

Backlogs Limited

Backlogs Limited

Inspection report

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Date of inspection visit: 07/12/2021
Date of publication: 02/02/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

We regulate medical laboratory services, but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The service had enough staff, with training in key skills. Staff understood how to protect patients from abuse, and managed safety well. The service managed safety incidents well and learned lessons from them.
- Staff provided care and procedures based on national guidance and evidence-based practice. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Key services were available seven days a week.
- Clients could access the service when they needed as outlined in their contract. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical laboratories	Inspected but not rated 	We regulate medical laboratory services, but we do not currently have a legal duty to rate them. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Backlogs Limited

Page

5

Information about Backlogs Limited

5

Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

Summary of this inspection

Background to Backlogs Limited

Backlogs Limited is a part of HCA Healthcare UK. Backlogs provides a remote cellular pathology reporting service for NHS Hospitals. It is a remote working service and all consultant pathologists report results remotely. The service has been registered with CQC since May 2015.

The service has a panel of 110 reporting consultants nationwide. Specialisms covered include bone, breast, cervical cytology, dermatopathology, diagnostic cytopathology, gastrointestinal, gynaecology, head and neck, haematopathology, heart, kidney, liver and lung

Backlogs Limited is based in a purpose built office facility with an open plan office and additional office space for receiving and sorting pathology cases. The cases to be reported are couriered to and from the remote working pathologists by dedicated courier companies.

Backlogs Limited office staff work Monday to Friday, whilst the consultant pathologists reported over 7 days a week. Cases are delivered to reporting pathologist on Monday to Saturday, except on bank holidays, by dedicated courier companies to provide same day or next day delivery.

The main service provided by this service was medical laboratory, pathology service.

How we carried out this inspection

We carried out an unannounced fully comprehensive inspection of the service on the 7 December 2021. We spoke with 12 members of staff, including the chief executive, managing director, clinical director and two of the reporting consultant pathologists for the service. We also reviewed cases that have been reported.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

We found the following outstanding practice:

- Backlogs Limited organised free educational seminars for consultants reporting to the service as well as external pathologists, based on various specialties and inviting guest speakers. These seminars received continuing professional development (CPD) accreditation by the Royal College of Pathology.
- The service provided roundtable discussion for their clients which aimed to support NHS Trusts implement an annual, regional forum to share daily challenges and successes within pathology services.
- The service invested time, money and expertise to move to a digital pathology platform. Digital pathology platforms allow digital scanning of glass slides to produce high resolution digital slide images, which would eliminate the process of couriering cases to reporting pathologists.





Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical laboratories	Inspected but not rated	Inspected but not rated	Not inspected	Inspected but not rated	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Not inspected	Inspected but not rated	Inspected but not rated	Inspected but not rated

Medical laboratories

Safe	Inspected but not rated 
Effective	Inspected but not rated 
Responsive	Inspected but not rated 
Well-led	Inspected but not rated 

Are Medical laboratories safe?

Inspected but not rated 

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

All staff received and kept up to date with their mandatory training. Training was delivered online or in person depending on the topic. Staff initially completed mandatory training topics during induction and updated annually or every three years depending on the topic. Training modules included fire safety, health and safety, information governance, safeguarding and infection prevention and control.

At the time of our inspection training compliance was 93% for all staff, against a 90% target.

The reporting consultant pathologists received and kept up to date with their mandatory training at their host NHS acute trust. The service ensured compliance with mandatory training through annual reviews of the consultant's records from the NHS trust.

The mandatory training was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers received email updates from the corporate learning department with details of training compliance and prompted staff to complete training as per guidelines.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and vulnerable adults formed part of the mandatory training programme. Staff we spoke with told us they had received safeguarding training. Records showed that 93% of staff had completed adult safeguarding training and 100% of staff were also compliant with children safeguarding training at level 1a and 1b.

Medical laboratories

Reporting pathologists completed level 3 training for both children and adults safeguarding as part of their NHS role. This was in line with the recommendations from the Intercollegiate Document adult safeguarding: roles and competencies for health care staff (August 2018) and the Intercollegiate Document safeguarding children and young people: roles and competencies for healthcare staff (January 2019).

The service had a named safeguarding lead who was trained to level three safeguarding adults and children.

The service had access to the corporate safeguarding lead with level 4 adult and children safeguarding training. All staff we spoke with knew who the safeguarding lead was and how to contact them.

Safety was promoted through recruitment procedures and employment checks. Staff had Disclosure and Barring Service (DBS) checks undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The service did not provide any onsite reporting services and did not work directly with patients. All reporting was done by the pathologists remotely from their home or NHS facilities.

In line with the government guidelines for Covid-19, arrangements were in place to protect staff from Covid-19, with daily lateral flow tests, office space arranged with social distancing measures, face masks and hand sanitisers available for staff use.

Environment and equipment

The environment was suitable for the management of pathology reporting service and there were processes in place to ensure equipment was serviced and maintained.

Systems and process were in place to ensure that equipment used by the reporting pathologist had an annual service and calibration. We saw evidence that equipment used for reporting were suitable for its purpose and properly maintained. The service kept records to verify maintenance, service and calibration of microscopes where necessary.

The service had suitable facilities to receive, sort and store the pathology slides received from the NHS hospitals. Systems and processes were in place to ensure slides for reporting were isolated and stored by hospital site and sub speciality.

The office area was secure and only authorised staff had access via a security fob.

Assessing and responding to patient risk

Staff identified, responded to and removed or minimised risks to patients. Staff identified and quickly acted upon patients at risk of deterioration.

Medical laboratories

The slides for reporting were organised by the administration team. The service ensured they had consultant pathologists who were proficient in the required sub-specialty so that cases received the appropriate reporting.

Systems and processes were in place to identify any urgent cases for reporting. The referring hospital would flag the cases that require urgent reporting. This was done directly on the referral form and also confirmed by an email to Backlogs administrative team. Once the cases arrived at the service, they were logged on the secure online portal and if urgent reporting was required, a flag was assigned, and the reporting pathologist was alerted. Urgent case status could be amended at any time if a case became urgent after it had been dispatched to service.

There were protocols and arrangements in place to make sure that unexpected or abnormal results that required immediate or urgent medical intervention were communicated in a timely way to the referring hospital. For example, the reporting pathologist would assign a flag on the online portal to indicate an unexpected finding that would require urgent review by the MDT in the referring hospital. An email would also be generated to the referring NHS hospital to indicate unexpected or urgent findings.

Staff we spoke with explained the processes to escalate unexpected or significant findings upon reporting. In accordance with policy, the service had a pathway for unexpected urgent clinical findings. Once the report was uploaded on the portal, an email was sent to the referrer to highlight an urgent report. In addition, the administrative team also contacted the referrer by phone to inform them an urgent report had been sent. All reports would be sent to the referrer urgently via the reporting portal to assist in patient management.

The service had a clear and transparent system for the rapid, secure transfer and review of slides and storage of patient data. The service used a secure portal to report cases and the referring NHS hospitals to access them. This ensured that data transfer was secure and maintained patient confidentiality.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to meet the pathology reporting needs of patients. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, and agency staff a full induction.

The service had enough staff to keep patients safe. Staffing levels were planned and reviewed in advance to ensure that an adequate number of suitably trained staff were available.

Managers made sure all bank and agency staff had a full induction and understood the service. The service utilised a pool of bank and agency clinical administrators. Bank staff were offered the same training as regular staff and competencies were monitored. We were told that agency staff followed the same local induction process as new members of permanent staff.

The number of clinical administrators matched the planned numbers. We saw that the numbers of staff on duty were as planned.

The service had low vacancy rates. Managers told us there were no vacancies within the service and a low turnover of clinical administration staff.

The service had no sickness reported from January to November 2021 .

Medical laboratories

Medical staffing

The service had enough reporting pathologists with the right qualifications, skills, training and experience to keep patients safe from avoidable harm.

The service had enough reporting pathologists to keep patients safe. Cases for reporting were arranged according to the reporting pathologist's availability. Consultants pathologists would inform the office manager of when they were available for reporting and then cases were scheduled accordingly. Some reporting pathologists maintained regular days which meant that the clinical administration team were able to plan cases well in advance. Others provided adhoc days, which would be slotted into the daily planning calendar.

We saw that reporting pathologists matched the planned number. Staff reported that there were rare occasions where reporting could not be accommodated due to the absence of a pathologists, this was quickly rectified on their return.

All reporting consultant pathologists worked under a mutually agreed contract. All consultants worked in NHS acute or specialist hospitals and completed training and revalidation through their host organisation. The service ensured compliance with these as part of annual reviews.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Records were kept secure and were only accessible to authorised staff, to maintain confidentiality.

Records were clear, up-to-date and easily available to all staff providing the report. Details from the paper referrals from the NHS hospital were inputted on the secure Backlogs' portal, which included patient detail, medical history and clinical indications.

The service did not amend or alter the patient's clinical history. Slides were sent to the reporting pathologists via a courier service and the cases were reported on the secure portal.

The service had clear and transparent systems for rapid, secure transfer and review of cases and where necessary storage of patient data.

A data protection policy was in place which assured confidentiality from initial enquiry to final reporting of cases. All staff had secure login to access patient information and report on cases.

We saw that office computers were locked when not in use. This prevented unauthorised access and protected patients' confidential information.

There were systems and processes in place for frequent and secure back-up of data. There was also a contingency plan in case of any failure to the secure portal where by cases could be assigned and reported on offline.

Medicines

Medical laboratories

The service did not store or administer any medicines or controlled drugs.

Incidents

The service managed incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff knew what incidents to report and how to report them. The service used an electronic reporting tool which was accessible to all staff.

Data showed that incidents were reviewed and investigated in a timely manner. The service had a weekly meeting to review incidents. Any serious incidents would be escalated to senior leadership team, corporate risk groups and the medical advisory committee (MAC) if required.

Staff reported incidents clearly and in line with provider policy. An up-to-date incident reporting policy and procedure was in place to guide staff in the process of reporting incidents.

We saw that there were a variety of incidents reported which included actual and near misses. The service provided us with an update from the last 12 months, which showed that there had been 103 incidents, of which 79 related to laboratory processes and 15 related to audit compliance. All incidents detailed actions taken in response and resolution.

Managers shared learning with their staff about incidents. Staff received feedback from investigation of incidents, both internal and external to the service. Learning from incidents was shared with staff at daily huddles, team meetings, by email and through newsletters. We were given examples of how incidents and their findings had been shared across the service and wider organisation. We saw the weekly corrective and preventive actions (CAPA) updates for November and first week of December 2021, detailed learning from incidents across the organisation.

Staff understood the duty of candour. They were open and transparent and gave a full explanation if things went wrong. Although staff reported that there had been no serious incidents within the service, they were familiar with duty of candour and knew how to apply it.

Staff met to discuss the feedback and look at improvements to the service. Staff attended team meetings and discussed how services could be improved. When attendance at team meetings was not possible, key information was shared through emails or newsletters. We saw a variety of newsletters used across the service which all referred to learning from incidents and improvements needed for patient care.

Are Medical laboratories effective?

Evidence-based care and treatment

Medical laboratories

The service provided care and procedures based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed policies, procedures and guidelines information, which referenced guidance from professional organisations and reflected best practice. The policies we reviewed were in date and review dates were set with clear process for ensuring policies were reviewed.

The provider had an audit programme in place. Local audits were completed monthly, quarterly and annually to assess practice in accordance with local and national guidance. Topics audited included slides booking in procedure, sending material to pathologists and report turnaround.

Nutrition and hydration

Due to the nature of the service, patients did not visit the premises.

Pain relief

Due to the nature of the service, patients did not visit the premises.

Patient outcomes

Staff monitored the effectiveness of care. They used the findings to make improvements and achieved good outcomes for patients.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. An annual local audit plan was in place and used to drive service improvements.

Managers and staff used the results to improve patients' outcomes. Actions were clearly attributed to audit results and trends were monitored to ensure an improvement in performance.

Managers shared and made sure staff understood information from the audits. We saw that audit results were discussed across all areas of the service. This included governance meetings and shared with the wider team for learning and action at team meetings and as part of the organisational performance monitoring. A dashboard was shared detailing performance.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff skills were assessed as part of the recruitment process, at induction, through the probation period and then ongoing as part of competency framework.

Medical laboratories

Managers gave all new staff a full induction tailored to their role before they started work. All staff received a local and corporate induction and completed an initial competency assessment. Staff we spoke with told us the local induction provided assurance that staff were competent to perform their required role. For reporting pathologists, this was supported by a comprehensive competency assessment through test cases as part of an internal quality assurance programme. This covered subspecialties relevant to their role and experience.

Managers supported staff to develop through yearly, constructive appraisals of their work. Data provided by the service showed that 100% of staff had completed an appraisal in the last 12 months prior to the inspection.

Medical revalidation was completed at the consultant's host organisation. Consultants were responsible for ensuring that revalidation information was shared with the service, and this was tracked to ensure compliance. Any consultant with out of date revalidation was not permitted to work until it had been completed. This was monitored through regular medical advisory and governance meetings.

Consultants capabilities and performance was monitored through the Medical Advisory Committee (MAC) and any concerns were flagged and addressed accordingly. Consultants were not permitted to complete reports which they had not been deemed competent to complete.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff told us that they worked closely with other providers who referred cases to their service to provide a seamless treatment pathway for patients.

Staff told us there was good communication between services and there were opportunities for them to contact other providers for advice, support and clarification.

The service had systems and processes in place to communicate and refer to the referring hospital in the event of unexpected findings, further examination and or treatment being required. We saw evidence that reports to the referring hospitals took place in a timely manner.

Seven-day services

Key services were available seven days a week to support timely patient care.

The Backlogs office staff worked Monday to Friday where they allocated the cases and organised couriering the slides to the reporting pathologists.

The reporting pathologists reported on cases seven days a week. Cases were delivered to them Monday to Saturday, except on bank holidays.

We were told that a senior manager was available in an on-call capacity out of usual office working hours.

Health promotion

Medical laboratories

Due to the nature of the service, patients did not visit the premises.

Consent and Mental Capacity Act

Due to the nature of the service provided, staff did not see patients. The staff informed us that consent was initiated at the referring hospital. Reporting pathologists confirmed that consent was identified on the referring paperwork.

Are Medical laboratories responsive?

Inspected but not rated 

Service delivery to meet the needs of local people

The service did not see patients and patients did not visit the premises due to the nature of the service provided.

Meeting people's individual needs

The service did not see patients and patients did not visit the premises due to the nature of the service provided.

Access and flow

Clients could access the service when they needed it as outlined in their individual contract.

Although the service did not deal directly with patients and was not involved in making care and treatment decisions, the service provided a panel of consultant pathologists that provided a report in their subspecialty to support the diagnosis and ultimately treatment and care of the patient in a timely manner.

The managers told us the expected turnaround times for reports was four working days from when the cases were received by the service. The service aimed to report 90% of routine cases received as prepared slides within four working days.

We reviewed the turnaround times report from June 2021 to November 2021. In June 2021 there were 8826 reported cases of which 89% meet the four-day turnaround time. In July and August 2021 there were 8645 and 8466 reported cases respectively, of which 88% of the reports met the target turnaround time. September (8697 cases were reported) and October 2021 (9351 cases were reported), with 92% and 91%, respectively, being reported within the turnaround time.

Managers monitored and compared the reporting with the activity list and took actions on unreported cases to avoid breaches in turnaround time.

The service used a secure online portal which supported reporting pathologists to upload and submit their reports safely, securely and on time.

Medical laboratories

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Staff understood the policy on complaints and knew how to handle them. Staff told us that they would escalate any concerns to the manager in charge. We saw how staff discussed any concerns flagged at huddles and team meetings to ensure all staff were aware of events and any lessons learnt.

Managers investigated complaints and identified themes. Any concerns regarding reporting were discussed with the consultant pathologists directly.

Staff knew how to acknowledge complaints and hospitals received feedback from managers after the investigation into their complaint. We saw that complaints were discussed at team meetings and across the organisation if appropriate.

Managers shared feedback from complaints with staff and learning was used to improve the service. Any concerns were flagged at daily huddles and team meetings. We saw how staff shared positive and negative feedback and recognised where staff had acted to address concerns raised.

Are Medical laboratories well-led?

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for staff and clients.

The senior leadership team consisted of the chief executive officer for HCA Laboratories, supported by the managing director, clinical director, operations director, client services and business office manager, finance and commercial executive and lead quality manager.

Day to day clinical leadership was provided by the clinical director. In addition, HCA Laboratories and Backlogs operated a joint Medical Advisory Committee (MAC) with an independent Chair to review scope and practice of the reporting pathologists

Staff spoke positively of the service and senior leads. We saw positive interactions between staff which demonstrated that there was regular contact between staff groups and levels.

Staff we spoke with told us that the leaders were visible, accessible, approachable and supportive.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

Medical laboratories

Backlogs Limited had a vision to achieve ‘an outstanding reputation by the NHS whereby patients’ cases are reported in a timely manner and patient care pathways are not hindered.’ To achieve this purpose a 2022 strategy was in place which had a focus on staffing, including capacity management and wellbeing; supporting existing clients and developing new ones; and maintaining and expanding the panel of reporting consultants.

The service had a strategy and engagement plan to achieve the objectives and this was shared with staff in various forums. Staff understood the part they played in achieving the objectives of the service and how their actions reflected the organisation’s vision.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where staff clients could raise concerns without fear.

Staff were consistently positive when describing the culture within the service. They felt supported by all leaders and colleagues within the service. Staff felt respected and valued. All staff we spoke with were very happy in their role and stated the service was a good place to work.

During our inspection we saw that staff interacted and engaged with each other in a polite, positive and supportive manner.

The service promoted equality and diversity and it was part of mandatory training. Managers and staff promoted inclusive and non-discriminatory practices.

A whistle blowing policy, duty of candour policy and appointment of freedom to speak up champion supported staff to be open and honest.

There was good communication in the service from both local managers and at corporate level. Staff stated they were kept informed by various means, such as newsletters, team meetings and emails.

Staff also felt encouraged to develop and told us they were given opportunities within the organisation or externally if possible, to develop new skills or gain knowledge.

The service participated in the quarterly staff engagement survey. Data reported in October 2021 showed that staff were largely positive and had improved since the May survey. The survey result showed that staff felt supported, satisfied with the recognition or praise they received, and had a sense of belonging to the organisation.

Governance

Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Medical laboratories

There was an effective governance framework to support the delivery of the strategy and good quality care. The service undertook a number of quality audits, information from these assisted in driving improvement and giving all staff ownership of things which had gone well, and action plans identified how to address things which needed to be improved.

There was a clear evidence that policies and guidelines used by the service were reviewed, updated and replaced at regular intervals. The governance team had oversight of all policies and templates used and when they were due for review. There was a clear system and process in place for policies and templates to be reviewed and approved before they were used. The system also monitored that all staff had read any new policies and templates when implemented.

The risk and compliance manager had oversight of all risks, incidents, complaints, as well as operational governance such as policy reviews. The team produced performance reports which covered all areas of governance including, compliance with targets and audits, details of serious incidents and actions taken, incidents and near misses reported. The reports were discussed at the governance and performance meetings, and staff meetings.

The service had weekly meetings to review incidents and risks. This was attended by the local leadership team as well HCS Laboratories quality and risk team. Any serious incidents would be escalated to the senior leadership team, corporate risk groups and laboratory's MAC.

Performance of the service was reported monthly to the senior leadership team through the quality and governance review report

HCA Healthcare Laboratories and Backlogs operated a joint Medical Advisory Committee (MAC) with an independent chair to review the scope and practice of the reporting pathologists.

All these meetings had a standard agenda and were minuted with an actions log. This ensured the actions to improve services were recorded and monitored to completion.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

Performance was monitored on a local and corporate level. Progress in delivering services was monitored through performance dashboard scorecards and reports were produced which enabled comparisons and benchmarking against target.

The performance dashboard scorecard was updated and reviewed by managers through weekly, monthly and quarterly reports. A quarterly governance dashboard was used to review performance across the HCA Healthcare Laboratories. We reviewed the quarter two and quarter three governance dashboards. This showed report turnaround times for quarter two at 87% and quarter three was 86% against a target of 90%.

There was a risk assessment system with a process of escalation onto the corporate risk register. The local risk register was reviewed, updated and new risks added regularly. Each risk had an identified risk handler and actions to reduce the risk. There were review dates for all the risks. The mitigation for each risk had been completed with adequate information and updated with any additional measures taken to reduce the risk.

Medical laboratories

Local leaders were held responsible and accountable for the service. We were told that local leaders had regular performance meetings with the senior leadership team to review performance, compliance, staffing, and any concerns.

There was a comprehensive business continuity plan detailing mitigation plans in the event of unexpected staff shortages and/or equipment or system breakdown.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

All staff had access to the company's intranet where they could access policies and procedures.

Staff told us there were sufficient numbers of computers in the service. This enabled staff to access the computer system when they needed to.

All staff we spoke with demonstrated they could locate and access relevant information and records easily, this enabled them to carry out their day to day roles.

The secure portal used by the service to assign and report cases could be accessed easily by staff and this was kept secure to prevent unauthorised access to data.

Reports could be reviewed remotely by referrers to give timely advice and interpretation of results to determine appropriate patient care.

Engagement

Leaders and staff actively and openly engaged with clients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service had processes to receive feedback from its clients on the quality of reporting. Senior managers told us that they received mostly positive feedback from their clients. The feedback received was all positive and complimented the service on the support and prompt response from the team.

The managing director and other senior leaders communicated regularly with their clients in the NHS trusts to discuss any concerns.

The service had developed and implemented an online free educational seminar for delivering continued professional development (CPD) which was open to pathologists reporting for Backlogs as well as to the wider NHS community to share ideas, best practice, concerns or learning.

Staff met on a regular basis to discuss service delivery and planning. Meetings were attended by the leadership team. The service also used newsletters and email correspondence to keep staff informed of any changes. Staff said that there was a range of ways to be informed of changes or to seek support from senior managers.

Medical laboratories

The service had a closed social media group which was used to share information. Staff reported that this was a good way of catching up during the pandemic and lockdown.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Backlogs Limited was accredited under ISO 15189:2012, which is an international standard for medical laboratories. Laboratory accreditation helps services develop quality management systems, assesses their competence and ensures they are functioning in line with industry and legal standards.

Backlogs Limited organised free educational seminars for consultants reporting to the service as well as external pathologists, based on various specialties and inviting guest speakers. These seminars received continuing professional development (CPD) accreditation by the Royal College of Pathology.

Senior managers told us that the service will have an exhibition stand at the IBMS Congress 2022 in Birmingham in order to explore service opportunities and expand the network nationwide.

Before the Covid-19 pandemic the service provided roundtable discussion for their clients which aimed to support NHS Trusts implement an annual, regional forum to share daily challenges and successes within pathology services.

Senior managers told us that the service was investing in time, money and expertise to move to a digital pathology platform. Digital pathology platforms would allow digital scanning of glass slides to produce high resolution digital slide images, which would eliminate the process of couriering cases to reporting pathologists.

At the time of our inspection the service was recruiting a national account manager whose focus would be on developing relationships with new and existing clients.