Everlight Radiology Limited

Everlight Radiology Limited (Leicester)

Inspection report

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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?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

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

- The service had enough staff to provide a safe service. Staff received and kept up to date with training and understood how to protect patients from abuse. The service had systems in place to provide radiologists with appropriate equipment. The service managed safety incidents well and learnt lessons from them.
- The service monitored performance and generally acted to make improvements based on the data. The service ensured that staff were competent to carry out their roles and monitored the effectiveness of the service. There were effective systems to act on urgent and emergency referrals and escalation processes for reporting radiologists in the event of a significant finding. Staff worked well together for the benefit of patients and had access to good information.
- Referrers could access the service when they needed it and received the report within agreed timeframes. The service investigated complaints and learnt lessons from them.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's strategy and vision and felt respected, supported and valued. Staff were clear about their roles and accountabilities. The service engaged well with their clients and staff were committed to improving services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good	

Summary of findings

Contents

Summary of this inspection

Background to Everlight Radiology Limited (Leicester)

Everlight Radiology Limited (Leicester) provides a teleradiology reporting service to NHS trusts, here referred to as clients, across the UK. They are registered to provide the diagnostic and screening services regulated activity by Care Quality Commission. The service employs 354 radiologists, 164 of whom are 'connected'. This means that the provider is the radiologist's designated body, and that they provide an appraisal and support the doctor with General Medical Council (GMC) revalidation. The service has a registered manager in place who has been in post since the registration of this service on 3 February 2022.

We have not inspected this location previously.

How we carried out this inspection

The inspection team comprised of 2 CQC inspectors who carried out a 1-day onsite inspection. We spoke with 11 staff including the registered manager and 2 clinical directors, who were also reporting radiologists, and reviewed 5 staff files. We carried out 2 further staff interviews remotely after the on-site inspection.

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

- The service had introduced artificial intelligence support for radiologists to help reduce discrepancies.
- The service was nominated for an industry award for their enhanced stroke/thrombectomy service.

Areas for improvement

- The service should consider target levels for the completion of mandatory training, including safeguarding training, by radiologists.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Good	Not inspected	Good	Good	Good
Overall	Good	Good	Not inspected	Good	Good	Good

Good

Diagnostic imaging

Safe	Good
Effective	Good
Responsive	Good
Well-led	Good

Is the service safe?

Good

This is the first time we have rated this service. We rated safe as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. At the time of the inspection, 99% of non-clinical staff were compliant with mandatory training, including safeguarding training where applicable. This was above the service's target of 95% compliance. For radiologists, compliance was on average 80%. The service did not have a set a percentage target for compliance, but required completion of training at least once in 3 years.

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

All staff completed mandatory training which included data security and a slideshow on privacy laws and governance as part of their induction process. Connected radiologists were required to complete NHS mandatory training, which was available on the provider's training platform. This was in addition to completing internal mandatory courses on ionising radiation (medical exposure) regulations (IR(ME)R), level 1 equality and diversity and human rights training and level 2 data security and protection training. Radiologists with a different designated body, usually in the NHS, were required to provide evidence of completion of training within the last 3 years.

Managers monitored mandatory training and alerted staff when they needed to update their training. Completion of radiologists' training was also on the responsible officer's checklist for GMC revalidation for 'connected' radiologists.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. The service had a safeguarding policy in place, which covered children, young people and adults. The policy was version controlled and in date. The provider required radiologists to complete the NHS safeguarding adults and children training up to level 2 once every 3

years, however there was no percentage target set for compliance with safeguarding training. At the time of the inspection, 80.5% of radiologists had completed safeguarding adults training, and 78.7% had completed safeguarding children. Non-clinical staff with access to patient data, such as operations and sales staff were required to complete safeguarding adults and children training to level 1.

Staff knew who to inform if they had concerns. The radiologists we spoke with knew how to raise safeguarding concerns, particularly in the context of seeing a suspected non-accidental injury on images. They told us they would verbally inform the client of the concern by using the 'critical finding' button on the reporting system. This would connect the radiologist by telephone to an Everlight Radiology operative, who would in turn connect the radiologist to the client. They would also record their concerns in writing in the report. The client would be responsible for further action, such as referral to the local safeguarding authority or internal safeguarding team.

The service ensured that safety was promoted through recruitment procedures and employment checks. The service required proof of an enhanced Disclosure and Barring Service (DBS) check within 3 years of onboarding of clinical staff. If this was not available or in date, the service would run their own check via an external company. We checked 5 electronic staff files and saw that all radiologists had valid DBS checks. A non-clinical member of staff who was a new starter had a valid basic DBS check in place.

Cleanliness, infection control and hygiene

The service controlled infection risk well. They kept equipment and the premises visibly clean.

Due to the nature of the service provided, patients did not visit the location inspected. However, the office environment was modern, spacious and visibly clean.

The design, maintenance and use of facilities, premises and equipment kept people safe.

The office environment was secure and a doorbell with a camera function was in place. Fire exits were clearly marked, and fire extinguishers were within their service dates. The service provided evidence that all office equipment had been tested for electrical safety within the last year.

There was 1 office available for radiologists to report in at the location. However, radiologists almost always reported from home, where it was ensured they had the equipment required to work safely and effectively. A member of the IT staff delivered and installed equipment to the radiologists' home address, and IT support was available 24 hours a day, 7 days a week. At the time of the inspection, 96.3% of radiologists had completed a display screen equipment checklist. All radiologists used a voice-recognition system to transcribe their reports.

Assessing and responding to patient risk

Due to the nature of the service provided, individual patient risk assessments were not the responsibility of the provider, but the client. However, the service ensured measures were in place to escalate urgent and unexpected findings.

The service had a reporting standards policy which included a mandatory critical notifications workflow. This set out the circumstances in which a radiologist must verbally escalate urgent findings to clients. The critical finding button on the reporting platform allowed radiologists to be put through to clients by telephone, and the use of the new or new

recurrent cancer button on the reporting platform triggered an automated alert email to be sent to the client. All report addendums also triggered an automated email alert. Radiologists could also communicate with client staff on site via a platform integrated on client computers. Clients could request that a report was escalated for urgent reporting through this.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to provide a safe service. The service regularly reviewed and adjusted staffing levels.

The service could adjust reporting capacity daily according to the needs of clients. The service forecasted reporting demand using data from previous weeks, along with historical data, such as previous demand on Christmas day and bank holidays. Staff told us that should demand outstrip capacity, they would contact the radiologists who were usually working at that time of day to offer them additional reporting time.

The service had low turnover rates. At the time of the inspection, the turnover rate of permanently employed staff was 6%, although in operations this was higher at 8%. Managers told us that this could be attributed to limited role progression in the operations team but said that staff members were often internally recruited elsewhere.

The service had low sickness rates. At the time of the inspection, the sickness absence rate was 1.7%, meeting the provider's target of less than 1.8%.

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.

Patient records were comprehensive and staff could access them easily. The service had an established process to ensure previous imaging and relevant clinical history was sent to the reporting radiologist, along with the images to be reported on. Radiologists we spoke with said that when this was not available, they could reassign the case back to a member of the operations team to rectify. Radiologists could only access images assigned to them to maintain patient confidentiality, and radiologists who also worked in the NHS could not report on images from their substantive trusts.

Medicines

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

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the wider service. When things went wrong, the service gave clients appropriate support.

Staff knew what incidents to report and how to report them. The service had a version-controlled incident reporting policy in place. The majority of incidents were regarding discrepancies in reports, and information governance incidents, for example a referral being created under the incorrect hospital. Clients were able to easily raise incidents via a platform integrated on their computers and follow the progress of the investigation.

The service had no never events.

Good

Diagnostic imaging

Staff understood the duty of candour. They were open and supported clients if and when things went wrong. Due to the nature of the service provided, the onus was on the client to undertake duty of candour and liaise with patients and their families if something went wrong. We saw evidence that the service supported the trust during investigations.

Staff met to discuss the feedback and look at improvements to patient care. We reviewed minutes of monthly medical leadership council meetings, and saw that incidents were routinely discussed. Incidents and interesting cases were also discussed in clinical governance meetings that radiologists were encouraged to dial into as part of their continual professional development. We also saw discussion of incidents with clients in the minutes of joint service review meetings.

There was evidence that changes had been made as a result of feedback. Managers told us that incidents due to copy and pasting errors between the radiologist's report and the client's own radiology information system (RIS) had previously been a significant issue. However, to prevent such errors, the service introduced automatic integration of reports into 98% of clients' RIS. This significantly reduced copy and pasting incidents. We also heard that as a result of discrepancies in CT head reports, the service made changes so that 10% of scans that had been reported as normal by a general radiologist between the hours of 10pm and 6am, were double-reported by a specialist neuro-radiologist.

Managers investigated incidents thoroughly. We viewed the service's incident tracker system and found it to be comprehensive. We reviewed 10 incident investigation records and found them to be thorough. The investigations included a clinical director review where the incident was a reporting discrepancy, reflection from the radiologist involved in the incident, and associated learning points and actions.

Is the service effective?

Good

This is the first time we have rated this service. We rated effective as good.

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 high quality care according to best practice and national guidance.

All staff had access to procedures, standard operating processes and organisational policies remotely through an intranet platform. Staff were required to read relevant policies annually and to sign a document to say they had read them. We reviewed a sample of policies and procedures and found them to be comprehensive, version-controlled and in date.

We saw several examples of the service following Royal College of Radiologists (RCR) guidance. For example, we saw a list of critical findings which warrant a mandatory telephone call to the client, and the automatic triggering of an email alert to the client, when a new cancer or new recurrence was detected. The service also followed the RCR guidance "Standards for radiology events and learning meetings", by holding monthly clinical governance meetings where clinicians could discuss incidents and interesting cases in a learning environment.

Nutrition and hydration

The service did not administer nutrition and hydration as it did not have any direct contact with patients.

Good

Diagnostic imaging

Pain relief

The service did not store or administer pain relief as it did not have any direct contact with patients.

Patient outcomes

Managers monitored the effectiveness of reporting and generally used the findings to improve the service. The service had been accredited under relevant clinical accreditation schemes.

The service ensured that mandatory peer reviews of reports were carried out for a minimum of 2% of a radiologists' reporting volume, up to 10% at the discretion of the Medical Leadership Team. Compliance with peer review exceeded the service's target of over 90% in the 6 months prior to the inspection. The service produced individual monthly peer review reports which were shared with each radiologist, summarising any discrepancies and their severity level.

Managers monitored overall discrepancy rates in the service. In the 6 months prior to the inspection there were 3 Level 1 discrepancies, which was the highest level indicating immediate and significant clinical impact, and 246 Level 2 discrepancies, that indicated a probable clinical impact. The overall significant discrepancy rate at the time of the inspection was 0.4%, meeting the service's target of less than 2%.

The service audited compliance on report turnaround time key performance indicators (KPIs) set in partnership with their clients. In the 6 months prior to the inspection, the service were compliant with urgent reporting times in 82% of cases, and with routine reporting times in 83% of cases. Although the service did not have formal targets in place, the service raised that higher compliance was required to meet organisational and contractual expectations in the October 2023 Quality Management Forum. However, no strategies to improve compliance were put forward at this time. The service also offered an enhanced emergency reporting pathway for clinical indications including trauma and stroke/ thrombolysis. The service had a 95% turnaround time compliance for this pathway.

Managers monitored call answering times to improve the efficiency and experience of staff and clients, with a target of 90% of calls to be answered in 60 seconds. In October 2023, 85% of calls were answered in 60 seconds, this was an improvement from September 2023 where 82% of calls were answered in this time. Managers told us that some tasks that previously required staff to make outbound calls were being automated to allow staff to focus on answering inbound calls.

Managers told us that all Level 1 and 2 discrepancies were reviewed in Medical Leadership Council, and we saw evidence of discussion in the minutes of monthly meetings. Individual radiologist reflection was mandatory for all Level 1 and 2 discrepancies.

Managers told us that areas highlighted as common areas of discrepancy, namely intracranial haemorrhage, pulmonary embolism and missed cancers, were the areas that the service first introduced an artificial intelligence programme to support. The programme had an approximate 90% accuracy rate in alerting reporting radiologists to a suspected pathology. Managers told us that they are looking to expand the use of the programme to include cervical spine fractures and rib fractures.

The service was reaccredited under the Quality Standard in Imaging scheme in 2023. The service also achieved accreditation under IS0 9001 for the delivery of diagnostic reports.

Competent staff

The service made sure staff were competent for their roles. Managers generally appraised staff's work performance and held supervision meetings with them to provide support and development.

Good

Diagnostic imaging

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Radiologists completed a skills profile during the recruitment process whereby they graded their confidence and competence in different fields of reporting. Grading was from 0, where they had no experience to 3, where they were very confident and a specialist in the field. The skills profile, along with an application form and 3 references, was reviewed by a clinical director before the application progressed. If the radiologist had no prior NHS experience, the Medical Leadership Team reviewed the application. Radiologists did not have access on the reporting platform to report areas with low gradings on their skills profile. Radiologists were required to commit a minimum of 4 hours per week to reporting for the service.

The service had a credentialling team who checked radiologists' qualifications, including General Medical Council (GMC) and Royal College of Radiologists membership. The team kept a tracker spreadsheet of GMC revalidation dates. The team also ensured that radiologists had valid medical indemnity insurance before being allowed to report, and this was also checked as part of their annual appraisal. Radiologists outside of the UK were added to the providers' corporate indemnity insurance policy. Staff told us they had good working relationships with the GMC and client trusts and would be notified by them if a concern was raised about a radiologist.

There were a number of specialist quality assurance panels in the service, these were made up of specialist radiologists in the field including neurology, musculoskeletal, prostate MRI and cardiac CT. They could provide specialist reporting and second opinions. The was also a Teams channel where radiologists could request advice or second opinions from a colleague.

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

Radiologists were sent a policy pack and details for the training system before they began employment. We spoke with a radiologist who told us they had received a thorough induction, including 2 sessions of 2 hours training on the reporting platform. All radiologists were required to have their first 50 reports peer-reviewed, and then undertake a mentoring call with a clinical director to discuss any discrepancies found. A second mentoring call took place 3 months after this. Another, non-clinical, member of staff we spoke with, spoke highly of their induction process.

Managers supported staff to develop through yearly, constructive appraisals of their work. Connected radiologists who were under the service's responsible officer underwent an annual appraisal with one of the service's appraisers. At the time of the inspection, 93% of these radiologists had a completed appraisal. Radiologists could not be appraised by the same appraiser 3 years in a row, and managers told us that appraisers underwent refresher training every 3 years.

At the time of the inspection, 80% of non-clinical staff had received a performance review, this was below the service's target compliance of 90%. We saw that this was raised in a Quality Management Forum meeting. Managers were reminded to submit completed reviews, and the people and culture team were prompted to support managers who were struggling to do this.

Managers supported the learning and development needs of staff. All staff had access to 'Everlearning', a platform whereby staff could watch recorded lectures, webinars and view interesting cases to support their continuous professional development (CPD). Radiologists could also dial into clinical governance meetings via the platform to earn CPD points.

Good

Diagnostic imaging

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. A member of staff we spoke with was happy with the performance review process, saying that it was thorough, with both positive and constructive feedback offered, and that any training needs were well supported by managers. Staff were also given the opportunity to shadow other areas of the business for their learning, and also had additional training courses booked.

Managers identified poor staff performance promptly and supported staff to improve. All radiologists were subject to peer-review of a minimum of 2% of their reporting volume; their performance was plotted onto a funnel chart, to allow the identification of outliers. Managers told us that outlying radiologists were placed on a 'mentoring list' and offered additional support until a time agreed by the Medical Leadership Team.

Multidisciplinary working

Due to the nature of the service provided, staff largely worked remotely with limited contact with other radiologists or clients, other than when escalating urgent findings. Representatives from the service met quarterly with clients as part of joint service review meetings.

Seven-day services

Key services were available to support timely patient care.

The service provided a 'follow the sun' model of reporting. This meant that radiologists across the world were available to report 24 hours a day, 7 days a week during times that would not be considered 'out of hours' in their location. The service always had a protocolling radiologist on shift, who triaged referrals from clients before operations staff assigned these to a reporting radiologist. Support from operations staff was available 24 hours a day, 7 days a week.

Health promotion

The service did not have any direct contact with patients.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The service did not have any direct contact with patients.

Is the service responsive?

Good

This is the first time we have rated this service. We rated responsive as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of clients and the communities they served.

The service worked with clients to plan service provision to meet clients' needs. We reviewed the minutes of 5 quarterly joint service review meetings, between representatives from the service and their clients. Minutes from the meetings showed that required changes to existing agreements about service provision, and service development were routinely discussed.

Good

Diagnostic imaging

Meeting people's individual needs

The service did have any direct contact with patients.

Access and flow

Referring clients could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

The provider had service level agreements in place with agreed turnaround time key performance indicators (KPIs) for each referring organisation. The service monitored turnaround times for each of the referring organisations and used the data to identify themes across speciality.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included clients in the investigation of their complaint.

Managers investigated complaints and identified themes. In the 12 months prior to the inspection, the service had received 24 complaints from patients and clients. These largely concerned discrepancies on reports. We saw evidence that the provider had appropriately investigated and responded to complaints and identified learning points. Actions included individual staff feedback and re-training, and the update of an operational procedure.

Is the service well-led?

Good

This is the first time we have rated this service. We rated well-led as good.

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 staff and clients. They supported staff to develop their skills and take on more senior roles.

All of the leaders we spoke with including the registered manager, clinical directors, and managers from operations, IT, finance and people and culture were experienced, engaged and knowledgeable about the service. A member of staff we spoke with said they found leaders to be genuine, supportive and proactive, taking feedback and concerns seriously. Another said they found managers to be approachable and that they had been supported to progress.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a 'strategic roadmap' in place for the year ahead under the pillars of 'best career', that is improvements for employees, 'best solution', that is being the best choice for clients, 'best platform', that is improvements in technology and 'globalise'. Actions, timelines for completion, key performance indicators and the financial cost of implementation were clearly presented throughout.

Good

Diagnostic imaging

Culture

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

All of the staff we spoke with during the inspection were engaged and enthusiastic when discussing their work. Non-clinical staff generally worked flexibly between their homes and the office. Managers told us that they aimed for their teams to meet face-to-face in the office once or twice a week although this did not happen as often for some staff, such as casual medical coders.

All of the staff we asked said that they could raise concerns without fear of retribution and remarked upon a 'blame-free' culture in the service. The service had a whistleblowing policy and a Freedom to Speak Up Guardian in place. However, no concerns had been raised through the Freedom to Speak Up process in the 12 months before the inspection.

Radiologists were scheduled work by named relationship managers who could oversee how many hours radiologists were working. Managers told us they encouraged radiologists to take regular breaks, and also paid for regular eye checks. Staff had access to free drinks and snacks in the office, and all staff had access to benefits such as a wellbeing hotline, private health insurance, a cycle to work scheme and discounts under the 'Blue Light Card' programme.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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.

Effective governance processes were in place. The service audited and monitored relevant outcomes to gain assurances on the performance of the service.

Several committees including the Medical Leadership Council and Clinical Governance Committee met monthly, and we saw from the minutes reviewed that these meetings fed into monthly board meetings. The service had a global information governance forum who reviewed policies and procedures annually to ensure they reflected the latest guidance. The service also had a Quality Management Forum (QMF) which met quarterly to review sales, quality, recruitment and workforce planning.

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. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There were clear and effective processes for identifying, recording and managing risks in the service. Individual teams held their own 'issues registers' where concerns were red, amber, green (RAG) rated according to severity. We reviewed the registers for people and culture, data/ governance and legal, operations and clinical teams and saw that where appropriate, actions and ownership of the actions had been noted. Should there still be a high level of risk after mitigation, risks could be escalated to the operational risk register.

Good

Diagnostic imaging

We reviewed the operational risk register and saw where appropriate, actions and ownership of the actions had been noted. Risks on the operational risk register were reviewed monthly by members of the QMF for quality risks, and Information Governance Forum for security risks until the risk was deemed sufficiently mitigated. We also reviewed the corporate risk register and saw that there were named owners for key controls.

The service had a comprehensive business continuity plan in place. This included a process for escalation of issues affecting business continuity, and specific response plans for scenarios including significant non-attendance of radiologists or operations staff, one or more clients going offline, and offices becoming physically inaccessible.

The service had a clear system in place for managing risk attributed to unexpected and critical findings on reports.

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. Data or notifications were consistently submitted to external organisations.

The service collected and utilised data in a number of ways to understand and improve performance including demand forecasting, analysing current demand and monitoring radiologist performance. The service ensured that information systems were secure, and systems flagged up any suspicious activity to the IT security team. Managers told us that IT systems underwent regular security testing by an external third party, and that they often ran simulations of scenarios such as a loss of radiologist connectivity. The service was accredited under the ISO/LEC 27001:2013 security standard.

The service submitted statutory notifications to the Care Quality Commission (CQC) as required. However, notifications could be delayed by the client's investigation process and awaiting to understand the role, if any, the service played in the incident.

Engagement

The provider engaged well with staff and client organisations to plan and manage services.

The service used an internal intranet platform to communicate with staff as well as email bulletins. The service had commissioned a 'radiologist motivation study' survey in February 2023. This surveyed radiologists currently working with the service and potential new recruits to assess their career priorities and challenges. It also looked at how the service could improve their offer to attract, retain and encourage radiologists to increase their hourly commitment. As a result of the survey, a package of benefits was introduced, including free access to the service's medical indemnity insurance for radiologists committing 15 or more hours a week, and an educational stipend for those committing 20 or more hours a week.

The service engaged formally with their clients each quarter in joint review meetings to plan and manage services. They could liaise with account managers at the service informally on an ad hoc basis.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Good

Diagnostic imaging

There was a focus within the service on continuous improvement and quality. We saw several examples of learning and innovation in the service including the introduction of an artificial intelligence programme in areas of reporting where the service had found the greatest volume of discrepancies, with a further 2 areas in development. We saw advances in IT systems such as the introduction of cloud-based storage of images which allowed quicker retrieval of images by radiologists, and thus potentially quicker reporting.

The service made changes so that 10% of CT head scans that had been reported as normal by a general radiologist between the hours of 10pm and 6am were double-reported by a specialist neuro-radiologist.

The service was nominated for an industry award for the enhanced stroke/thrombectomy service.