

TXM Teleconsult Limited

Teleconsult UK

Inspection report

Walnut House
Blackhill Drive, Wolverton Mill
Milton Keynes
MK12 5TS
Tel: 01908489176

Date of inspection visit: 11 May 2022
Date of publication: 27/06/2022

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

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was the first inspection for Teleconsult UK. We rated it as good because:

- There were enough staff to provide a safe service. Staff had training in key skills, understood how to identify abuse, and managed safety well. Staff assessed risks, acted on them and kept good records. The provider managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- The provider had systems to ensure reporting radiologists who provided services had appropriate equipment installed.
- Managers monitored the effectiveness of the service and made sure staff were competent. There were systems to act on urgent and emergency referrals. There were escalation processes for radiologists in the event of a significant finding. Staff worked well together and had access to good information. Services were available five days a week, although reporting continued seven days a week.
- Clients could access the service when they needed it and received the report within agreed timeframes.
- Managers ran the service 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, and they were clear about their roles and accountabilities. Staff engaged well with clients and all staff were committed to improving services provided.

We rated this service as good because it was safe, effective, responsive, and well-led. We inspected but did not rate effective as we did not assess all areas. We did not inspect or rate caring as this service did not work directly with patients.

Summary of findings

Our judgements about each of the main services

Service

**Diagnostic
and screening
services**

Rating

Good



Summary of each main service

This is the first time we have rated this service. We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Teleconsult UK	5
Information about Teleconsult UK	5

Our findings from this inspection

Overview of ratings	6
Our findings by main service	7

Summary of this inspection

Background to Teleconsult UK

Teleconsult UK is operated by TXM Teleconsult Limited, providing teleradiology reporting services. Teleradiology is the transmission of patients' radiological images between different locations to produce a primary report, expert second opinion or clinical review.

The service is led by a team of UK based medical and healthcare professionals and teleradiology experts. Their service is focused around the analysis and interpretation of radiology scans, including magnetic resonance imaging (MRI), computerised tomography (CT) scans, and plain film x-ray. Radiologists report on the images of both adults and children.

The service provides diagnostic imaging services on a remote basis, which meant patients did not attend the location and staff had no direct contact with patients. All patient care and contact was made by the referring NHS trust responsible for their treatment. The service did not store or prescribe medicines and did not monitor patient symptoms, such as pain or clinical presentations.

The service had a registered manager in post and was registered to carry out the following regulated activities:

- Diagnostic and screening procedures

Teleconsult UK was registered in 2021 and had not been previously inspected.

How we carried out this inspection

During the inspection, we visited the office location. The service did not work directly with patients as it was a remote provider of reporting services. We spoke with the Business and Sales Director, and the registered manager. Following the inspection, we asked the service to send questionnaires to staff and clients by email. We received seven responses from staff, both internal office staff and radiologists, but no responses from clients. During our inspection, we reviewed records appropriate to a teleradiology service, which included policies and audits.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

We inspected the service using our comprehensive inspection methodology using the CQC Teleradiology Framework. We carried out a short notice announced inspection on 11 May 2022.

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>.

Our findings





Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Not inspected	Good	Good	Good
Overall	Good	Inspected but not rated	Not inspected	Good	Good	Good

Diagnostic and screening services

Good 

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

Are Diagnostic and screening services safe?

Good 

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Staff completed a comprehensive e-learning mandatory training programme. Topics included safeguarding, information governance, the Mental Capacity Act 2005, and fire safety principles. As of May 2022, the overall mandatory training completion rate was 100%.

Radiologists also completed mandatory training provided by Teleconsult UK. Managers monitored completion of this through annual appraisals. Radiologists told us they provided evidence of mandatory training they also received through their substantive roles in the NHS. One radiologist told us, “The induction process through IT, compliance, etc, went well. I was able to settle in quickly as the training was very robust.”

Managers monitored mandatory training and alerted staff when they needed to update their training. This was readily achieved through the service’s electronic colour coded system that identified staff who were coming up for their training anniversary. Staff understood their responsibility to complete training and told us they were not able to continue in their roles until this occurred.

Safeguarding

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

The provider had systems, processes and practices in place that reflected current legislation and local requirements. This ensured staff recognised and reported possible abuse. The safeguarding policy was version controlled and in date and identified the registered manager as the designated person with responsibility for safeguarding issues.

The provider ensured all staff, including radiologists working on zero-hour contracts, remained up to date with the principles of safeguarding. All reporting radiologists and internal staff had safeguarding adults and children level three training, in line with the Royal College of Nursing intercollegiate document on safeguarding. We were provided with evidence of safeguarding training completion which showed 100% compliance.

Diagnostic and screening services

Radiologists had an established process if they identified or suspected non-accidental injuries in a scan, including an urgent notification to the referrer and escalation through the local safeguarding procedure.

Safety was promoted through recruitment procedures and employment checks. Staff had enhanced Disclosure and Barring Service (DBS) checks completed before they could work. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

There had been no safeguarding concerns reported to the CQC in the reporting period, from June 2021 to May 2022.

Cleanliness, infection control and hygiene

Not applicable in these services.

The service did not provide any onsite reporting services and did not work directly with patients. All reporting was undertaken within the radiologist's remote location.

Environment and equipment

The environment was suitable for the reporting of imaging services. Staff were trained to use equipment and there were processes in place to maintain equipment both locally and remotely.

The provider had systems in place that ensured radiologists had access to reliable, standardised reporting and communication equipment. Radiologists were provided with a computer, two diagnostic monitors, a reporting monitor and dictation software for them to work remotely. The provider ran a remote quality assurance programme on all monitors annually and any issues were escalated by radiologists. If equipment failed the quality assurance testing, staff did not use it again until the issues had been resolved. The Business and Sales Director confirmed that radiologists notified them of any faults with equipment before repairs were carried out.

The provider carried out regular cyber-security tests on equipment. A penetration test examines a computer network for vulnerabilities so they can be addressed to provide security protection.

Radiologists had received training and had the skills and competency needed to correctly and safely use the equipment provided to them to report on images. This included an induction process to familiarise them with Teleconsult UK's software, including access to Picture Archive Communication System (PACS).

The provider completed risk assessments to ensure staff safety when using equipment. This included visual display unit assessments, which were completed when set up and reviewed annually.

Assessing and responding to patient risk

Staff identified and quickly acted upon patients at risk of deterioration

The provider did not provide direct scanning or diagnostic services to patients and compliance with medical exposure of ionising radiation regulations were the responsibility of the referring hospital. The provider only provided the diagnostic report of patients' images and therefore only completed part of the medical pathway for the patient.

Diagnostic and screening services

The provider had an urgent findings pathway in place to alert the referring hospital of unexpected or significant discoveries from diagnostic reports. Radiologists escalated unexpected, significant or urgent findings to the operations team who forwarded the information to the appropriate referring hospital by telephone and email. Any abnormalities or risk factors that required additional support or intervention or changes to patient's care or treatment were dealt with by the referring hospital.

The referring hospital could contact the reporting radiologist to discuss any report findings or queries when required. The provider had an established process for radiologists to request previous imaging or further relevant patient clinical history from the referring hospital, if they required further information before reporting on images. Radiologists told us this was a quick and easy process to follow.

Operations staff organised referrals to radiologists, who were only given referrals in modalities they were qualified to report and within their field of expertise. The Business and Sales Director maintained oversight of referrals to avoid delays in reporting.

Staffing

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

Thirty radiologists on the General Medical Council (GMC) specialist register and registered with the Royal College of Radiologists (RCR) worked for the service on zero-hour contracts. All radiologists had worked in the NHS and carried out procedures they would normally carry out with an NHS role. Many radiologists also worked in substantive posts, either in the NHS or overseas.

In addition to radiologists, there were three whole time equivalent members of staff permanently employed at the service. The provider had recruited two additional staff members, who had not started at the time of this inspection, as a result of an increased workload. The provider did not employ any bank or agency staff.

The provider had a rostering system that recorded radiologists' availability in advance. Cases were allocated to radiologists through a work list and this was monitored to ensure cases were reported on within the service's timeframe. If there was additional work, the registered manager reviewed the radiologists roster for availability and either accepted or declined the work depending on staffing numbers. The provider held weekly meetings to discuss capacity and review workflow tracking and radiologist availability.

Records

Staff provided detailed records of diagnostic reports. Records were clear, up-to-date, stored securely and easily available to all staff.

Records were stored securely. The provider received, stored and handled referrals in line with its data protection policy which assured confidentiality from initial enquiry to final review. All radiologists used a two-tier remote login system to access patient information and images, and report on those images.

Radiologists had access to the same patient information as they would in the referring hospital and had access to previous imaging or reports if required. The provider had a process to request further clinical information or prior images from the referrer. Radiologists confirmed this process was effective.

Diagnostic and screening services

Staff at the service did not amend or alter the patient's clinical history. Images were sent for reporting and returned electronically by matching the referrer's and patient's identification. We reviewed five reports which were clear and up-to-date and stored securely.

The provider had effective processes to ensure accuracy when referring hospitals sent scans for multiple patients. The provider used unique patient identifier numbers to maintain patient confidentiality and reduce the risk of mixing cases where they received multiple referrals at the same time.

The provider used a system that could be fully integrated with the referring organisation's picture archive and communication system (PACS). This meant reporting radiologists could seamlessly integrate diagnostic reports into the patient's records. PACS is a medical imaging technology system to securely store and digitally transmit electronic images and clinically relevant reports.

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

Medicines

The service did not see patients or manage their care. Contrast administration to patients were administered by the service's clients.

The service did not store or administer any medicines or controlled drugs, nor was it responsible for administering contrast media for procedures.

Incidents

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

The provider had a system and process in place to report, investigate, and learn from incidents. The 'Significant Events, Adverse Events and Near Miss' policy was version controlled and in date, which clearly defined incidents and the reporting process.

The provider used an electronic reporting system which all staff had access to. Staff told us they knew what incidents to report and how to report them. Staff told us they were encouraged to report incidents and felt confident to do so due to the provider's no blame culture.

Staff received feedback from investigation of incidents, both internal and external to the service.

Incidents were discussed at monthly executive meetings and at weekly audit review meetings. We reviewed the minutes of the last three executive meetings, which had a formal structure and standard agenda items. The provider had identified one grade four incident in this time and the minutes recorded how this had been managed, lessons learnt and action taken, including feeding back information to staff.

The provider did not provide direct care to patients and had no contact with patients. However, where NHS trusts reported a serious incident (SI) on the strategic executive information system (StEIS), staff from the service were able to work with them during the investigation.

Diagnostic and screening services

The provider had a duty of candour policy which staff could access. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A notifiable safety incident includes any incident that could result in, or appears to have resulted in, the death of the person using the service or severe, moderate or prolonged psychological harm.

The provider had a business continuity plan to ensure there were processes to continue to operate its service with minimum disruption. In the event of an IT (information technology) failure there was a backup system in place and an immediate process to inform clients of any potential disruption.

Are Diagnostic and screening services effective?

Inspected but not rated 

We do not currently rate effective for teleradiology services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance.

Policies and procedures were reviewed and updated in line with best practice. Policies were referenced against national guidance to ensure they worked in line with current legislation, standards and evidence-based guidance.

The provider had a system in place to ensure policies and standard operating procedures were up-to-date and reflected national guidance. We reviewed five policies and all were within their review date.

All staff, including radiologists, had remote access to the service's policies and protocols for urgent reporting situations. This included the significant finding process that guided reporting for urgent conditions. The system meant all staff had the same level of access regardless of where they were working from and meant staff working from home could access local policies.

Radiologists followed the Royal College of Radiologists (RCR) standards for interpretation and reporting of imaging investigations.

The provider held quality and safety accreditations to demonstrate consistent standards in line with national and international guidance. This included ISO27001 accreditation, which indicates standards of data and information security. The Business and Sales Director told us the organisation was working towards other accreditation with Quality Standards for Imaging.

Nutrition and hydration

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

Pain relief

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

Diagnostic and screening services

Patient outcomes

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

The provider had a system to regularly assess and monitor the quality of its services to ensure patient outcomes were monitored and improved. Regular audits were carried out to enable this.

The provider demonstrated a continuous, proactive approach to improving the standards of radiology reporting. They had a policy and process to investigate any discrepancy identified. This was monitored as part of a quality assurance (QA) review, which staff used to detect significant discrepancies. The QA review could be triggered by the routine peer review audit or by the request of the referring client. This system effectively ensured discrepancies were identified and monitored to identify opportunities for learning.

The provider agreed turnaround times with their client and had a key performance indicator (KPI) of five days for routine report turnaround time. At the time of inspection the service did not have any issues meeting this KPI. The provider had in place an internal KPI of three days to ensure they met the KPI for the external providers.

In line with the RCR guidance, “Standards for radiology events and learning meetings”, the provider held weekly and monthly meetings which ensured a culture of respectful sharing of knowledge with no blame or shame. These meetings were also an opportunity for the radiologists to present interesting cases and for the team to discuss other incidents.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All the radiologists that reported for the service were registered with the general medical council (GMC). All radiologists had experience of working in the NHS, which meant they were familiar with standard pathways and practices.

Managers gave all new staff a full induction tailored to their role before they started work. All staff made a yearly annual competency declaration, which was signed off by the medical director.

Managers supported staff to develop through regular, constructive appraisals of their work; all non-clinical staff received an appraisal. Radiologists on zero-hour contracts were not able to work unless they had completed an annual appraisal. Radiologists were required to provide evidence of an external appraisal if this applied, although all those who responded to our questionnaire confirmed the provider did this. Managers supported staff to develop through regular constructive clinical supervision of their work.

There was evidence of DBS checks for staff employed by the service, together with other checks and information required for new employees.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Radiologists confirmed the provider offered update training as necessary.

Multidisciplinary working

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

Diagnostic and screening services

Due to the nature of the service, and radiologists working remotely, there was limited contact with each other. However, the radiologists we spoke with said that they were able to contact the senior leadership team and raise any issues or concerns with them and that the radiologists were able to discuss difficult or challenging cases between themselves.

Radiologists worked within agreed protocols in their sub-specialty and discussed referrals with the patient's clinician directly when needed.

The provider's processes ensured radiologists could contact referring doctors where they needed more information about the images sent to them.

Seven-day services

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

The administration of the service worked Monday to Friday 9am to 5pm and provided a service desk until 11pm each weekday evening. However, the radiologists we spoke with confirmed they often worked evenings and weekends which fitted in with their substantive roles. This meant that radiology images were often reported on 24 hours a day.

Health promotion

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Are Diagnostic and screening services responsive?

Good 

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

Service delivery to meet the needs of local people

The service planned and delivered services in a way that met the needs of the referring organisations.

Staff did not see patients and patients did not visit the premises due to the nature of the service provided. However, they reported images on behalf of a referring NHS trust. Staff ensured that the service they delivered met the needs of the referrer using the service. The service desk worked Monday to Friday 9am to 11pm. However, the radiologists often worked weekends and evenings which fitted in with their substantive roles.

Radiologists were able to review previous relevant imaging or request further clinical information from the referring clinicians and were available on request to discuss reports with the referrer.

Meeting people's individual needs

The service did not see patients and they 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.

Diagnostic and screening services

The provider did not deal directly with patients and was not involved in decisions about patients' care and treatment. The provider employed a panel of radiologists that provided a report to support the diagnosis, treatment and care of the patient in a timely manner.

Radiologists worked to report turnaround times established with each NHS trust before the start of the contract. This information was available to radiologists and operations staff to ensure they worked within the contractual requirements. Standard turnaround times were 72 hours for routine reporting. Urgent reports could be reported within 12-24 hours, although this was not something that was part of the provider's contract with clients. The provider had in place an internal KPI to ensure they met the needs of the external providers. The provider was flexible to meet increased demands of external providers if they were able to accommodate this.

The Business and Sales Director monitored and compared the reporting activity list. They reviewed the patient image list with the reported examination list daily and acted on unreported examinations to avoid breaches in turnaround time.

The provider used picture archiving and communication system (PACS) which supported radiologists to upload and submit their reports safely, securely and on time.

Learning from complaints and concerns

The service had processes in place to treat concerns and complaints seriously, investigate them and learn lessons from the results.

The service had a policy and procedures in place regarding complaints, comments and suggestions. The registered manager was responsible for the complaints policy, which had been reviewed and updated regularly. They maintained oversight of clinical complaints and worked with other senior managers to ensure follow up actions were identified and completed. Senior oversight meant the outcomes of complaints were reviewed to identify training and development opportunities for staff.

There had been no complaints recorded by the service during the 12 months before the inspection.

The senior team discussed complaints and outcomes in a variety of settings, including governance meetings and weekly team meetings

Are Diagnostic and screening services well-led?

This is the first time we have rated this service. We rated it 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 for staff.

Diagnostic and screening services

The provider had a clear management structure with defined lines of responsibility and accountability. A team of three senior managers and directors were responsible for the provider's functions, with oversight from the Managing Director and Board of Directors. They led on specific functions, such as operations, business development, and finance. They understood and managed the priorities and any issues the service faced.

The structure of the leadership team was appropriate based on the demands on the business and staff we spoke with were positive about leadership access and support. Staff told us they always had a named point of contact for support and escalation when working out of hours or remotely.

Managers and their teams met regularly on a weekly basis to maintain good working relationships and effective lines of communication.

Vision and Strategy

The service had a vision and mission for what it wanted to achieve, developed with involvement from staff.

The provider had a clear vision and set of priorities, which was to establish their organisation in radiology reporting and become a benchmark organisation. Their mission was to bring together the best people dedicated to providing and developing a world class innovative digital healthcare service positively impacting on the patient care pathway. The provider's vision and mission were developed with involvement of staff.

Staff we spoke with knew and understood the vision, values and objectives for their service, and their role in achieving them. One staff member told us, "Operations has played a big part in developing the company's vision, mission and values." They also said that service desk staff had received a score of five out of five from all clients in feedback.

Culture

Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The service had an open culture where staff could raise concerns without fear.

All of the staff we had contact with were positive about working for the organisation. They described good relationships with the senior team and a working culture that valued the input of each individual. Radiologists described a supportive culture in which mistakes or discrepancies were used as opportunities for learning. One staff member commented, "It is a collaborate attitude that is also feedback driven. It's a very nice open culture."

The provider used a range of strategies to drive a positive culture in which senior staff wanted their teams to feel proud to work for the organisation. This included an environment in which staff were encouraged to openly suggest improved or new ways of working.

The culture encouraged openness and honesty at all levels. Staff were encouraged to provide feedback and raise concerns without fear of reprisal. Processes and procedures were in place to meet duty of candour requirements. Staff confirmed there was a culture of openness and honesty and they felt they could raise concerns without fear of blame. All staff said they felt that their managers were very approachable and felt they could raise any 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.

Diagnostic and screening services

The provider had effective governance structures, processes and systems of accountability to support the delivery of good quality services and safeguard high standards of care.

All levels of the provider's governance and management structure functioned effectively and interacted with each other appropriately. The provider's committee structure was used to monitor performance and provide assurance of safe practice. There were a range of systems and processes of accountability which supported the delivery of safe and high-quality services, including regular governance and team meetings.

The provider monitored all discrepancies, turnaround times, incidents and complaints as part of the governance process. Monthly clinical governance meetings were held and standard agenda items were scheduled to ensure these were discussed regularly.

The business continuity plan detailed preventative and recovery controls to maintain service levels with the minimum of down time in the event of system failure. This had recently been reviewed in January 2022.

The systems in place to monitor contracted staff's training, appraisals and revalidation were effective. Radiologists confirmed there was good oversight of the system. The service had systems and processes to confirm and review the radiologist's General Medical Council (GMC) qualification and five year continuing professional development (CPD) cycle. There was evidence of Disclosure and Barring Service (DBS) checks and safeguarding training completion for staff employed by the service.

The provider's policies and procedures were reviewed and updated, in line with national guidance, and these were carried out in a timely manner.

Staff at all levels were clear about their roles and understood what they were accountable for and to whom. The monthly clinical governance meetings provided the opportunity for staff to remotely meet, discuss interesting cases, learn from incidents and discrepancies and receive service updates.

Senior leadership meetings were held weekly, while senior management meetings were held monthly. We reviewed three sets of meeting minutes for the Executive meeting and saw they were well attended by the senior management team. There were standard agenda items for discussion, including clinical quality, KPIs, audits, and operational matters. Meetings were structured and showed discussions around improving the service delivered.

Management of risk, issues and performance

The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

There were clear and effective processes for identifying, recording and managing risks. Clinical governance systems were focused on identifying and managing risk and performance.

The provider had a risk register, which adequately described risks, with mitigating actions and controls in place. Each item had an accountable senior person who had reviewed the risk and applied mitigating actions.

The provider had a peer review programme as part of their clinical governance structure, which involved internal quality checks on 5-7% of radiology reports. Radiologists peer reviewed a number of reports as part of their planned workload and within the provider's discrepancy methodology. One radiologist commented, "I think it's quite effective as there is a clear process for discussions and improvements."

Diagnostic and screening services

The service provided reports in line with the RCR guidance: Standards for the provision of teleradiology within the United Kingdom' (December 2016). This meant patients could be confident that even though their examinations were not being reported within the referring hospital, it was being completed to the same standard and with comparable security.

The service planned well for emergencies and staff understood their role if one should occur. Policies, such as business continuity, were accessible and detailed what action staff should take in the event of a major incident such as a system failure.

Staff told us they received feedback on risk, incidents, performance and complaints in a variety of ways, such as regular team meetings, clinical governance meetings and emails.

Information Management

The service managed and used information well to support all its activities, using secure electronic systems with security safeguards.

The provider had a Data Protection Policy, which was aligned with relevant legislation, including Data Protection Act 2018. This covered a wide variety of topics including data breaches and data sharing. The nature of the service meant most key risks related to information security and data protection and risk management systems were focused on this area. All transfer of data was encrypted or on a secure network between the referrer and service. Referring clinicians received reports through a secure system which ensured that all data was encrypted.

Appropriate access and security safeguards protected the provider's radiology information system and picture archiving and communication system. Staff adhered to an identity verification process when accepting, reviewing and processing scans. This meant each referral was identified by a unique identifier to ensure reports were produced for the correct patient.

Unexpected, significant or urgent findings identified by the radiologist were escalated to the service desk who forwarded the information to the appropriate referring provider by telephone and an e-mail.

Engagement

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

The provider used a wide range of methods to ensure all staff remained up to date with the organisation. This meant staff who worked remotely received consistent information. Staff told us they were kept updated through regular team meetings and email communication.

Staff told us that managers were approachable and that they felt comfortable to raise any concerns with them.

The provider engaged with referring organisations, both at the start of their contract, periodically throughout and at the end of their contract. This enabled the provider to obtain feedback on the service and identify opportunities for improvement.

Learning, continuous improvement and innovation

The provider was committed to improving services by learning from when things went well and when they went wrong, promoting training and innovation.

Diagnostic and screening services

There was a focus on continuous improvement and quality. Leaders were responsive to any concerns raised and performance issues and sought to learn from them and improve services.

The clinical governance meeting had a structured agenda which allowed the whole team to share learning from incidents, present interesting cases, offer ongoing training and discuss new innovations and techniques. Radiologists confirmed that meetings allowed for open discussion on discrepancies, incidents and service updates, but also had a strong focus on learning and development.

The provider had an overarching plan for improvement and innovation with various projects in the pipeline. This reflected the growing needs of the provider and increased demands on its services.