Findings from the IQIPS Census, October 2014

Report prepared by RCP IQIPS Programme Team with recommendations from the Quality Improvement Group

December 2014

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1. INTRODUCTION

1.1 The IQIPS Census is an important part of the Improving Quality in Physiological Services (IQIPS) programme and takes place twice a year (October and April). All registered services are required to participate by submitting self-assessments for all of their sites on the Self-Assessment and Improvement Tool (SAIT).[1] The census is a requirement for all accredited services and services in a process of accreditation application or assessment.

1.2 The census results are used to inform national policy on physiological services and raise the national profile, inform the IQIPS quality improvement (QI) programme, identify strengths and weaknesses in the provision of service, guide the development of support interventions and facilitate sharing best practice within physiological services.

1.3 The SAIT is the entry point for IQIPS Accreditation – when a service attains 95% of Level B measures, we recommend that it should apply for accreditation (carried out by the UK Accreditation Service (UKAS)).

Participation and on-going use of the SAIT demonstrates willingness of services to participate in the quality improvement programme, facilitates continuous improvement and is a pre-requirement for successful IQIPS accreditation.

1.4 Participation in the census is straightforward – services should press the 'submit' button for all self-assessments of their registered sites on the SAIT. Census submissions are simply a date stamp of the information that registered services have completed in the self-assessment process. The self-assessments can always be updated after the census submissions.

[1] A 'site' is an individual location at which a physiological service is provided.

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1.5 Participation in the census was as follows:

	Organisations/services[2] (sites)	
	April 2014 census	**October 2014 census**
Registered on IQIPS	133/216 (1537)	137/225 (1575)
Completion of census	68/87(358 sites) 51%	60/77 (312sites) 44%
Completion of census at both time points	45/52 (215 sites)	

Table 1

The large number of sites is due to multi-site organisations[3] registering additional sites on the SAIT. We manage these sites in groups on the SAIT.

1.6 Table 2 shows participation by discipline at the last two census points.

	Apr-14			Oct-14			
Disciplines	**Apr 14 census services (sites)**	**Registered services (sites)**	**Registered services completing census (%)**	**Oct 14 census services (sites)**	**Registered services (sites)**	**Registered services completing census (%)**	**Completed both censuses service (sites)**
Adult audiology	57 (283)	111 (1294)	51%	54 (251)	112 (1315)	48%	38 (180)
Paediatric audiology	20 (62)	48 (144)	42%	15 (50)	48 (148)	31%	10 (31)
Cardiac physiology	2 (4)	18 (36)	11%	1 (1)	20 (39)	5%	0 (0)
Respiratory and sleep	3 (4)	15 (29)	20%	1 (1)	17 (32)	6%	1 (1)
Clinical neurophysiology	2 (2)	9 (9)	22%	4 (5)	10 (13)	40%	2 (2)
Urodynamics	2 (2)	3 (3)	67%	_	3 (3)	-	0 (0)
GI physiology	1 (1)	4 (6)	25%	1 (1)	6 (8)	17%	1 (1)
Vascular	-	8 (16)	-	1 (3)	9 (17)	11%	-
Total	87 (358)	216 (1537)	-	77 (312)	225 (1575)	-	52 (215)

Table 2

[2] A 'service is an entity delivering one physiological discipline registered on IQIPS. It can cover more than one site.

[3] An 'organisation' is an entity that may operate across several physiological services/disciplines.

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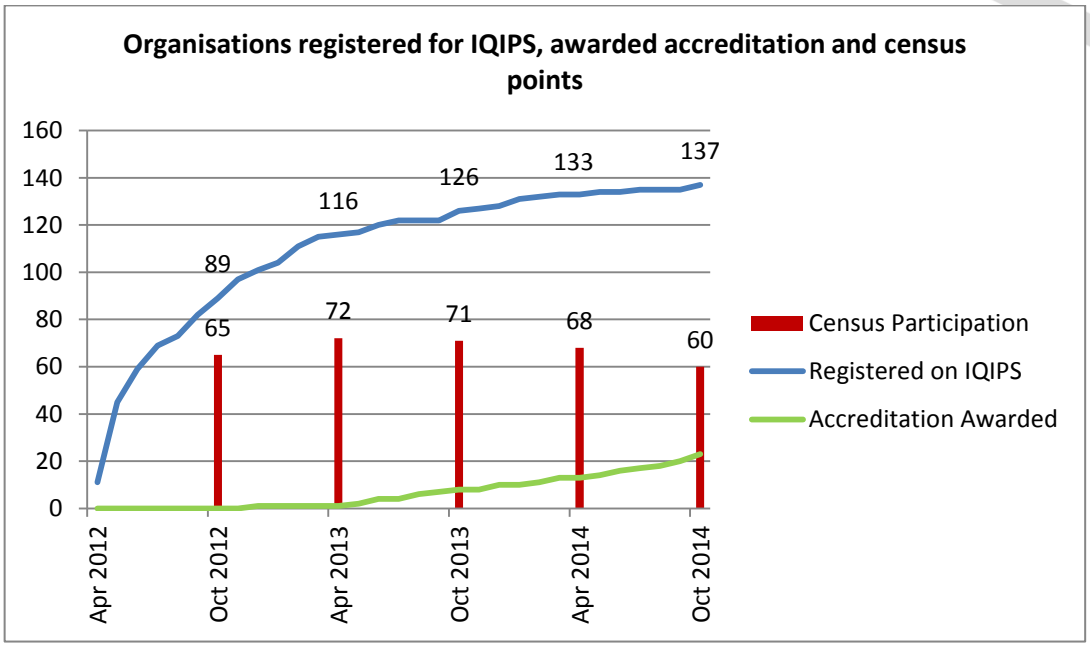

Figure 1

1.7 Participation across the disciplines in October 2014 was as follows: [4]

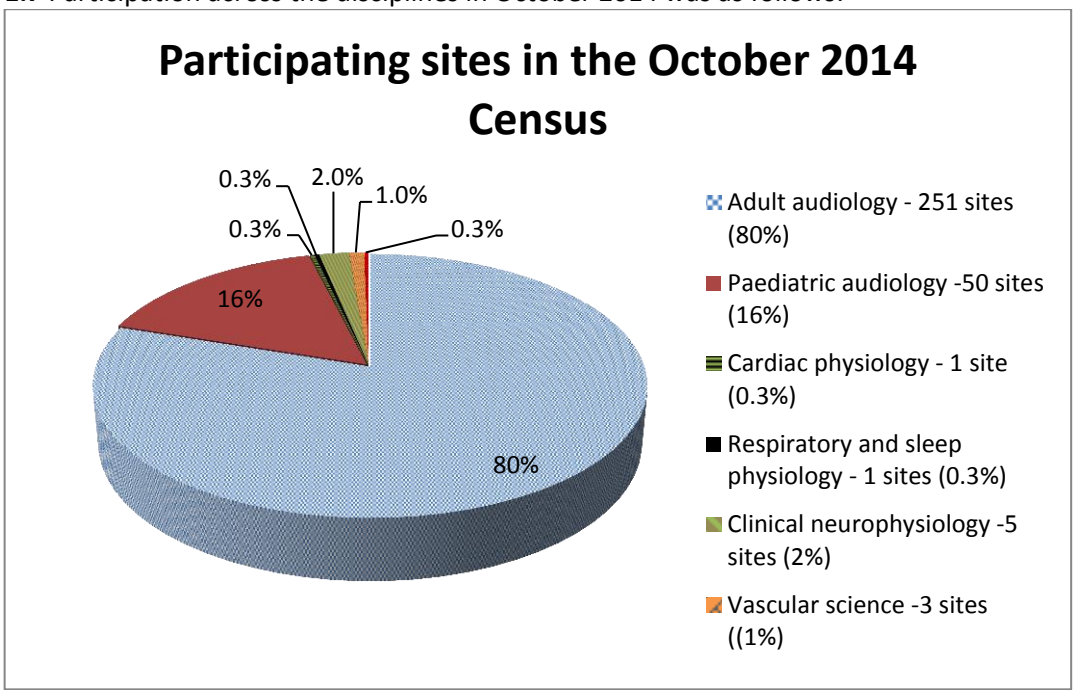

Figure 2

1.8 The IQIPS programme will in time build up a map of where and how physiological services are provided in the UK.

[4] Audiology has been open since April 2012, vascular science opened in September 2012, paediatric audiology, cardiac physiology, and respiratory & sleep physiology in October 2012. Neurophysiology and gastro-intestinal physiology opened in November 2012. Urodynamics was launched in March 2014 with ophthalmic and vision science remaining to open for registration and the census.

1.9 The data in this report is shown for the disciplines with the highest rate of participation in this census, namely adult audiology, paediatric audiology, clinical neurophysiology. However, the results for all disciplines were taken into account for the recommendations and observations. The data sample for these other disciplines should be sufficiently significant to allow more detailed analysis in future census reports. Trend data is shown for adult and paediatric audiology comparing the results from this most recent census with those from April 2014. Again, as more sites from the other disciplines start to submit census returns, trend data will be shown in future reports.

1.10 The individual measures highlighted in this report are those that the QI Group identified as key areas for improvement, either because they particularly impacted upon patient care and/or safety, or because they are areas where we would expect there to be existing organisation-wide policies and procedures that should be adopted and followed by the physiological service.

1.11 Participating services should be congratulated for completing the census. There were many areas of good performance. This report highlights areas of good practice and also makes recommendations and sets out the plans of the IQIPS team.

2. RESULTS

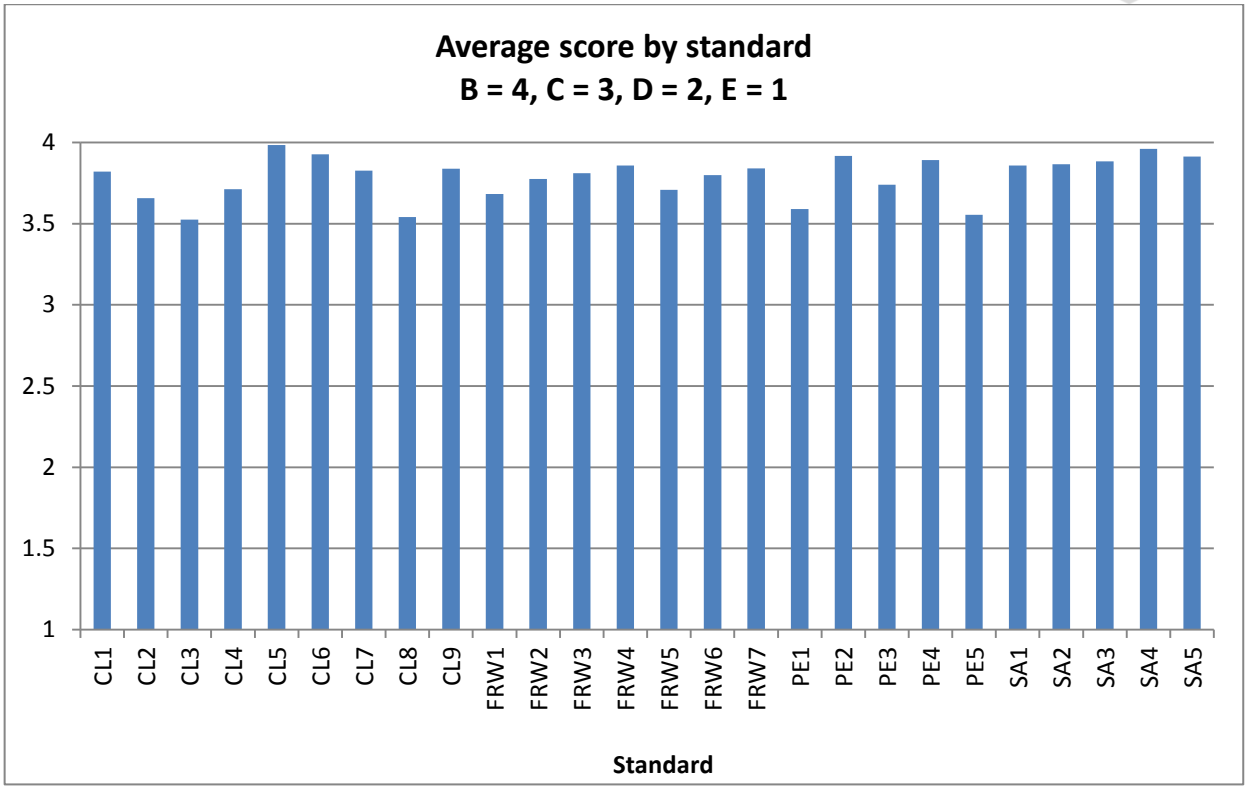

Figure 3: Average score by standard

*Each standard is underpinned by a series of measures which are currently divided into levels B, C and D. Level B is the standard required for accreditation. In order to achieve level B, a site needs to have self-declared that it is successfully meeting the requirements for all measures within a standard (i.e. by ticking 'yes' to **all** measures within any one standard). Details on the levels are available in the appendix. Level E is for sites that are unable to achieve Level D for a standard (i.e. by ticking 'no' to any level D measures within that standard).*

The 'N/A' option is for measures that are not applicable to all services and therefore, some services are not expected to meet these measures and so can select 'N/A'.

2.1 Clinical domain (CL) – (see Appendix for CL standards)

Adult audiology

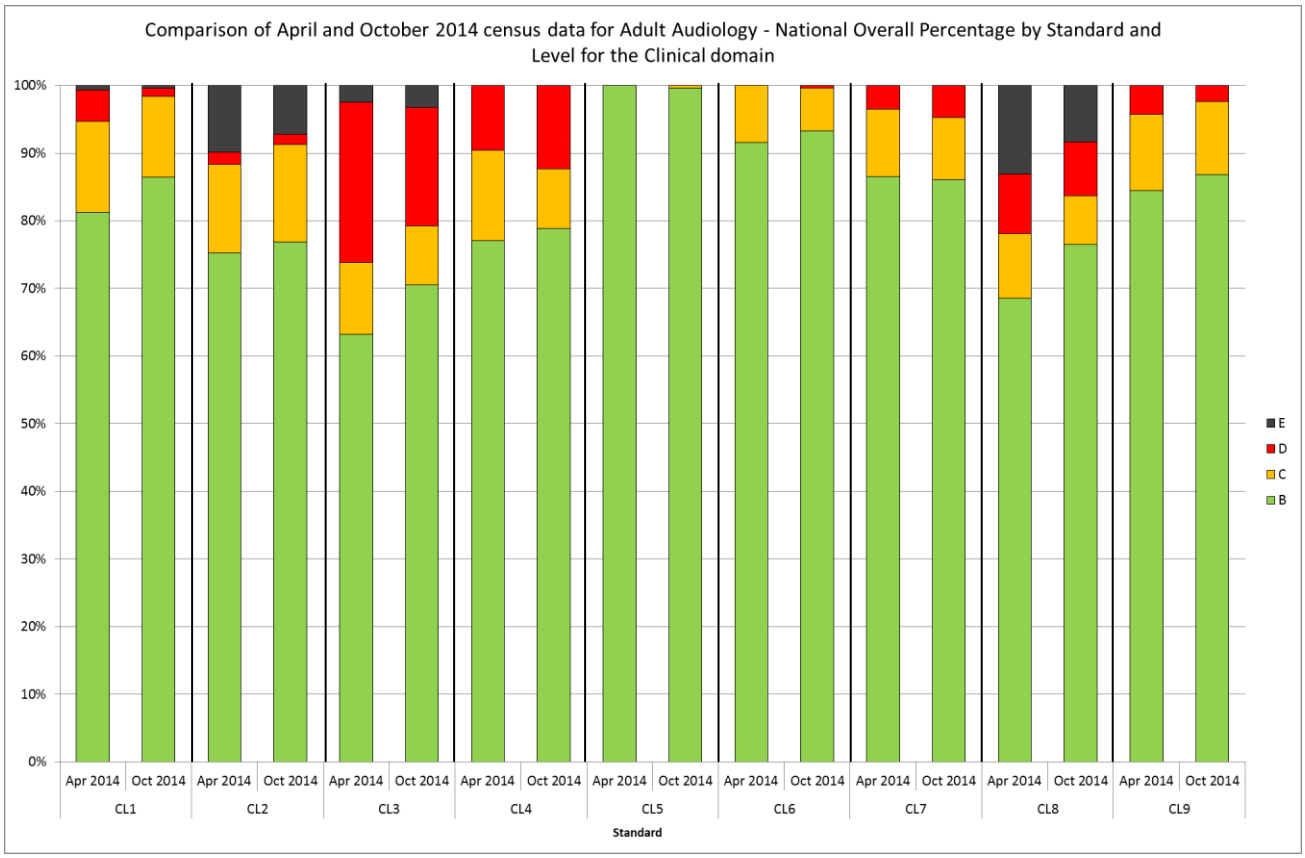

Figure 4: Adult audiology – Clinical standard (CL)

2.1.1 The overall reported scores from sites that participated in the October 2014 census in comparison with those that participated in the April 2014 census for adult audiology were higher - notably for the **CL1**, **CL3** and **CL8** standards. The QI Group remains concerned about standards CL2 and CL8 as the results indicate that some Level D measures were not met. Of concern is that 18% of the adult audiology sites answered 'No' to the level B measure **CL2.9** "The service has processes to review diagnostic/clinical findings at team meetings and Multi-Disciplinary Team meetings" (in April 2014 this was 11% of those that participated at that time).

2.1.2 Additionally 19% answered 'No' to the level B measure **CL3.4** "The structure and content of reports are regularly reviewed with stakeholders to ensure they meet local needs" (also similar to the October 2013 census results for this measure when this was 22%).

2.1.3 Nineteen per cent answered 'No' to the Level B measure **CL3.7** "There is a process to ensure the accuracy of interpretation and reporting of results through MDT review and peer comparisons".

2.1.4 Sixteen per cent answered 'No' to the level B measure **CL3.9** "There is a documented process for altering and amending reports". (This figure was 25% in April 2014.)

Paediatric audiology

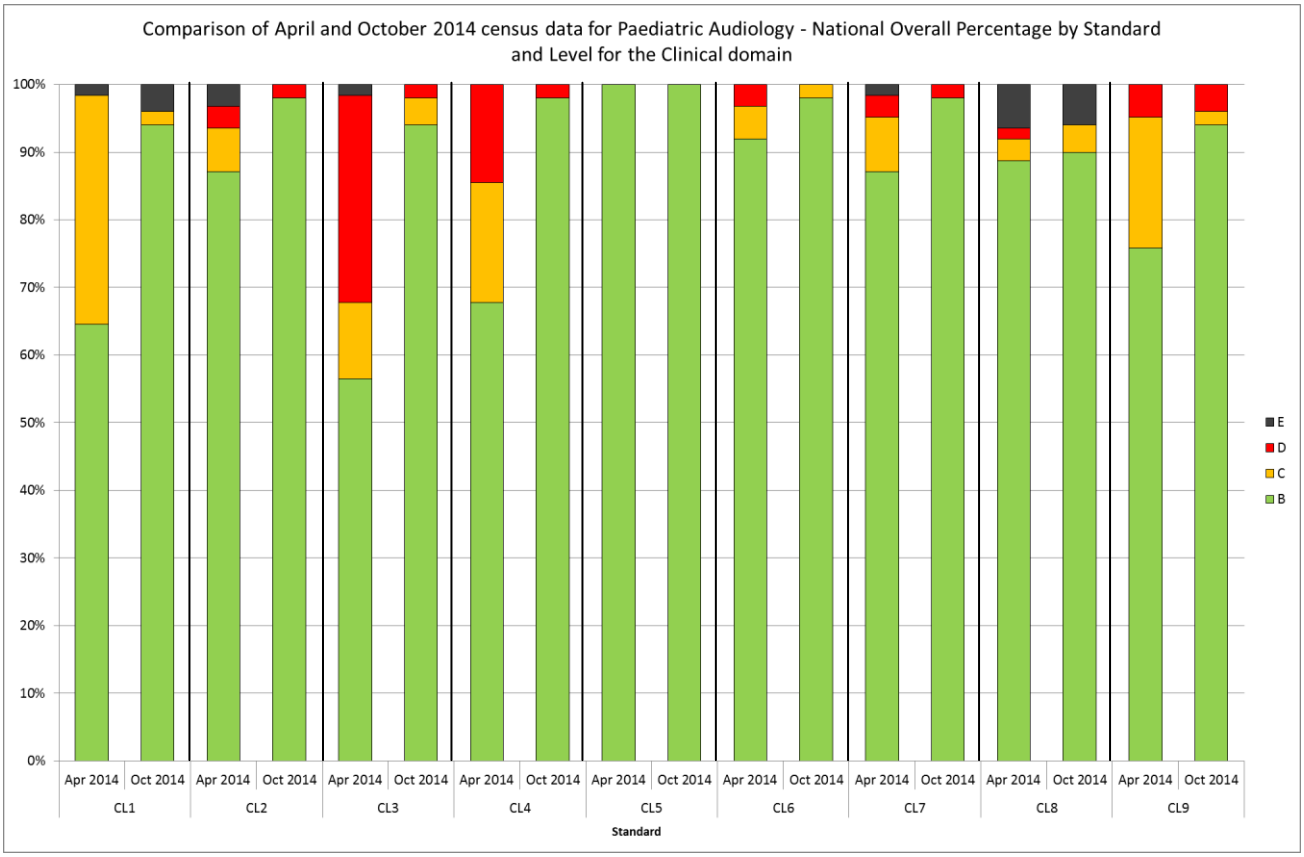

Figure 5: Paediatric audiology – CL

2.1.5 The overall reported scores from sites that participated in the October 2014 census in comparison with those that participated in the April 2014 census were higher in most areas of self-assessment scores for **CL1**, **CL3** and **C9** standards. The QI Group noted that 62% of sites that completed this census also completed the April 2014 census. If the trend continues, it will allow highlighting of areas where we can see that scores have shown some improvement across sites that consistently complete the census.

2.1.6 It is noted that 98% sites met the Level B measure **CL1.5** "Routes to access the service are regularly reviewed and agreed with stakeholders and documented" in this census, whereas only 65% of participating sites met this measure in the April 2014 census. Also 98% met the Level C measure **CL3.3** "The structure and content of reports are developed and agreed with stakeholders to ensure that they meet local needs" in comparison to 68% of participating sites met this measure in the April 2014 census.

Clinical neurophysiology

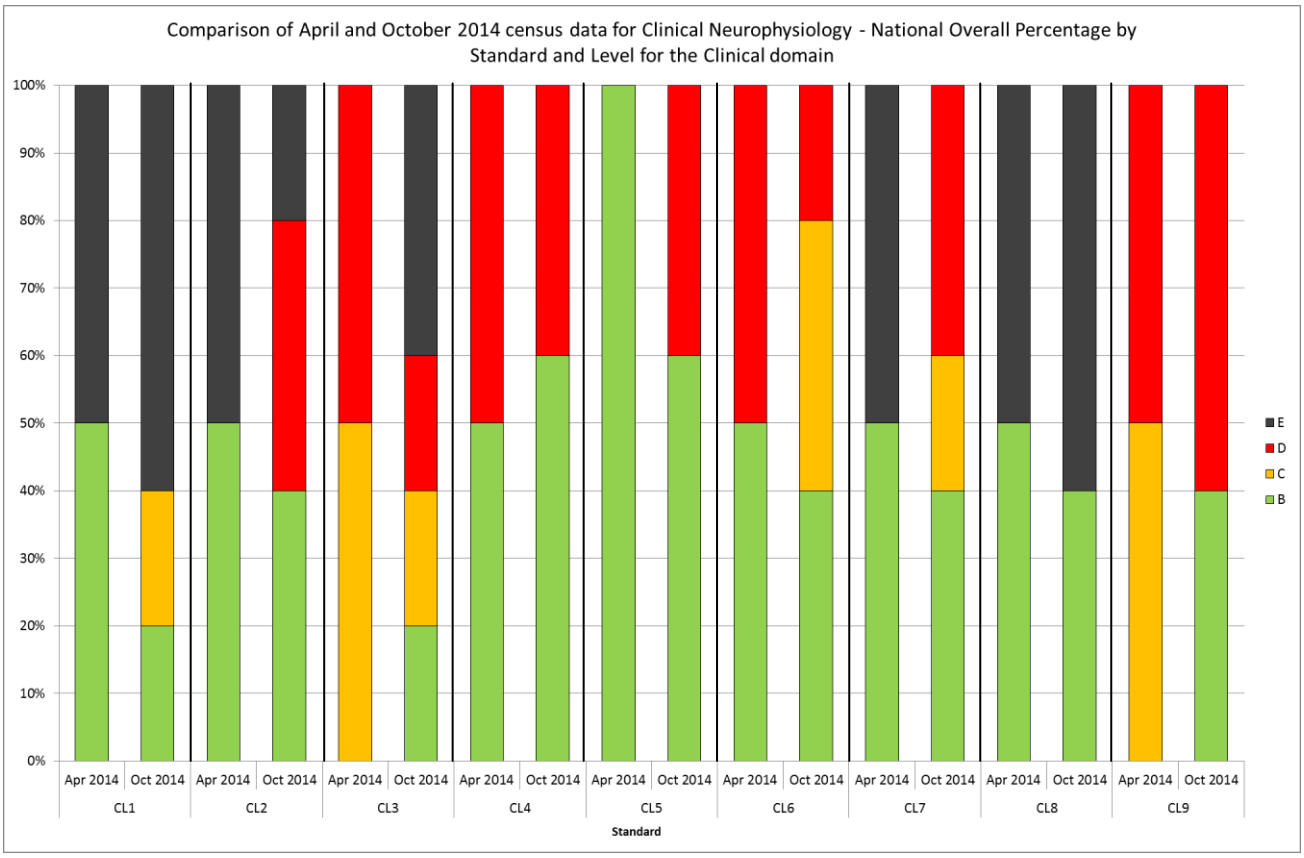

Figure 6: Clinical neurophysiology – CL

2.1.7 The QI Group noted that five sites participated in this census.

We will report fully on CL domain for this discipline when a higher number of participating sites in clinical neurophysiology submit their self-assessments for the census reports in future.

2.2 Facilities, Resources and Workforce (FRW) domain (see Appendix for FRW standards)

Adult audiology

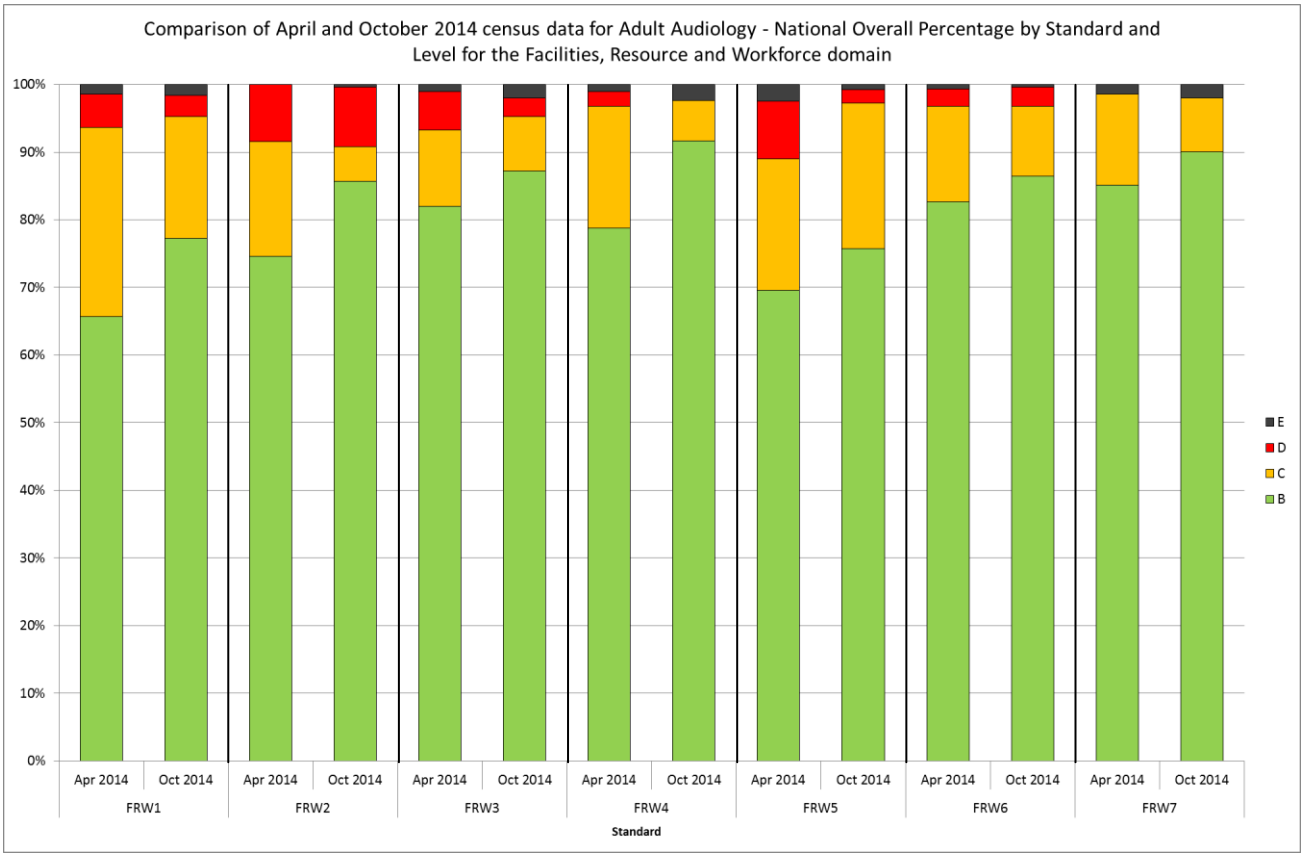

Figure 7: Adult audiology – Facilities, Resource and Workforce (FRW)

2.2.1 Drilling down into the measures, 20% were not able to meet the Level B measure **FRW5.5** "Processes for service review, improvement and development involve input from patients, staff and service users" in adult audiology.

2.2.2 Twelve per cent did not meet the Level B measure **FRW5.2** "There should be a named person responsible for key areas".

2.2.3 Only 6% did not meet the Level B measure **FRW 2.2** "The name of each responsible individual along with clear details of their role and area of responsibility are published". This indicates that participating sites have considered the importance of providing information about roles and responsibilities for different aspects of facilities and environment management when completing this census.

Paediatric audiology

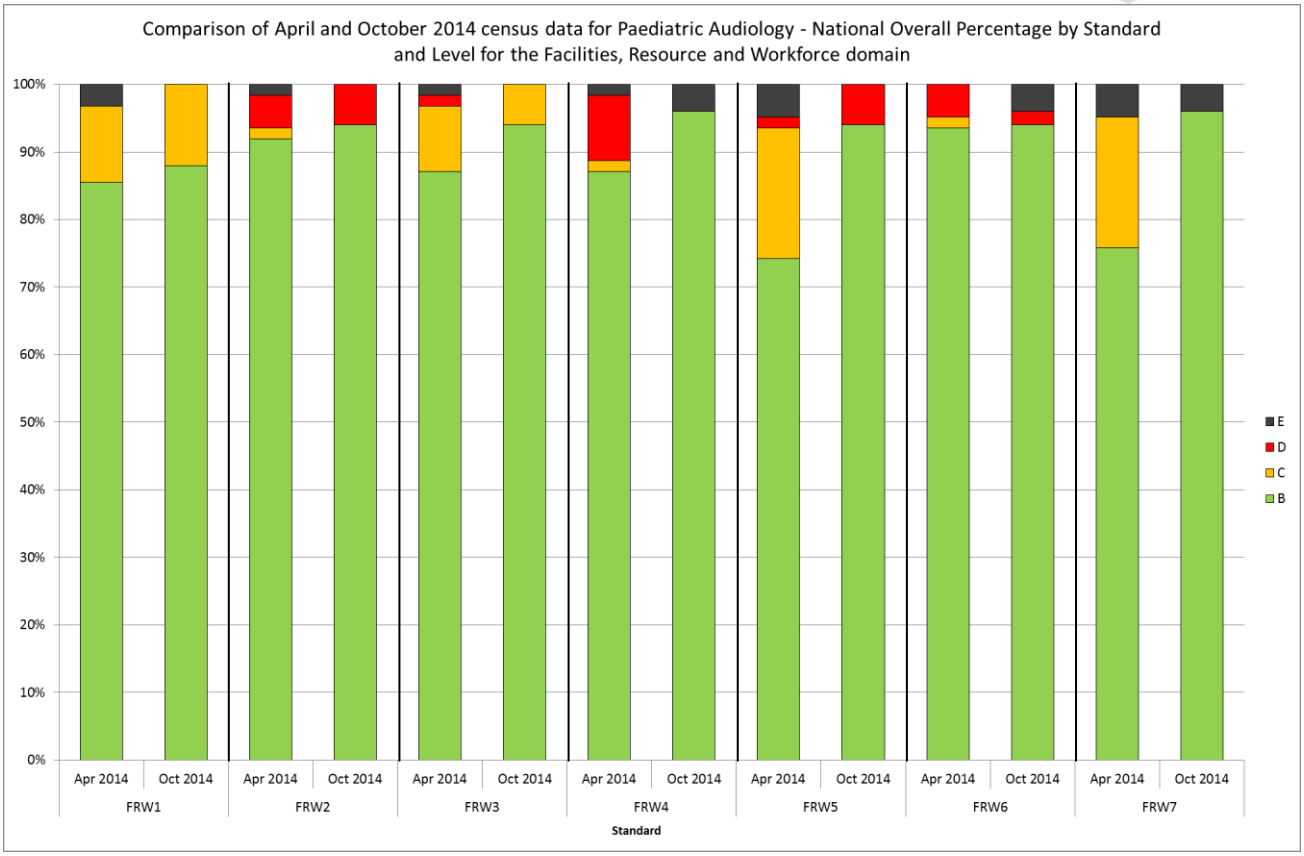

Figure 8: Paediatric audiology – FRW

2.2.4 All of the participating sites met the Level B measure **FRW5.5** "Processes for service review, improvement and development involve input from patients, staff and service users" which is a good result. Additionally, 98% of the sites met the Level B measure **FRW5.11** "The service engages in systematic succession planning".

2.2.5 All participating sites met the Level B measure **FRW7.11** "Information from complaints is audited and used to review and help improve service provision" for this census while 79% of the sites that participated in the April 2014 census met this measure.

Clinical neurophysiology

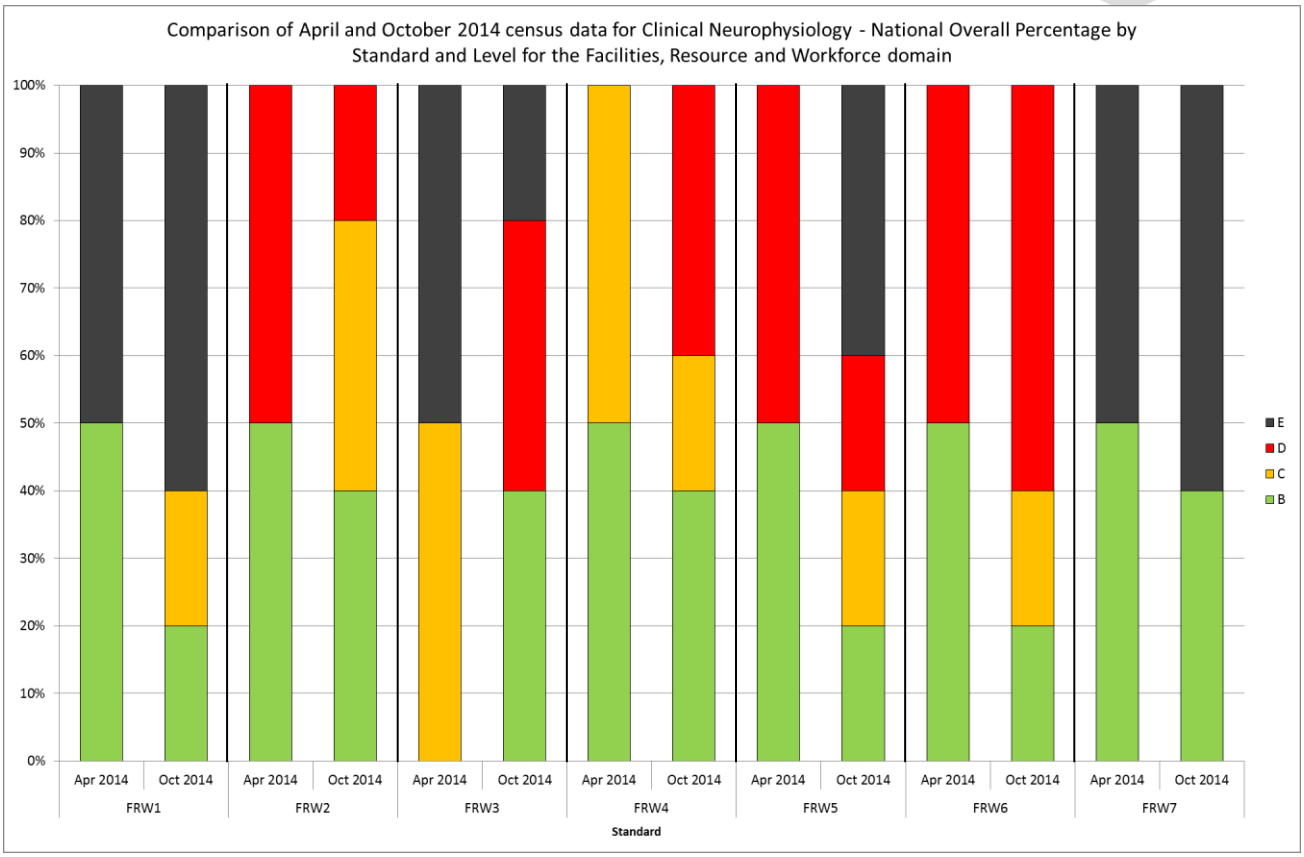

Figure 9: Clinical neurophysiology – FRW

2.2.6. Although only five neurophysiology sites participated in the October 2014 census, the QI Group recommended that the overall scores for the FRW domain should be shown in this census report for information. However further detail behind the overarching results for each standard will be shown when more sites participate in future census points for this discipline.

2.3 Safety (SA) domain (see Appendix for SA Standards)

Adult audiology

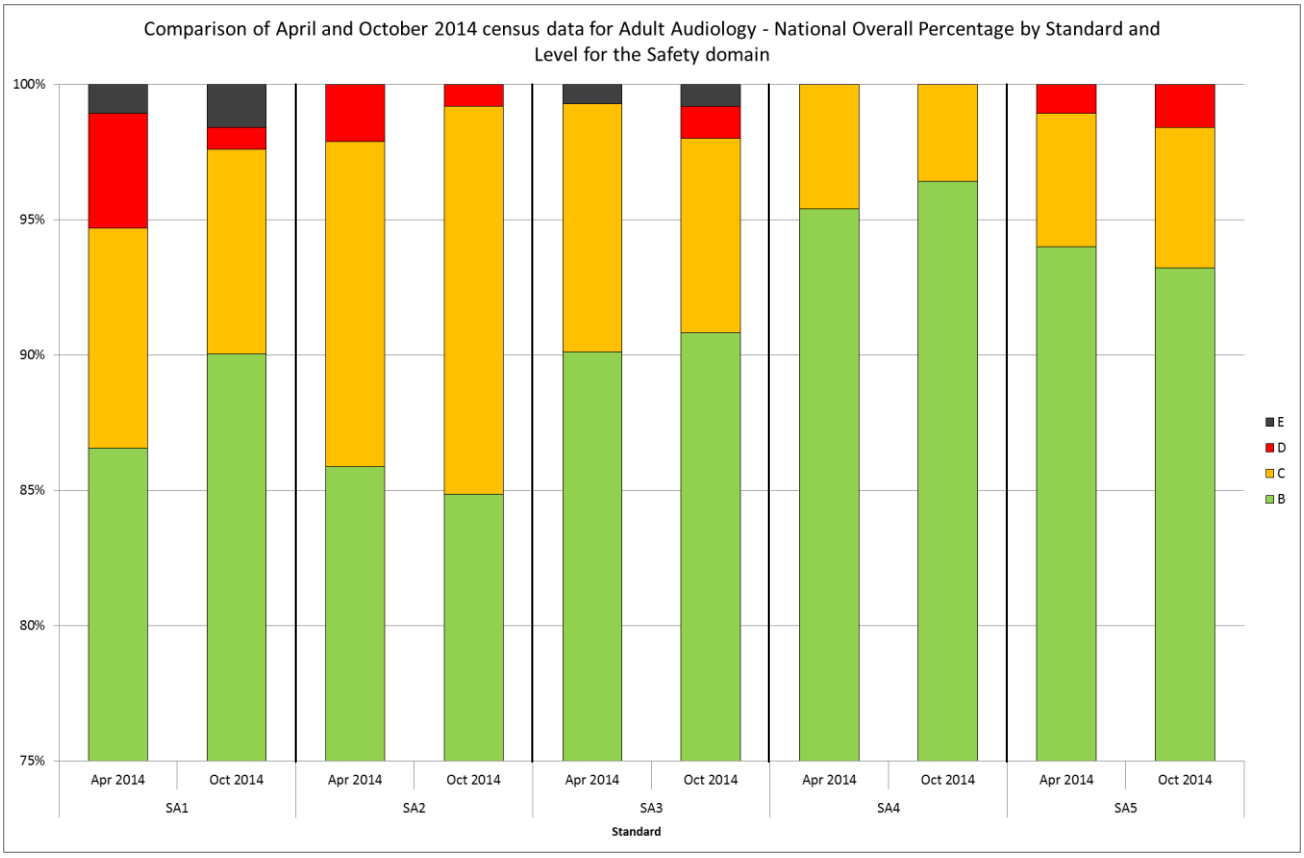

Figure 10: Adult audiology – Safety (SA)

2.3.1 It is noted that seven per cent of the sites answered 'No' for the Level B measure **SA2.7** "The service has a system for decontamination of individuals, equipment and environment in the event of an incident" as part of the **SA2** standard.

2.3.2 Eight per cent selected 'No' for the Level B measure **SA1.9** "The service has appropriate decontamination and segregation processes in place to ensure that patients with contagious or communicable diseases can be appropriately managed".

Paediatric audiology

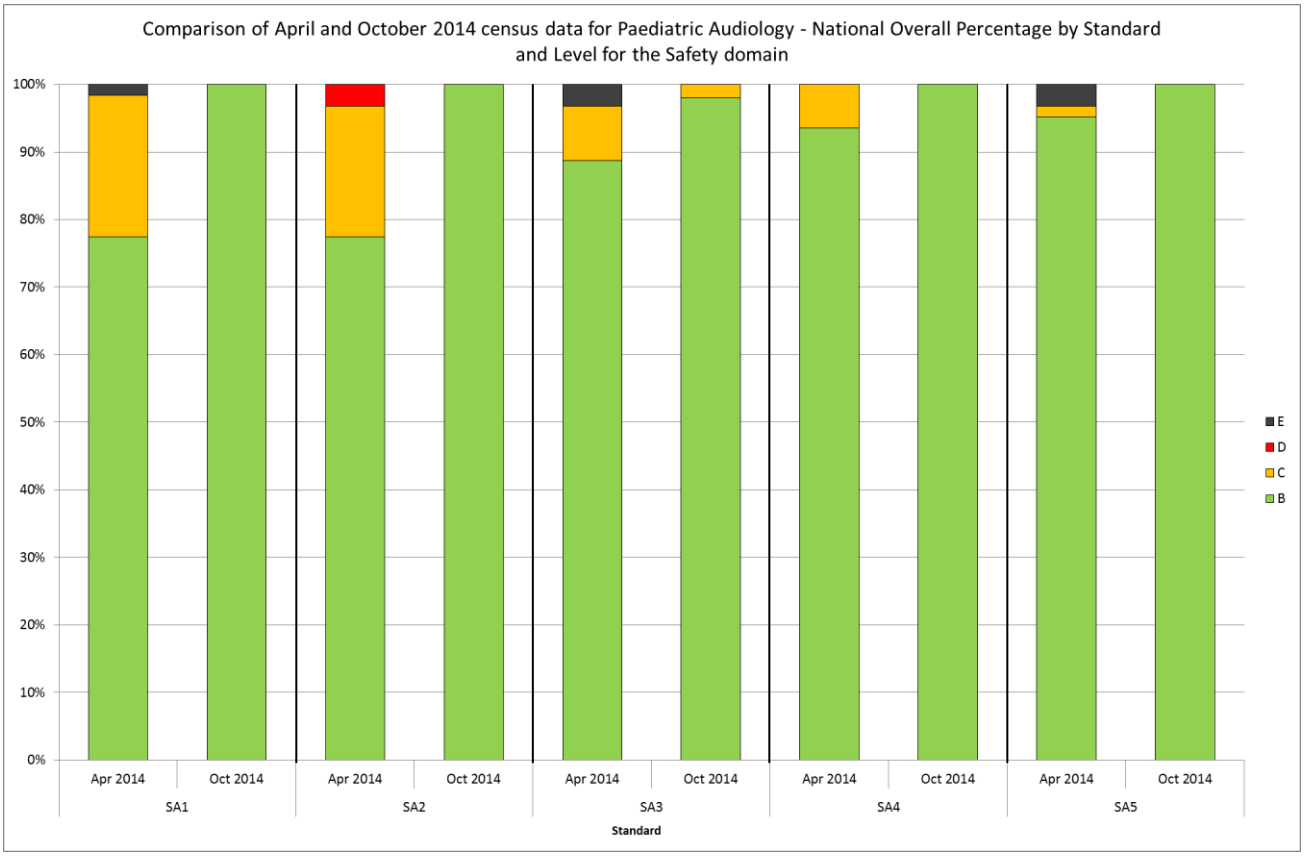

Figure 11: Paediatric audiology – SA

2.3.3 The overall results in the last two censuses were high in meeting the accreditation Level B for the **SA** standards and services should be congratulated for this. All sites met the Level B measure **SA1.4** "The service helps patients access information regarding infection control and steps they can take to reduce the risk of healthcare associated infection" for the **SA1** standard in comparison to the April 2014 census when only 79% of participating sites met this measure.

2.3.4 All sites met the Level B measure **SA2.3** "Any new substance used undergoes an appropriate risk assessment and the results of assessments are communicated to all appropriate staff" for this census while 21% of participating sites did not meet this measure for the April 2014 census.

2.3.5 All sites met the Level B measure **SA2.6** "Well maintained personal protective equipment is available for staff to use when handling hazardous materials" in comparison to the April 2014 census where 19% of participating sites did not meet this measure.

Clinical neurophysiology

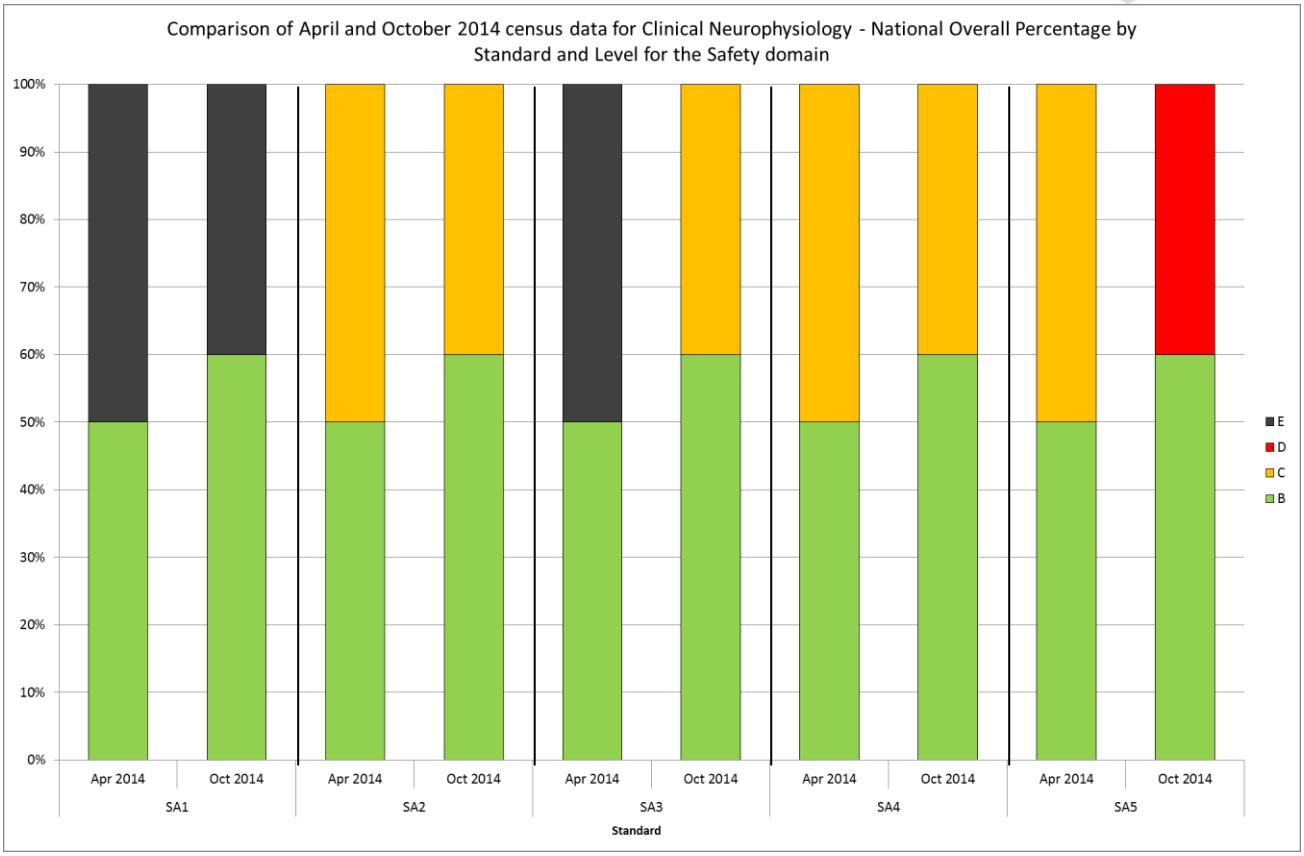

Figure 12: Clinical neurophysiology – SA

2.3.6 Since only five neurophysiology sites participated in the October 2014 census, further detail behind the overarching results for each standard are not shown here.

2.4 Patient Experience (PE) domain (See Appendix for standards).

Adult audiology

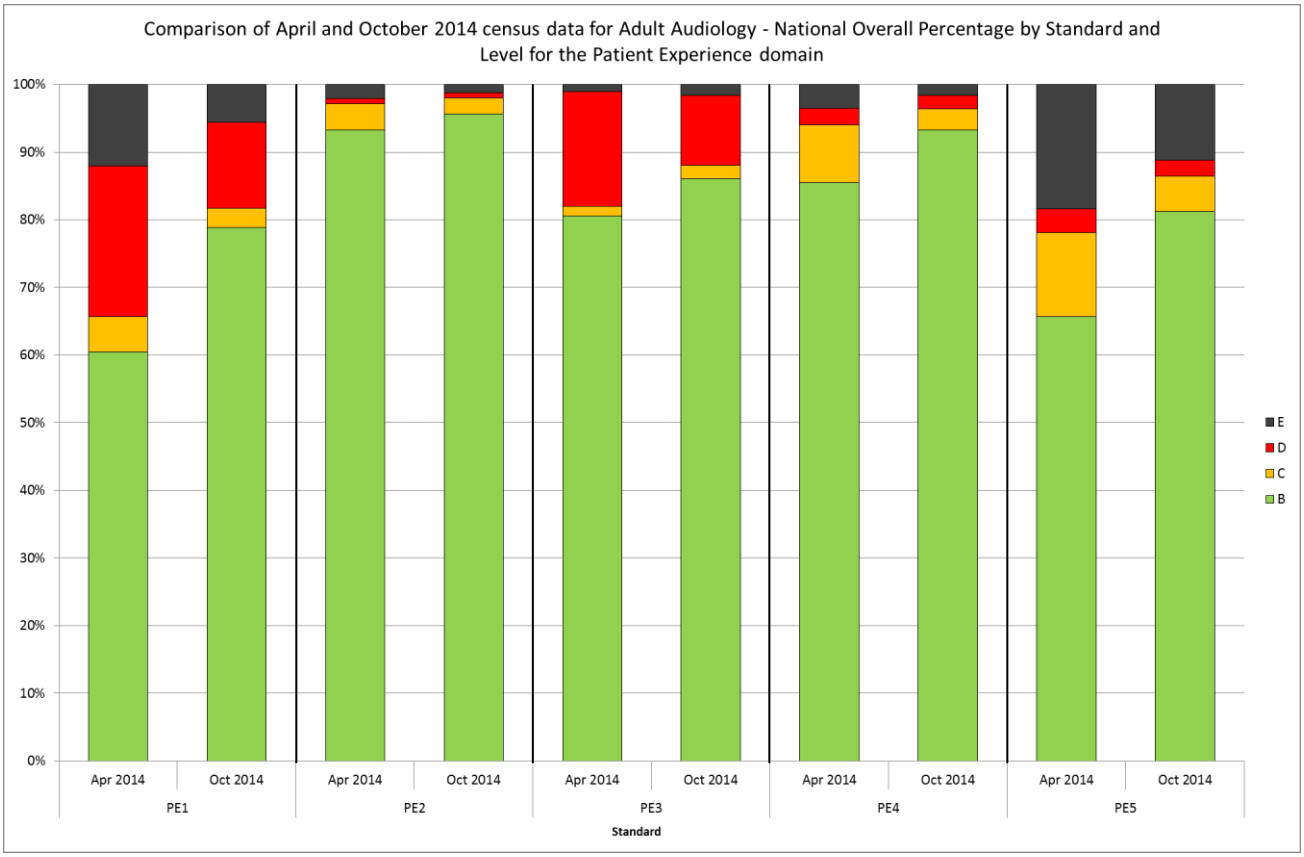

Figure 13: Adult audiology – Patient Experience (PE)

2.4.1 The overall scores in the last two censuses show good results in meeting the accreditation Level B for **PE** standards. It is noted that 71% of the sites that participated in this census also took part in the April 2014 census.

2.4.2 Only 2% of the sites answered 'No' to the Level B measure **PE1.11** "Patient information is reviewed and updated with input from lay/patient representatives" while 31% who participated answered 'No' to the same measure in April 2014. Ninety five per cent met the Level B measure **PE5.7** "Up-to-date patient feedback on all aspects of the service is obtained at least annually". Seventy nine per cent met this measure in the April 2014 census. In addition, only 7% did not meet the Level C measure **PE5.3** "Materials to support patient feedback are developed and agreed with input from patients and/or lay people" while 17% of the sites that participated in the April 2014 census did not meet this measure.

2.4.3 Fifteen per cent of the sites answered 'No' to the Level B measure **PE1.10** "Patient information is developed with input from lay/patient representatives". Twenty five per cent of participating sites answered 'No' to the same measure in the April 2014 census.

Paediatric audiology

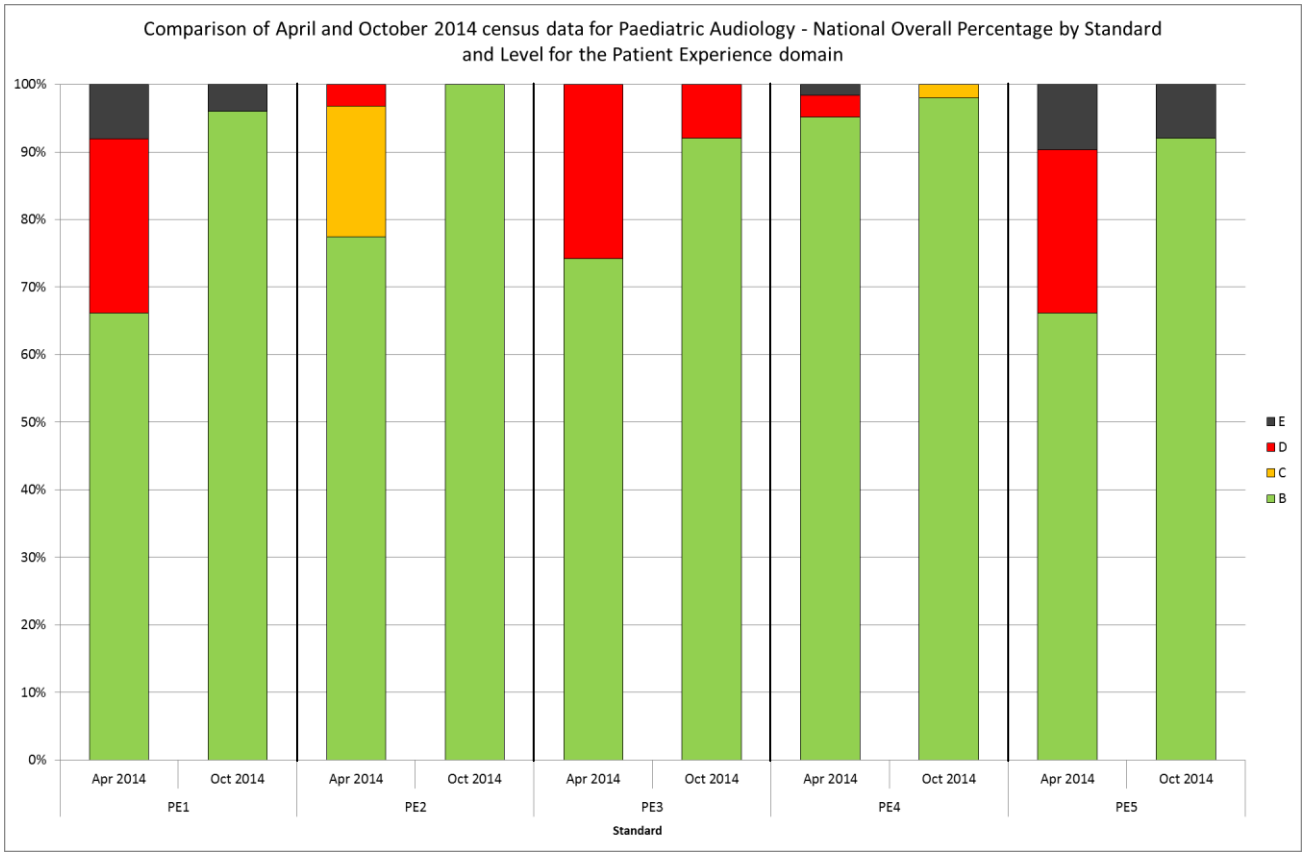

Figure 14: Paediatric audiology – PE

2.4.4 It is noted that the overall results were high in **PE1**, **PE2** and **PE5** in this census and services must be congratulated for the results in this domain.

2.4.5 All sites met the Level C measure **PE1.3** "Patient are provided with details of who they should contact if they need more information before their appointment, or if they have any problems following their exam/procedure". Eighteen per cent of participating sites did not meet this measure for the April 2014 census.

2.4.6 Only 2% of the sites answered 'No' to the Level B measure PE**5.7** "Up-to-date patient feedback on all aspects of the service is obtained at least annually". In the April 2014 census, 21% of the sites that participated answered 'No' to the same measure.

Clinical neurophysiology

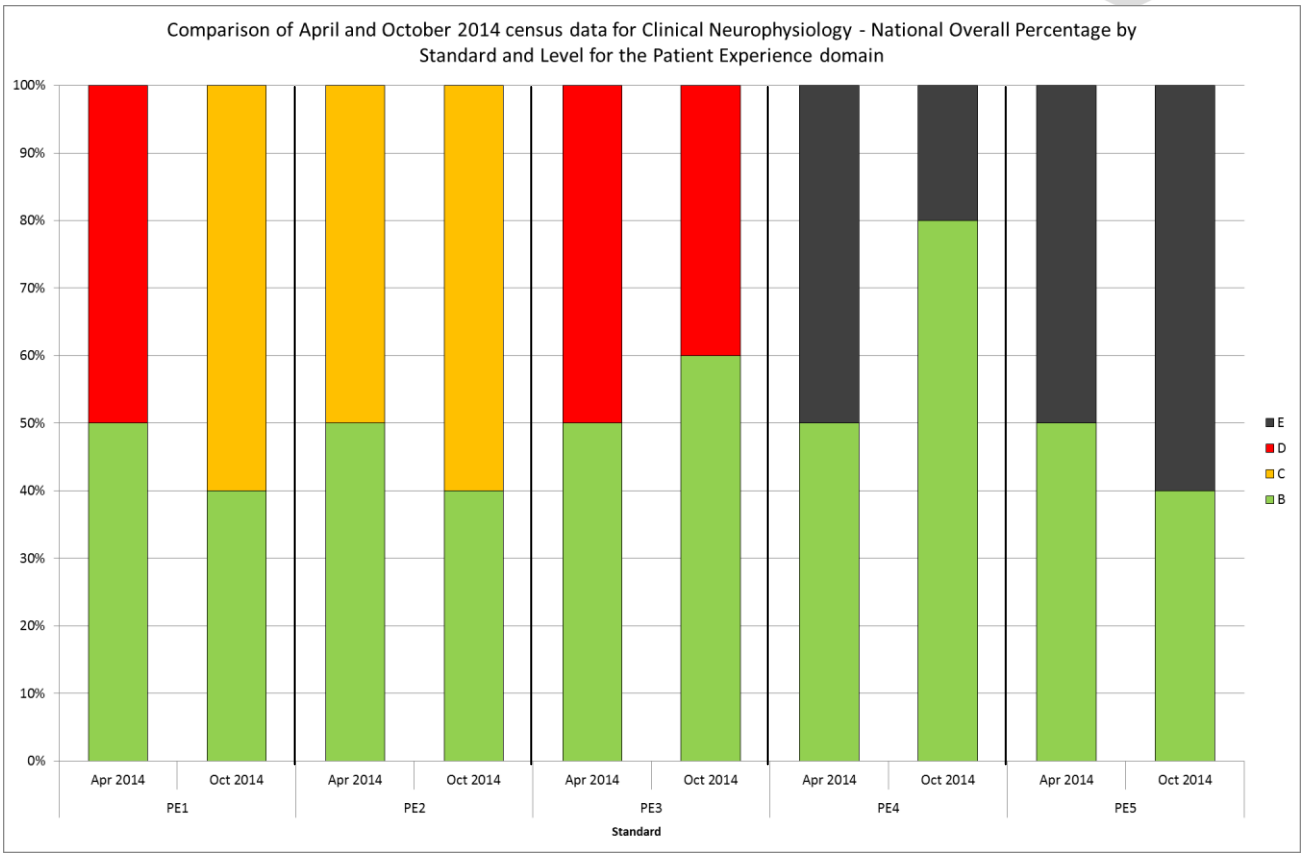

Figure 15: Clinical neurophysiology – PE

2.4.7 As noted earlier in the report, further detail behind the overarching results for each standard will be shown when more sites participate in future censuses.

3. CONCLUSION

3.1 What are we doing next?

The IQIPS Quality Improvement (QI) Group which is responsible for developing and delivering a quality improvement programme for physiological services has reviewed and discussed the October 2014 census results of all participating disciplines across the four domains. The IQIPS Programme team undertakes to:

Support and guidance

- Offer continuous guidance and on-going support to services when using the SAIT and self-assessments via the askiqips enquiry mail box, telephone or webex call etc.
- Identify challenges/barriers for low performing sites/services by reviewing SAIT submissions.

- Support networking amongst services and across other accreditation schemes by providing the necessary information to services
- Organise further quality improvement workshops for services

IQIPS SAIT systems

- Improve the Knowledge Management System (KMS) by reviewing and expanding the KMS reference links.
- Develop further the bank of examples of good practice and templates by asking accredited services to provide evidence linked to the IQIPS standards.

Guidance material

- Following the October 2014 census results, improve guidance linked to clinical and technical quality of the interpretation of diagnostic results, and their reporting.
- Enhance guidance linked to policy about patent verbal or written consent for specific examinations/procedures.

Census support

- Encourage more sites to complete the census in future by contacting each service and providing support and guidance for census submission.
- Provide tailored support to services experiencing staff shortage or heavy workload during the census points following feedback survey carried out in November 2014.
- Identify challenges/barriers to achieving the standards by regularly reviewing the IQIPS census results with the Quality Improvement Group and outline findings in the IQIPS census reports.
- Investigate common themes where Level D measures are not being met by services for the census and hold discussion in the IQIPS Accreditation Clinical Advisory Group (ACAG). Provide information to support services in improving their self-assessments and census scores on the SAIT for these measures.
- Share census results with the IQIPS governance groups to promote physiological services by providing regular updates to these groups.
- Ask services to review their results reflecting on lower performing standards/measures (i.e. Ds) via team meetings.

Service feedback

- Invite accredited services to share their experience of the IQIPS Accreditation pathway at IQIPS meetings and events or via direct communication.

IQIPS promotion

- Work with professional groups i.e. healthcare science networks, supporters of IQIPS and registered services to:
    - Raise the profile of the scheme
    - Secure IQIPS presence at events, and
    - Ensure that services are supported by their organisations.
- Work with members of the ACAG on action plans to increase engagement.
- Engage patient networks to promote the scheme, its benefits to patients and the importance of IQIPS accreditation.
- Continue working with the IQIPS Steering Group to promote IQIPS amongst commissioners and consider further engagement of stakeholders via on-going joint work with the IQIPS programme communications team.
- Prepare a summary report based on the IQIPS Census report for services' governance leads outlining common themes, risks and areas of improvement.

3.2 What can services do to improve their results?

We recommend the following:

- Link into existing policies and facilities within your organisation and beyond, e.g. your service improvement teams, the PALS service, NHS Improvement resources, guidance from professional bodies.
- Consider referring to trust policies in addition to departmental when completing self-assessments e.g. health and safety at work.
- Consider adding clearly defined roles and responsibilities for clinical risks to staff handbooks.
- Act upon patient feedback to help support a patent-focused service.
- Review and investigate areas where you are not able to meet the measures (i.e. D and E measures).
- Take the SAIT results to team meetings for review, discussion and action planning.
- Complete and submit the SAIT once a month to monitor your improvement.
- Explore the KMS.
- Use the action planning tool on the SAIT and take your action plans to trust or company management to discuss how you service can be supported and improved.
- Highlight in your action plan any risks and safety issues for patient and staff.

- Seek advice and support and share best practice, e.g. from physiological services within your organisation and your peers in other organisations.
- Ensure that you read and understand the guidance statement available for the measures on the SAIT.
- Have one member of staff assigned to coordinating/facilitating IQIPS for your service and/or organisation with some protected time.
- Consider networking opportunities amongst colleagues engaged with IQIPS and other accreditation schemes, e.g. JAG (endoscopy), CPA (pathology) and ISAS (imaging).

IQIPS would like to take this opportunity thank all services that participated in the IQIPS Census which demonstrates the commitment to the programme and willingness to engage in quality improvement.

Appendix

Standards

Domain 1: Patient Experience

The purpose of the Patient Experience Domain is to ensure that service delivery is patient- focused and respectful of the individual patient and their specific requirements. This is achieved through provision of appropriate information and support for patients and carers with due regard to differences in culture, religion, age and other factors. Effective feedback systems for patients and carers are necessary.

STANDARDS:

PE1	**The service implements and monitors systems to ensure patients are able to access patient friendly information about what happens before, during and after specific examinations/procedures.**
PE2	**The service implements and monitors systems to ensure the privacy, dignity, comfort and security of patients are respected throughout contact with the service.**
PE3	**The service implements and monitors systems to ensure informed patient consent is obtained for each examination/procedure.**
PE4	**The service implements and monitors systems to ensure that service delivery is patient focused.**
PE5	**The service implements and manages systems to ensure that patients are able to feedback on their experience of the service and that the feedback is acted upon.**

Domain 2: Facilities, Resources and Workforce

The purpose of the Facilities, Resource and Workforce (FRW) Domain is to ensure that adequate resources are provided and used effectively to provide a safe, efficient, comfortable and accessible service. This is achieved through appropriate and adequate facilities (rooms and equipment); motivated and competent staffing; and the integration of sound business planning principles within the service.

STANDARDS:

FRW1	**The service implements and monitors systems to ensure the facilities and environment support delivery of the service.**
FRW2	**The service implements and monitors systems to procure and manage equipment to deliver the service.**
FRW3	**The service implements and monitors systems to recruit, manage and support staff**

	to deliver the service.
FRW4	**The service implements and monitors systems to ensure staff are fully trained and competent to deliver the service.**
FRW5	**The service implements and monitors systems to engage in integrated service and workforce review, planning and development.**
FRW6	**The service implements and monitors systems to manage its budget and service contracts.**
FRW7	**The service implements and monitors systems to manage complaints.**

Domain 3: Safety

The purpose of the Safety (SA) Domain is to ensure that services provide the highest level of safety for patients, staff and others who come into contact with the service. This is achieved through assessment and management of the risks associated with delivery of the service.

STANDARDS:

SA1	**The service implements and monitors systems to manage the risk of infection.**
SA2	**The service implements and monitors systems to manage the risks associated with hazardous substances and materials.**
SA3	**The service implements and monitors systems to manage safe moving & handling.**
SA4	**The service implements and monitors systems to manage violence & aggression.**
SA5	**The service implements and monitors systems to ensure general health & safety of patients, staff & others.**

Domain 4: Clinical

The purpose of the Clinical Domain is to promote the service's role in rapid and accurate diagnosis and treatment. This is achieved through administrative and clinical practices appropriate to the patient population including children; effective management of risk and emergencies; and the review of existing and new clinical practice to develop and improve the service.

Clinical Standard - Audiology

STANDARDS:

CL1	**The service implements and monitors systems to ensure the delivery of the service from referral to discharge from the service, including follow-ups.**
CL2	**The service implements and monitors systems to ensure the quality of the diagnostic test.**
CL3	**The service implements and monitors systems to ensure the clinical and technical quality of the interpretation of test results, and their reporting and communication.**
CL4	**The service implements and monitors systems to ensure the clinical and technical**

	quality of treatments and interventional procedures.
CL5	**The service implements and monitors systems to manage drugs and contrast media.**
CL6	**The service implements and monitors systems to manage risks and errors arising from clinical activities.**
CL7	**The service implements and monitors systems to manage clinical records.**
CL8	**The service implements and monitors systems to review current and emerging clinical practice, implementing new practice as appropriate.**
CL9	**The service implements and monitors systems to manage clinical audiology specialism specific**

Clinical Standard – Cardiac physiology

STANDARDS:

CL1	**The service implements and monitors systems to ensure the delivery of the service from referral to discharge from the service, including follow-ups.**
CL2	**The service implements and monitors systems to ensure the quality of the diagnostic test.**
CL3	**The service implements and monitors systems to ensure the clinical and technical quality of the interpretation of test results, and their reporting and communication in a timely manner.**
CL4	**The service implements and monitors systems to ensure the clinical and technical quality of treatments, interventions and invasive procedures.**
CL5	**The service implements and monitors systems to manage drugs, contrast media, gases and medical devices.**
CL6	**The service implements and monitors systems to minimise clinical risk and manage incidents and errors arising from clinical activity.**
CL7	**The service implements and monitors systems to manage clinical records.**
CL8	**The service implements and monitors systems to review current and emerging clinical practice, implementing new practice as appropriate.**

Clinical Standard – GI physiology

STANDARDS:

CL1	**The service implements and monitors systems to ensure the delivery of the service from referral to discharge from the service, including follow-ups.**
CL2	**The service implements and monitors systems to ensure the quality of the diagnostic test.**
CL3	**The service implements and monitors systems to ensure the clinical and technical quality of the interpretation of diagnostic results, and their reporting and communication in a timely manner.**

CL4	**The service implements and monitors systems to ensure the clinical and technical quality of treatments, interventions and invasive procedures.**
CL5	**The service implements and monitors systems to manage drugs, contrast media, gases and medical devices.**
CL6	**The service implements and monitors systems to minimise clinical risk and manage incidents and errors arising from clinical activity.**
CL7	**The service implements and monitors systems to manage clinical records.**
CL8	**The service implements and monitors systems to review current and emerging clinical practice, implementing new and innovative practice as appropriate.**

Clinical Standard – Clinical neurophysiology

STANDARDS:

CL1	**The service implements and monitors systems to ensure the delivery of the service from referral to discharge from the service, including follow-ups.**
CL2	**The service implements and monitors systems to ensure the quality of the diagnostic test.**
CL3	**The service implements and monitors systems to ensure the clinical and technical quality of the interpretation of diagnostic results, and their reporting and communication in a timely manner.**
CL4	**The service implements and monitors systems to ensure the clinical and technical quality of treatments, interventions and invasive procedures.**
CL5	**The service implements and monitors systems to manage drugs, contrast media, gases and medical devices.**
CL6	**The service implements and monitors systems to minimise clinical and manage incidents and errors arising from clinical activity.**
CL7	**The service implements and monitors systems to manage clinical records.**
CL8	**The service implements and monitors systems to review current and emerging clinical practice, implementing new and innovative practice as appropriate.**
CL9	**The service implements and monitors systems to manage neurophysiology specialism specific risks.**

Clinical Standard – Respiratory and sleep physiology

STANDARDS:

CL1	**The service implements and monitors systems to assure the delivery of the service from referral to discharge from the service, including follow-ups.**
CL2	**The service implements and monitors systems to assure the quality of the diagnostic test.**
CL3	**The service implements and monitors systems to ensure the clinical and technical**

	quality of the interpretation of test results, and their reporting and communication.
CL4	**The service implements and monitors systems to assure the clinical and technical quality of treatments and interventional procedures.**
CL5	**The service implements and monitors systems to manage drugs, contrast media, gases and medical devices.**
CL6	**The service implements and monitors systems to manage risks and errors arising from clinical activities.**
CL7	**The service implements and monitors systems to manage clinical records.**
CL8	**The service implements and monitors systems to review current and emerging clinical practice, implementing new practice as appropriate.**
CL9	**The service implements and monitors systems to manage respiratory and sleep physiology specialism specific risks.**

Clinical Standard – Urodynamics

STANDARDS:

CL1	**The service implements and monitors systems to ensure the delivery of the service from referral to discharge from the service, including follow-ups.**
CL2	**The service implements and monitors systems to ensure the quality of the diagnostic test.**
CL3	**The service implements and monitors systems to ensure the clinical and technical quality of the interpretation of test results, and their reporting and communication in a timely manner.**
CL4	**The service implements and monitors systems to assure the clinical and technical quality of treatments, interventions and invasive procedures**
CL5	**The service implements and monitors systems to manage drugs, contrast media, gases and medical devices.**
CL6	**The service implements and monitors systems to minimise clinical risk and manage incidents and errors arising from clinical activity.**
CL7	**The service implements and monitors systems to manage clinical records.**
CL8	**The service implements and monitors systems to review current and emerging clinical practice, implementing new practice as appropriate.**
CL9	**The service implements and monitors systems to manage urodynamics specific risks.**

Clinical Standard – Vascular science

STANDARDS:

CL1	**The service implements and monitors systems to ensure the delivery of the service from referral to discharge from the service, including follow-ups.**
CL2	**The service implements and monitors systems to ensure the quality of the diagnostic test.**
CL3	**The service implements and monitors systems to ensure the clinical and technical quality of the interpretation of test results, and their reporting and communication.**
CL4	**The service implements and monitors systems to ensure the clinical and technical quality of treatments and interventional procedures.**
CL5	**The service implements and monitors systems to manage drugs and contrast media.**
CL6	**The service implements and monitors systems to manage risks and errors arising from clinical activities.**
CL7	**The service implements and monitors systems to manage clinical records.**
CL8	**The service implements and monitors systems to review current and emerging clinical practice, implementing new practice as appropriate.**
CL9	**The service implements and monitors systems to manage vascular science specific risks.**

IQIPS Levels

Level	Level descriptor
Level B	Accreditation standard
Level C	Good standard
Level D	Minimum standard
Level E	Not meeting the IQIPS minimum standard

The SAIT does yet not include Level A measures; these will be added to the IQIPS programme in time. Level A is intended to be the "aspirational standard".

In order to score level D for a standard a site must answer yes to all level D measures within that standard. If a site answers 'No' to any level D measures, its result will appear as Level E on the SAIT.

In order to score level C for a standard a site must answer yes to all level D and level C measures within that standard.

In order to score level B for a standard a site must answer yes to all level D, C and B measures within that standard.

Definitions of IQIPS organisation, service and site

	Definition
Organisation	An entity that may operate across several physiological services/disciplines.
Service	As an entity delivering one physiological discipline registered on the IQIPS programme. A service can cover more than one site
Site	Location where the service is delivered.