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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

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ULTRASOUND CLINICAL GOVERNANCE POLICY

Document Title: Ultrasound Clinical Governance Policy	2 of 6	Approval Date: 20 Jul 2020
Reference Number: UHB 322		Review Date: 20 Jul 2023
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Policy Statement

Cardiff and Vale UHB is committed to providing uniform, high quality diagnostic and therapeutic ultrasound services which consistently meet as a minimum all national evidence based standards.

This Ultrasound Clinical Governance Policy provides a set of minimum service standards to which all Clinical Services which use ultrasound will comply. This will ensure that risks to patients, staff, visitors and the UHB arising from the use of ultrasound equipment are minimised and that UHB consistently delivers the best health and financial outcomes from the use of ultrasound equipment.

Complying with this policy will ensure that ultrasound, if carried out correctly, and in the appropriate clinical situation, is one of the most effective diagnostic tools in healthcare. Ultrasound examinations and procedures are undertaken by people a wide range of professional backgrounds, in many different clinical settings.

Ultrasound is highly operator dependent and must be undertaken by trained, competent and experienced professionals. Ultrasound examinations, and their interpretation must be of a high quality, as they have a direct impact in patient management.

Ultrasound can present significant clinical and/or safety risks if:

- examinations are undertaken or interpreted by untrained or poorly trained individuals,
- equipment is poorly specified or maintained,
- it is undertaken in the absence of audit of clinical performance and outcome,
- there is no effective clinical governance framework,
- effective decontamination processes are not available or not used.

This Cardiff and Vale UHB Ultrasound Clinical Governance Policy aims to ensure that we manage the use of Diagnostic and Therapeutic ultrasound, to ensure Diagnostic and Therapeutic ultrasound examinations and procedures are of the highest possible standard, adequately documented, and performed by appropriately trained and competent individuals, using fit for purpose, well maintained ultrasound equipment.

The supporting procedure translates the policy aims into practical implementation measures including the identification of organisational and individual responsibilities.

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Policy Commitment

We will:

- Provide a robust framework for the management of diagnostic ultrasound services, to ensure that services are safe, of the highest possible standard, and compliant with current legislation, standards and guidelines.
- Ensure that all diagnostic and therapeutic ultrasound services have adopted, and are adhering to the general requirements for good ultrasound governance.
- Ensure that managers and staff recognise their responsibility in the provision of diagnostic ultrasound services.
- Ensure all diagnostic and therapeutic ultrasound users are suitably trained, and maintain the appropriate levels of competence, performance and patient safety related to the use of diagnostic and therapeutic ultrasound equipment.
- Provide a robust framework for the documentation of ultrasound referrals, examinations and procedures, and the secure storage of images, to ensure data is recorded accurately and consistently, and stored safely across the UHB.
- Manage the procurement of ultrasound equipment, and ensure all ultrasound equipment is fit for purpose, safe and regularly calibrated and maintained.
- Demonstrate compliance through record keeping and audit.

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Supporting Procedures and Written Control Documents

This Policy and the supporting Ultrasound Clinical Governance Procedure describes the following with regard to the use of diagnostic ultrasound:

- Responsibilities in the management of diagnostic and therapeutic ultrasound services.
- Training and competence requirements for the use of diagnostic and therapeutic ultrasound.
- Management of ultrasound equipment and the scan / therapeutic environment □ Procurement and use of diagnostic and therapeutic ultrasound equipment.
- Maintenance, repair and quality assurance of diagnostic and therapeutic ultrasound equipment.
- General requirements for the provision of diagnostic and therapeutic ultrasound examinations and procedures.
- Requirements for documentation, results reporting and image storage.
- Demonstration of compliance with regulatory requirements.
- Review processes.

Other supporting documents are:

Cardiff and Vale UHB Policies and Procedures

- Medical Equipment Management Policy.
 - Health and Safety Policy.
 - Data Protection Policy.
 - Records Management Policy.
 - Patient Identification Policy.

- Risk Management Policy.
- Sonographer Reporting Policy.
- Chaperone Policy.
- Safe use of Non-ionising Radiation.
- Decontamination of Ultrasound Transducers – Standard Operating Procedure.
- Infection control standard precautions procedure.
- Infection control procedure for meticillin resistant *staphylococcus aureus* (mrsa) in acute hospitals.
- Infection control procedure for the management of patients known or suspected to have clostridium difficile infection.

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Scope

This policy applies to all of Cardiff and Vale UHB staff in all locations including those with honorary contracts. It covers all ultrasound devices used by Cardiff and Vale UHB services irrespective of whether the ultrasound device is owned, loaned, leased or used by external service providers commissioned by the UHB.

Equality Impact Assessment	An Equality Impact Assessment (EqIA) has been completed for this policy.
Health Impact Assessment	A Health Impact Assessment is not required for this policy.
Policy Approved by	Quality, Safety and Experience Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Ultrasound Clinical Governance Group
Accountable Executive or Clinical Board Director	Executive Director of Therapies and Health Science.
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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate.](#)

Summary of reviews/amendments

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Version Number	Date Review Approved	Date Published	Summary of Amendments
1	28/06/2016	16 Aug 2016	New policy
2	20/07/2020	17 Feb 2021	Updated content