Hexarad Group Limited

Hexarad Group Ltd

Inspection report

C/o WeWork
30 Stamford Street
London
SE1 9LQ
Tel:

Date of inspection visit: 24 November 2021
Date of publication: 21/12/2021

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	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services responsive to people's needs?	Insufficient evidence to rate
Are services well-led?	Good

Summary of findings

Overall summary

This is the first time we have rated this location. We rated it as good because:

- The service had enough staff to provide a safe service. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept accurate records. The service managed safety incidents well and learnt lessons from them. Staff collected safety information and used it to improve the service.
- There were systems in place to escalate urgent and significant findings. Managers monitored the effectiveness of the service and made sure staff were competent for their role. Staff worked well together for the benefit of patients and all staff had access to up to date policies that reflected national guidance.
- Referring organisations could access the service when they needed it and received their reports within the agreed time frame.
- 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. The service engaged well with the referring organisation to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	Please refer to summary at the beginning of the report.

Summary of findings

Contents

Summary of this inspection

Background to Hexarad Group Ltd

Hexarad Group Ltd is operated by Hexarad Group Limited, providing teleradiology services for referring organisations including reviewing and reporting; computerised tomography (CT) and Magnetic resonance imaging (MRI) images. The location's referring organisations are all independent health scanning services, some of which provide services for the NHS. Teleradiology is the transmission of patients' radiological images between differed locations to provide a primary report, expert second opinion or clinical review. The service has no direct contact with patients and does not provide direct patient care. The service reported on images for adults and children.

At the time of the inspection there was a registered manager and nominated individual in place.

The service is registered to carry out the following regulated activities: Diagnostic and screening procedures.

The location has not been inspected since its registration on 04 May 2017 and this was the first time the service had been inspected and rated. We inspected the service using the Diagnostic Imaging core service framework.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out a short notice inspection on 19 October 2021. During the inspection we visited the registered office location and met with four directors which included the registered manager and chief executive officer. Following the inspection, between 21 and 27 October 2021 we conducted telephone calls with staff. We spoke with three reporting radiologists, the quality and governance lead, operations manager and two members of the operations team.

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:

- The service had developed a workflow management system which allowed the service to map capacity and ensure the right report went to the radiologist with the right specialist background to review it. The service was internally developing new systems using innovative technology to improve performance and ultimately report results for patients more quickly and accurately.
- The service achieved Quality Standard for Imaging (QSI) accreditation in August 2021.
- The learning from discrepancies meeting (LDM) used an innovative approach to share learning with staff. Radiologists we spoke with thought the electronic module system highlighting both errors and good practice was unique and supported the no blame culture.
- The service created opportunities for sponsorship and mentorship for junior staff outside of the organisation, with the aim to encourage and support medical trainees from less privileged backgrounds and to open opportunities for them within the sector.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Not inspected	Insufficient evidence to rate	Good	Good
Overall	Good	Inspected but not rated	Not inspected	Insufficient evidence to rate	Good	Good

Good

Diagnostic imaging

Safe	Good
Effective	Inspected but not rated
Responsive	Insufficient evidence to rate
Well-led	Good

Are Diagnostic imaging safe?

Good

We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all substantive staff and made sure everyone completed it. The service made sure staff working under practising privileges received mandatory training at their primary employers and reviewed this annually.

The mandatory training was comprehensive and met the needs of staff. All substantive staff received mandatory and statutory training (MAST). The Non-clinical Staff HR policy and Standard Operating Procedure detailed the modules that made MAST, these included; information governance and health safety and welfare. At the time of the inspection, non-clinical staff were 100% compliant with MAST and most clinical staff had submitted evidence of their mandatory training. Three clinical staff were not compliant and practising privileges had been revoked.

Managers monitored completion of mandatory training using a dashboard which automatically flagged modules that were about to or had expired. Managers told us they reviewed the dashboard regularly and a reminder was sent to staff when their renewal date was near. Staff told us they could check training dates on the internal staff portal and were given protected time to complete their training.

Radiologists worked under practising privileges and completed MAST at their substantive employer in the NHS. Evidence of training was provided to the medical director for sign off during their induction and was reviewed annually as part of their appraisal. This information was included on the training dashboard and monitored.

Radiologists were provided with picture archiving and communication system (PACS) training and radiology information system (RIS) as part of their onboarding, once this training was completed it was logged on the HR dashboard.

Safeguarding

Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received safeguarding training according to their role, for example, clinical staff were trained to level 2 in adult and children's safeguarding in line with the Royal College of Nursing intercollegiate document on safeguarding. Compliance data showed the service was 100% compliant for staff completing safeguarding training.

The medical director was the safeguarding lead, training certificates showed they had received training to lead level. The provider reviewed the course content and was assured this was in line with level 3 in adult and children's safeguarding.

The service had two safeguarding policies, one for children and one for adults. Each policy was version controlled and in date. The policy included the standard operating procedure (SOP) and an escalation flow chart for staff to follow. All staff we spoke with knew how to access the safeguarding policies and the procedure to follow. They were aware of who the service's safeguarding lead was.

Cleanliness, infection control and hygiene

The provider did not see patients and patients did not visit the premises due to the nature of the service provided. The service did not provide onsite reporting services and all staff worked remotely from home.

At the office location, which was used for corporate meetings, government COVID 19 guidelines were followed, and hand sanitiser was available.

Environment and equipment

The equipment was suitable for the reporting of imaging services and there were processes in place to maintain equipment remotely.

The service provided staff with suitable equipment to work remotely from home. All staff received IT equipment supplied by the provider and furniture upon request. Staff completed a visual display unit (VDU) risk assessment and the health and safety module, part of MAST covered workstation set up.

The service had a contract in place to provide 24-hour IT support and cover to resolve any equipment faults.

Radiologists were provided with monitors in line with the recommendations from the Royal College of Radiologists as outlined in the service's SOP, QA of Electronic Physical Hardware. Monitors were automatically calibrated, and quality parameters assessed using quality assurance software as part of contracted IT services. A quarterly audit of monitors compliance was undertaken via remote access and a report of the findings was provided to the service. A compliance rate of 100% was expected, we reviewed the data for October 2021 and found they had achieved this.

Radiologists used voice recognition software to assist with reporting. Radiologists we spoke with had differing opinions on the voice recognition system and told us that leaders were open to feedback. Senior leaders told us, following feedback from staff on the operability of this software, they had developed new software that they were due to implement after the inspection.

Assessing and responding to patient risk

Staff identified and quickly acted upon risks identified when reviewing patient scans.

Staff responded promptly to any significant and critical results. The service had two set pathways staff followed, one for significant findings and the other for critical findings. The criteria for each was defined in the critical and significant findings alert pathway SOP which also included the actions specific staff should take and the timeframe for these actions to be completed. Radiologists we spoke with were able to tell us how they would escalate findings when necessary. Directors were on call 24 hours a day seven days a week as an escalation point and were responsible for contacting the referring organisation to escalate significant and critical findings.

Good

Diagnostic imaging

Leaders told us significant and critical findings were unusual as the contracts in place were for routine scans only. However, there was a clear process in place if they received a scan out of remit or contracts were updated to include non-routine referrals in the future.

The service had an established process for requesting previous images from the referring organisation that the service did not already hold providing the radiologist with additional relevant clinical history for the patient. The PACS system automatically showed the reporter previous reports and images that the service held. The service's administrative team would contact the referring organisation when referrals were triaged if details of previous scans were not included in the referral form.

Referrals were triaged by the service's administrative team using a tool developed by the service that allowed staff to easily see which radiologist was working and their areas of expertise before assigning scans for review.

The service had a process in place if there was a delay in the scan being reported. Managers told us the delay was usually due to missing information on the referral form. Staff would communicate with the referring organisation by telephone and email to flag any delay and breach in KPI.

Staffing

The service had enough staff with the right qualifications, skills, and experience to meet the imaging reporting needs of the patients.

Radiologists working for the service did so under practising privileges alongside their substantive NHS role. As part of their contract with the service radiologists were not allowed to work during rostered NHS hours and working hours must include rest breaks. Radiologists were required to declare what work they did elsewhere so the service could monitor individual's capacity to carry out their agreed work.

The service had developed a demand and capacity tool to help them manage staffing requirements. Radiologists inputted their available days and the number of scans they could review in advance and the area they specialised in.

The service did not have any vacancies and did not use bank or agency staff at the time of the inspection. Senior leaders told us capacity was reviewed when new contracts were negotiated to ensure there were sufficient numbers of qualified staff to meet demand and additional staff were recruited as required. Staff told us they did not feel they were understaffed, and leaders had open discussions with them when staffing levels were reviewed.

Records

Records were stored securely 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.

Records were stored securely. The service used radiology information systems (RIS) and picture archiving and communication systems (PACS) to record and store information, pictures and reports. Systems were password protected in line with NHS protocols and a two-step process using a mobile token to access a virtual private network (VPN) was used.

The service did not have access to patients' full clinical notes. The referring hospital or clinic only sent images for reporting electronically and reports were returned using the secure online electronic systems, staff did not need to manually email reports over.

Good

Diagnostic imaging

Radiologists could only access images assigned to them to maintain patient confidentiality.

Medicines

The service did not store or administer medicines as it did not have any direct face to face contact with patients.

Incidents

The service managed and recorded safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt with the team.

The service reported zero never events and 118 incidents between January and October 2021, which included all complaints and discrepancies. There had been one serious incident during this period that required an investigation, this was undertaken by a member of staff who had been trained to undertake root cause analysis of incidents. The investigation report for this incident identified actions required and the learning to be shared with staff. Staff and senior leaders we spoke with were able to give examples of when practice had changed as a result of an incident.

The service had not invoked duty of candour for any incident. There was a duty of candour policy and staff we spoke with could explain what duty of candour was.

The service had an incident reporting policy and standard operating procedure which included definitions for different incidents, when to use the incident reporting system and escalation points for staff. Staff we spoke with knew which incidents should be reported and how to report them. The service used an incident reporting tool, incidents reported included logging discrepancies, critical findings and complaints. The tool was also used for trend analysis.

Radiologists' work was peer reviewed and they received a monthly report with feedback. They were also mandated to attend learning from discrepancy meetings to share learning and encourage a no blame culture.

Are Diagnostic imaging effective?

Inspected but not rated

We do not rate effective for teleradiology services.

Evidence-based care and treatment

The service provided diagnostic reporting services based on national guidance.

Staff followed up-to-date policies to plan and deliver a high-quality service according to best practice and national guidance. We reviewed a number of policies and found they referenced national guidance and legislation, for example the Critical and Significant Finding Alert Pathway referred to guidance from The Royal College of Radiologists (RCR) and National Patient Safety Agency (NPSA).

All staff we spoke with knew how to access policies and procedures. We reviewed the policy library in the staff portal and found there was an index of policies, specific policies were easy to find, all had a renewal date and responsible manager. Senior leaders told us the policy library was developed to issue automatic alerts to the responsible manager when a policy was due to expire. All policies were in date at the time of our inspection.

Senior leaders told us an external company had completed a gap analysis of the service's policies nine months ago to ensure the service had all relevant policies in place. At the time of our inspection there was one draft policy awaiting on sign off. This was logged on their policy register.

Nutrition and hydration

The service did not have any direct face to face contact with patients.

Pain relief

The service did not have any direct face to face contact with patients.

Patient outcomes

Managers monitored the effectiveness of reporting and used the findings to improve the service.

The service had key performance indicators (KPIs) in place for each referring organisation which were audited monthly. The data for May 2021 to September 2021 demonstrated that the service had met the KPI over 99% of the time across all specialities. As KPIs were reported at specialist level themes could be identified and improvements made.

The service had an audit schedule in place. It used an audit monitoring log which provided an oversight of when audits were due, frequency and whether the standard had been met. The log recorded what action had been taken where the standard had not been met and dated progress on actions.

The service monitored discrepancies as part of a quality assurance (QA) review by peer reviewing 10% of reports. The findings from these reviews were used for learning. Radiologists had to attend a minimum number of 50% of learning from discrepancies meetings (LDM) and attendance was audited. These meetings were run as an e-learning module and showcased case studies to share learning. Case studies used shared learning from discrepancies where errors had been made and "good finds" to highlight good practice. Radiologists we spoke with told us the LDM was a positive learning experience and highlighted good practice as well as discrepancies which helped to foster an environment that was open and supportive and was in their experience, unique to this service.

The service carried out a month of spot checks when a new referring organisation started to use the service. This was carried out by senior staff to ensure the service met the expectation of the referring organisation.

The service was accredited by United Kingdom Accreditation Service (UKAS) achieving accreditation in Quality Standard for Imaging (QSI) 2021.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of the service. All the radiologists who reported for the service were registered with the General Medical Council (GMC).

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through constructive appraisals of their work. Radiologists provided evidence of their appraisals with their responsible officer and had an annual appraisal with the medical director of the service. Non-clinical staff had an appraisal every six months with their managers. All staff spoken with told us the appraisal was

useful and they were able to discuss their development with managers. The administrative staff we spoke with told us additional learning had been developed with the chief operating officer when gaps in their knowledge of teleradiology services had been identified. Staff told us requests for learning were listened to and managers took action to support their requests.

There was oversight of staff appraisals which were logged on a dashboard. The dashboard showed all non-clinical staff were up to date with their appraisals and three clinical staff were flagged to show their external NHS appraisal was not in date. The service had taken action including revoking practising privileges for those individuals without an in-date appraisal.

The service had developed a dashboard to log essential requirements for staff, such as disclosure barring service (DBS) checks, references and for clinical staff their qualifications, indemnity cover and responsible officer.

Multidisciplinary working

Staff worked together and supported each other as a team to provide good care.

Due to the nature of the service staff worked remotely with limited contact with each other and radiologist were not expected to join referring clinician's multidisciplinary team meetings (MDT). Senior leaders told us they were reviewing how they could support referring clinician's MDT meetings, and this was something the service might develop in the future.

Currently, radiologists spoke with the referring clinician on an ad hoc basis if requested by the referring organisation.

Seven-day services

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

The service was open for the referring organisation seven days a week, 08:00 to 20:00. Out of hours the service had a director on call 24 hours a day, seven days a week for radiologists to access support and escalate urgent or significant findings.

Health promotion

The service did not have any direct face to face contact with patients.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The service did not have any direct face to face contact or deliver any direct patient care.

Are Diagnostic imaging responsive?

Insufficient evidence to rate

We inspected this key question but there was insufficient evidence to rate.

Service delivery to meet the needs of local people

Services were planned in a way that met the needs of their referring organisations.

Good

Diagnostic imaging

The service did not have any contracts for out of hours reporting and referring organisations did not send work out of hours. However, senior staff told us they would respond to out of hours and urgent requests when agreed with referring organisation in advance to ensure their specific needs were met.

Radiologists worked flexibly and reviewed images out of hours. The directors operated an on-call system out of hours to provide support and an escalation point for radiologists when critical or urgent findings were reported.

Meeting people's individual needs

The service did not have any direct face to face contact with patients.

Access and flow

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

The provider had service level agreements (SLA) in place with agreed key performance indicators (KPIs) for each referring organisation. The service monitored KPIs and used the data to identify themes across specialities. The breach analysis data showed the service had continuously achieved above 99% compliance since May 2021 when the data first became available to analyse.

The service had a business continuity plan in place should their IT infrastructure fail. The directors had access to a point of contact for each referring organisation who they would call in the event of disruption to the service. The internal systems the service had developed had built in manual work rounds which could be implemented quickly to ensure that images could be reviewed, and reports sent so patients reports were not delayed.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated then and learnt lessons from the outcome.

The service had a complaint's management policy which was in date and had a named responsible director. This policy also included response times for acknowledging receipt of complaints and how to handle complaints with referring organisations. The service had the critical and significant findings, clinical incidents and complaints' pathways procedure in place for each referring organisation which included a flow chart for staff to follow.

Administrative staff we spoke with told us they had been contacted directly by patients with a complaint that did not relate to the service but the referring organisation. As a result, they had received additional support and training. Senior staff told us most complaints about the service were made by the referring organisation regarding discrepancies. All complaints received were logged on the incident reporting system and discussed at the monthly clinical governance committee where complaints were a standing item on the agenda.

Are Diagnostic imaging well-led?

Good

We rated it as good.

Good

Diagnostic imaging

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for the staff. They supported staff to develop their skills.

Four of the five senior leaders of the service had a radiologist background, of which three continued to work one day a week in the NHS. They understood the challenges in the wider healthcare system and how their service could help improve access to timely reporting of scans.

There was an embedded system of leadership development to ensure leaders represented a diverse workforce. Two directors had attended the female founder's accelerator programme to help support female leaders to develop their skills.

Senior leaders had a deep understanding of the challenges the service faced as the business grew. They acknowledged maintaining quality could be a challenge and this was continually monitored. It was acknowledged different levels of management might be needed in the future and this would be reviewed as required. Also attracting and retaining radiologists was a concern, as it was nationally across the sector. Leaders told us they felt it was important to provide support for medical trainees to encourage them into the sector and working on incentives to attract radiologists was discussed at the September 2021 board meeting.

To continue to grow the business and understand health provider's needs, the service had attended the Medical Imaging conference in September 2021. Leaders told us this was a good way to engage with partners and referring organisations and explore how the service could support the wider healthcare system.

All staff we spoke with told us senior leaders were available and approachable. They gave a number of examples when they had contacted leaders for support, advice or to share ideas and found senior leaders to be welcoming, open and supportive. As part of the induction process all new employees had an individual call with a director to welcome them and senior leaders told us they made themselves available for staff to contact them. Staff used messaging apps to communicate with each other and message groups included the senior leaders. This was for staff communication only and did not include patient identifiable information.

Staff told us they found leaders responsive to their requests for development. Staff gave examples of when additional training had been identified and provided to assist them to develop in their role. The registered manager ran regular development sessions, introducing clinical topics to help administrative staff understand the referrals they were triaging. Staff were positive about these sessions and found them useful for their day to day work.

Vision and Strategy

The service had a vision and strategy for what it wanted to achieve.

The service had a written five-year strategy and one-year plan outlining the priorities and goals for 2021. We reviewed the one-year plan and found that some of the goals outlined had been achieved. For example, rolling out new IT systems alongside staff training and achieving QSI accreditation. Senior leaders demonstrated a clear understanding of the strategy and how to achieve it.

The five-year strategy included how developing innovative technology could improve the service by providing high quality reports with a quicker turnround time which could help the wider healthcare economy.

Good

Diagnostic imaging

Senior leaders were clear about the vision and values of the service, providing a high-quality medical imaging service putting patients at the centre. All staff we spoke with knew the vision and values of the service and told us how the service was patient centred and that "every scan was a patient". The quality manual provided a framework of how this would be achieved across the organisation.

Staff told us they were updated on the development of the service at staff meetings and administrative staff were consulted when a new referring organisation was being considered and how this would impact them. Staff were encouraged to suggest ideas for development of the service and staff at all levels told us they felt comfortable making suggestions to managers and directors.

Culture

Staff felt respected, supported and valued. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.

There were high levels of satisfaction across all staff groups we spoke with. They told us they felt valued and respected and there was an open and positive culture. They felt senior leaders took an active interest in their wellbeing and the support offered was genuine and caring.

Staff wellbeing was a priority for the service. Staff received a 'goodness box' each month with healthy snacks. Staff told us this made them feel appreciated and valued. The service also had a wellbeing site on the staff portal, which included how staff could access support and activities such as chair yoga which some staff told us they had tried.

There was an organisational commitment towards ensuring there was equality across the work force and living the service's values was an important part of the culture. To demonstrate the equality value, the service formed a partnership with the Afro-Caribbean Society of a local medical school to create a scholarship programme for a student. The service also sponsored a student overseas and were developing a mentorship programme for students from less privileged backgrounds. A radiologist we spoke with told us leaders had approached them to participate in the programme as a mentee using their experience of undertaking this role in the NHS. Radiologists we spoke with were enthusiastic about the programme and were engaged in the process.

The service's values were embedded in team meetings. At these meetings staff told us they were encouraged to give an example of how they had met one of the service's values in the last week.

All staff we spoke with told us they could raise concerns with managers and leaders without fear and administrative staff could give examples of when changes had taken place as a result of them raising a concern. They found the process a positive experience and would feel comfortable reporting concerns in the future.

Staff we spoke with were proud and enthusiastic to work for the organisation, citing collaborative teamwork across all areas and good working relationships with the directors.

Administrative staff were included in the development of a new staff rota. Staff we spoke with told us this allowed them to develop the rota taking into consideration work life balance.

Radiologists we spoke with told us a 'no blame culture' was promoted and the learning from discrepancy meetings cultivated a culture of learning.

The service had a freedom to speak up (FTSU) policy and FTSU guardian and champions to support staff raising concerns.

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.

The service had a meeting structure to support effective governance. The clinical governance committee, information governance committee and medical advisory committee met monthly and fed into the board. The terms of reference for the board meeting included a membership list, meeting schedule and listed the reports to be circulated before each meeting.

The clinical governance committee report submitted to the board included; updates on clinical staff who were at risk of having out of date appraisals and practicing privileges revoked, a summary of complaints, operational governance and peer review audit findings.

The service ran a monthly “all hands meeting” for all staff to attend. The aim of this meeting was to create an informal forum for staff to meet with senior leaders, discuss the direction and performance of the service, provide feedback from board and committee meetings and share knowledge between staff.

The service had a clear management structure with defined roles and responsibilities. Staff we spoke with knew who leads of services were and how to escalate matters when needed.

The service carried out regular audits as part of the governance process and the audit monitoring log listed all the audits and when they should be completed.

The governance process could be tailored to the specific needs of referring organisations. For example, one contract included the medical director regularly attending the quality meetings of the referring organisation.

Management of risk, issues and performance

Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and actions to reduce their impact. They had plans to cope with unexpected events.

Clinical governance systems were focused on identifying and managing risk and performance. The service had a rolling internal peer review of between 5-10% of all scans as outlined in the quality manual. Peer reviews used a pre-defined score sheet and a standard of under 5% were expected to be scored between one to three. In 2020 the overall rate for scores between one to three was 2% meeting their target.

The service had a process to manage and widely share learning from adverse events, incidents, discrepancies or errors that might occur. Radiologists had to attend a minimum of 50% of the learning from discrepancies meetings (LDM) in line with the Royal College of Radiologists (RCR). Attendance was logged and monitored and action taken if individuals failed to attended the required number of meetings.

Data collection using a number of dashboards was used to monitor performance and identify areas of improvement. Areas monitored included the number of discrepancies identified and missed KPIs. Performance was monitored at the monthly board meeting.

Good

Diagnostic imaging

Performance reports were produced for each referring organisation either monthly or quarterly depending upon the terms of their contract.

Risks identified were discussed at weekly directors' meetings. This fed into the monthly clinical governance committee where the risk register was a standing agenda item, which fed up to the board. The risk register was divided into four sections, operational, financial, business and HR risks. Risks were given a severity score using a scoring matrix. Each had an identified risk owner who was accountable for managing the risk, mitigation in place and ongoing actions taken. The register included closed risks and action taken to close the risk.

The service was accredited by United Kingdom Accreditation Service (UKAS) achieving accreditation in Quality Standard for Imaging (QSI) in August 2021. QSI sets a national quality criteria for services to assess performance against and is independently reviewed every four years.

The quality management system (QMS) was defined in the quality manual and the quality manual was used as a check point to see how they were achieving their targets. The quality manual was due to be reviewed in January 2022.

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure. Notifications were consistently submitted to The Care Quality Commission as required.

The service had a Caldicott guardian in place and identified lead for information governance providing staff with a point of escalation.

The data protection policy referred to current legislation outlining everyone's responsibility and procedures to follow to keep personal data safe. The policy was in date and used version control.

All systems were password protected in line with NHS protocols. Senior leaders told us all hard drives were encrypted and anything outside the hard drive was accessed by a virtual private network (VPN). The VPN used a two-step log in process using a mobile token to ensure a secure encrypted connection was used keeping data safe.

The service worked with an external company who provided remote IT support 24 hours a day. Staff we spoke with told us they had accessed support when required and IT issues were resolved quickly.

Reports and images were retained in line with NHS protocols. Images were kept for one year and reports for eight years.

The radiology information system (RIS) used a traffic light system to grade referrals against the key performance indicator (KPI) for each referring organisation. Each contract had specified KPIs, the traffic light system highlighted to the radiologist the order in which reports should be reviewed.

The service submitted statutory notifications to the Care Quality Commission as required.

The service had a quality manual in accordance with Quality Standard for Imaging (QSI) and ISO 9001. The quality manual outlined the management system and structure for the provider and was reviewed and updated annually.

Engagement

The service engaged well with staff and external organisations and had a process in place to receive feedback.

The service had a compliment's log for positive feedback from referring organisations which was shared with staff. Some staff we spoke with gave an example of when positive feedback had been shared with them.

The service carried out a formal annual customer service survey to engage with referring organisations and held formal monthly or quarterly meetings as outlined in the referring organisations contract. Administrative staff engaged with referring organisations frequently about operational issues. Staff told us building good working relationships with the referring organisation site leads was an important part of their role.

Staff were sent monthly newsletters that included business updates and urgent alerts. The CEO sent regular email updates to staff, that included business updates, welcomed new staff and acknowledged the hard work of staff.

Due to COVID-19 staff had not been able to attend social events as planned. There were plans to re-introduce these events and following our inspection the service held a reporter's lunch, inviting all radiologists to attend. Radiologists we spoke with had been invited.

Staff told us they felt engaged with plans for the future of the service and that they were listened to. There were quarterly reflection meetings and staff were encouraged to share ideas.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

The service was continually looking at how technology could help improve their service. They had developed a workflow management system to improve productivity and map capacity. Leaders told us they were developing new IT infrastructures for the service creating bespoke packages to fit the service's needs.

Senior leaders told us they were developing a commercial workflow management system, based on the system the service used, to be used by referring organisations. At the time of the inspection this was in the development stage.

Following feedback from staff the service had developed a new voice recognition system used by radiologists to improve the functionality. This was being rolled out to staff during our inspection.

Senior staff used the experience and research interests of the radiologists employed under practising privileges to discuss future plans and research projects. One radiologist we spoke with told us this forward thinking would help the wider healthcare system by developing innovative ways of working.

Radiologists we spoke with were very positive about the learning from discrepancies meeting. We were told the unique format encouraged learning and was presented in an engaging way.

The five-year strategy outlined the creation of a new platform to be carried out in four phases. The aim was to provide a service that easily integrated with existing technology to assist in working collaboratively across the healthcare system.