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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

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Policy Statement

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

The Ultrasound Clinical Governance policy provides a set of minimum service standards to which all healthcare staff employed or contracted by the UHB to undertake diagnostic imaging and therapeutic ultrasound on patients should comply. This includes, but is not limited to those on honorary contracts, students working within the UHB, persons employed by Cardiff University, persons undertaking R&D, Public Health Wales, and independent contractors commissioned by the UHB to undertake testing. The Policy also applies to primary care services such as - Urgent Treatment Centres, Community Diagnostic Centres, Wellbeing Hubs, community dental services, community Pharmacy services, community nursing services, family planning clinics, care homes, mobile Point of Care Testing (POCT) services and GP out of hours services. GP contractors are not mandated to follow this policy as they are ultimately responsible for developing their own governance processes, policies and procedures for the quality and safety of Ultrasound usage. However, it provides a framework for good practice with particular relevance to quality assurance and training, complementing existing guidance, as listed under 'other supporting documents' below.

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

Ultrasound is highly operator dependent and should only be undertaken by trained and competent professionals, or less trained staff under appropriate supervision. 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, maintained, or out of date
- 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 these 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

All those involved in Ultrasound, as described in paragraph 2 of this policy, agree to:

- 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 or supervised, and maintain the appropriate levels of competence, performance and patient safety.
- Provide a robust framework for the documentation of ultrasound referrals, examinations and procedures, and the secure storage of images and associated reports, 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.

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

- **UHB 322** - Ultrasound Clinical Governance Procedure
- **UHB 082** - Medical Equipment Management Policy
- **UHB 021** - Health and Safety Policy

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- **UHB 002 - Data Protection Policy.**
- **UHB 142 - Records Management Policy**
- **UHB 101 - Patient Identification Policy**
- **UHB 023 - Risk Management Policy**
- **UHB 092 - Chaperone Policy**
- **UHB 149 - Infection Control Procedure for Infectious Incidents and Outbreaks in University Health Board Hospitals**
- **UHB 004 - Infection Control Procedure for Meticillin Resistant *Staphylococcus Aureus* (MRSA) in Acute Hospitals**
- **UHB 055 - Clostridioides Difficile Procedure**
- **UHB 062 - Point of Care Testing (POCT) Policy**
- **UHB 366 - Point of Care Testing (POCT) Procedure**
- **UHB 282 - Decontamination of Reusable Medical Devices Policy**
- **UHB 282 - Decontamination of Reusable Medical Devices Procedure**
- **Decontamination of flexible endoscopes Part F: Decontamination of Semi-Critical Ultrasound Probes; Semi-invasive and Non-invasive Ultrasound Probes**

Scope	
<p>This policy applies to all of Cardiff and Vale UHB staff in all work 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.</p>	
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

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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.
Author	Kate Bryant, Consultant Medical Physicist, Head of Non-ionising Radiation Sally Lynch, Senior Sonographer Ceri Phillips, Midwife Sonographer Nerys Thomas, Consultant Sonographer Paul Williams, Principal Clinical Scientist, Non-ionising Safety Lead Paul Rogers, Chair of Ultrasound Clinical Governance Group
<p><u>Disclaimer</u> 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.</p>	

Summary of reviews/amendments			
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
3	18.02.2025	20.02.2025	Change to policy Statement to better reflect those that the policy relates to (this also aligns with the Point of Care Testing inclusion list).

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			<p>Updated supporting documents list and references with hyperlinks.</p> <p>Update to author list.</p> <p>Corrected key Ultrasound roles and responsibilities.</p> <p>Minor changes to aligning updates in governance to those described in the procedure.</p> <p>Clarity of equipment modification, Procedure section 6.4.</p> <p>Reference in the procedure to the new US safety module.</p> <p>Various grammatical, formatting and definition updates.</p>
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