement, constantly striving to refine our practices and exceed expectations.

The progress we have witnessed reaffirms our commitment to excellence and quality in all aspects of our service delivery. We are heartened by the strides we have taken and remain committed in our pursuit of excellence.

We extend our deepest gratitude to our devoted staff, client partners, and valued patients for their support and collaboration. It is through our collective efforts that we shape a future where quality and excellence serve as the guiding principles in every interaction and service we provide. Together, we stand poised to embrace the opportunities and challenges that lie ahead, confident in our ability to make a meaningful difference in the lives of those we serve.







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