Teleconsult
Smarter radiology. Better patient care.

STANDARD OPERATING PROCEDURES FOR QUEEN SQUARE IMAGING CENTRE ELECTIVE REPORTING

Quality Assurance and Daily Practice Document

VERSION CONTROL
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1. Introduction

In alignment with our aim of being "A Reliable Colleague" to both our team and clients, Teleconsult places significant value on maintaining efficient processes and robust quality control within the organisation.

Teleconsult is committed to achieving a balanced approach that respects our contractual obligations while fostering a culture of trust, respect, and open communication across all levels of the organization. Our reporters are integral to upholding these values in all professional relationships.

To ensure continuous improvement and maintain the highest standards in our radiology services, we have developed Standard Operating Procedures (SOPs). These SOPs are designed to facilitate highly standardised, accurate, and timely reporting, ensuring the delivery of exceptional quality services.

This document outlines practical guidance on the standard operating procedures governing the relationship between Teleconsult (the provider) and Queen Square Imaging Centre (the client).

As a CQC-registered company, we encourage you to bring forward any queries regarding the SOPs or other aspects of Teleconsult. In such cases, please contact the CQC Registered Manager as your first point of reference.

CQC Registered Manager	Liz Hopewell	📨 liz.hopewell@teleconsult.net 📱020 3349 5942

2. Our Reporters

All Teleconsult reporters have undergone training at recognised healthcare institutions and a minimum of 2 years of relevant experience. Only reporters with relevant Certificates of Completion of Training and Clinical Specialist Registrar qualifications report on images under that speciality. Through continuous professional development, our reporters maintain compliance with accreditations in accordance with prevailing standards. As a global employer, Teleconsult recruits reporters from a diverse range of countries.

All reporters engaged by Teleconsult are appropriately qualified and accredited. This includes:

- **Radiologists** who possess Specialist Registration with the General Medical Council (GMC) and/or are Fellows of the Royal College of Radiologists (UK), with prior NHS experience.

- **Reporting Radiographers** who have active HCPC registration and hold relevant postgraduate qualifications approved by the Society and College of Radiographers, with demonstrable NHS experience

Within the group of Teleconsult reporters selected, we sub-specialise in a number of areas including, but not limited to, General and Cross-sectional, Chest, MSK, Neuro, Paediatrics, Urology, and Oncological imaging.

3. Recruitment

All reporters joining Teleconsult undergo a comprehensive onboarding process designed to ensure adherence to the highest clinical and professional standards. This process includes the following steps:

1. **Recruitment Vetting and Qualification**
   A thorough review of the reporters credentials and qualifications is conducted to verify their suitability for the role.

2. **Clinical Review by Medical Director**
   A clinical assessment is performed by the Medical Director to evaluate the reporter's professional expertise and capabilities.
3. **Compliance Checks in Line with NHS Standards**
   Compliance checks are conducted to ensure alignment with NHS standards, including regulatory and professional requirements, as well as verification of experience equivalent to NHS expectations.
4. **Clinical Quality Audit** When a new reporter begins live reporting with Teleconsult, their first 30 cases are subject to an onboarding review through our peer review system. The results of this audit are thoroughly evaluated and summarized by the Clinical Governance team. Feedback from the audit is then shared with the Medical Director and Head of Operations to ensure alignment with quality standards and expectations.

4. Capacity Management

To effectively meet capacity requirements and ensure timely delivery within the agreed turnaround times, Teleconsult utilises a Production Tool to continuously monitor capacity, supply and demand, and identify emerging trends (Appendix 3).

Teleconsult maintains clear and proactive communication with the client as required. The scope of services is regularly reviewed to uphold the highest standards of quality and to adapt to evolving needs, priorities, or challenges.

Teleconsult capacity/case management	Service Desk / Operations Team	✉ servicedesk.uk@teleconsult.net 📱 01908 086289
Queen Square Imaging Centre capacity/case management	Peter Sutton, Operations Manager	✉ psutton@queensquare.com / imaging@queensquare.com 📱 020 7014 9515

5. GDPR and information security

All written communication relating to this SOP must be in keeping with GDPR, only referring to accession numbers or patient IDs. No other patient identifiable data should be shared in writing. Teleconsult maintains the highest standards for Information Security by means of DSPT and ISO 27001 and ENS certification.

6. Elective Operational Workflow

- The client will send examinations directly from Biotronics PACS to Teleconsult
- A Teleconsult Operations Coordinator will qualify the exams in the Teleconsult PACS and assign them to the dedicated lists to be reported within the contractually agreed turnaround time.
- Once the report is signed and verified by a reporter, this will automatically be available and appear on the client's RIS/PACS
- The turnaround time for reporting is calculated from the allocation date, with a maximum reporting window of 24 hours. The reporting service is provided 7 days a week to ensure continuity and timeliness.
- The client will escalate any studies which need prioritising by emailing the Teleconsult Service Desk team.

Comparative studies

When a patient has undergone a comparative examination, the system is configured to retrieve the prior imaging directly from Queen Square Imaging Centre database. If no comparative examination is available, and the clinical details do not indicate the existence of any previous imaging, it will be assumed that no prior comparative study exists.

Incomplete Exams

If a Teleconsult reporter identifies an incomplete examination—whether due to missing images, absent comparative studies, or incomplete referral information—they will notify the Teleconsult Service Desk without delay.
The Service Desk team will then place the case on hold (QC) and contact the client to obtain the outstanding information. While a case remains under QC, turnaround time is paused. Once the required information has been received and the case reassigned, normal turnaround time calculations will resume.

Audit trail
An audit trail for all uploads, alerts and addendums is available on request.

7. Service Review

In addition to the agreed KPIs (Appendix 1), Teleconsult and Queen Square Imaging Centre will hold weekly service review meetings from the start of the service until both parties are satisfied the service is operating as expected.

Once the service is established, quarterly service meetings will be held as per the agreed KPIs, where performance, issues, efficiency and developments will be discussed. Monthly performance reports can be submitted on request.

Teleconsult service review meeting	Liz Hopewell, Head of Operations	📨 liz.hopewell@teleconsult.net 📱 020 3349 5942
Queen Square Imaging Centre service review contact	Peter Sutton, Operations Manager	📨 psutton@queensquare.com 📱 020 7014 9515

8. Reporting Protocols

Only reporters who have been approved by the client are granted access to the relevant worklists. Additionally, reporters are restricted to the specialty worklists for which they have been specifically qualified and approved to report.

Reports are prioritised based on the following criteria:

- Urgency: Exams flagged by the client as priority take precedence.
- Task Age: Exams with the oldest task creation date are prioritised.

Reporting Standards

Teleconsult reporters have access to relevant prior imaging studies for the examinations. They are expected to address the clinical questions presented and provide detailed reports, including comparisons with prior imaging studies wherever feasible.

All reports provided by Teleconsult are expected to adhere to the Royal College of Radiologists Standards for the interpretation and reporting of imaging investigations, ensuring accuracy, clarity, and clinical relevance.

9. Reporting of Non-Routine Studies (Paediatric and Sports)

Any paediatric and sports studies must be communicated to the Teleconsult Service Desk team prior to sending. This ensures that an appropriately qualified and indemnified reporter is available before the study is received.

If any member of the Teleconsult service desk team and/or reporter identifies a specialised case, the study must be placed in Quality Control (QC'd). The Operations Coordinator must inform Queen Square Imaging Centre and coordinate to identify an appropriately qualified and indemnified reporter.

10. Standard Operating Procedure for Significant Unexpected or Critical Findings

The communication of radiology reports represents a critical area where errors can occur, potentially resulting in patient harm. This document is informed by the latest guidance from the Royal College of Radiologists, as issued by the Academy of Medical Royal Colleges (October 2022).

This document outlines the key responsibilities of both the reporter and the Radiology Department. It has been intentionally kept concise and does not attempt to address every possible scenario.

While this guidance aims to minimize the risk of overlooked diagnoses and enhance patient safety, it does not absolve the referring clinician of their responsibility to access and review the radiology report. By fostering clear communication and defined responsibilities, this document seeks to reduce the potential for patient harm

URGENT,

SIGNIFICANT AND UNEXPECTED FINDINGS

These where medical evaluation is required within 24 hours and/or where the reporter feels a fail-safe alert should be added to the normal communication (Academy of Medical Royal College, 2022).

Examples:

- Unexpected (possible) tumour
- Complication requiring treatment (hydronephrosis secondary to tumour progression)
- Unexpected obstructing renal or biliary calculus
- Large, asymptomatic aneurysm
- Unexpected tumour progression or recurrence

Actions:

- Reporter puts the finding code 'THIS IS A SIGNIFICANT UNEXPECTED FINDING' at the bottom of the report, and signs off the case
- This automatically sends an email to servicedesk.uk@teleconsult.net creating a ticket on JIRA for the Teleconsult Service Desk team
- Teleconsult Operations Coordinator will email the alert to: **urgent.queensquare@teleconsult.net** which will trigger an email to imaging@queensquare.com
- Queen Square Imaging Centre will acknowledge in 24hrs. If no acknowledgement a follow-up email will be made to confirm receipt
- Once acknowledged Operations Coordinator closes ticket

CRITICAL FINDINGS

Critical imaging findings are those with diagnoses that may result in immediate or acute harm to the patient and therefore will require immediate or urgent clinical attention (Academy of Medical Royal College, 2022)

Examples:

- Life or limb threatening condition
- Haemorrhage
- Acute ischaemia
- Out-patient PE
- Venous Sinus Thrombosis
- Pneumothorax
- Cord Compression

Actions:

- The reporter puts the finding code 'THIS IS A CRITICAL FINDING' at the bottom of the report, and signs off the case.
- This automatically sends an email to servicedesk.uk@teleconsult.net creating a ticket on JIRA for the Teleconsult Service Desk team
- Teleconsult Operations Coordinator and/or reporter will call: **020 7833 2513**
- Operations Coordinator will confirm a phone call has been made and email the alert to **urgent.queensquare@teleconsult.net**which will trigger an email to imaging@queensquare.com
- Operations Coordinator will then close the ticket

11. Quality Assurance

Clinical Governance

Teleconsult has a dedicated Clinical Governance team. They are responsible for ensuring the accuracy, consistency, and reliability of radiological reports. Their duties include tracking reporter performance via the internal peer review system, providing feedback to reporters, monitoring compliance with regulatory standards, implementing performance improvement initiatives. The team ensures that patient care remains the highest priority while maintaining operational excellence.

Discrepancy Handling Procedure

Discrepancy reported by the client:

- Client reports discrepancy to servicedesk.uk@teleconsult.net
- Operations Coordinator qualifies the discrepancy notice in JIRA ticketing system
- Quality Coordinator passes on to the reporter to review client comments and respond where reflection is expected from the reporter of discrepancy identified
- An adjudicator reviews the answers from the reporter and decides if an addendum is required and assigns a discrepancy level (Appendix 2)
- Learning points are generated
- The Quality Team creates a Root Cause Analysis form and sends back to the client and the reporter

Discrepancy raised via Peer Review:

- 5% of all cases reported per Client are assigned to the peer review list in AGFA
- Peer Reviewers open the individual case to be reviewed, looking at both clinical and non-clinical aspects
- All discrepancies are categorised using a UK numerical Category system: (Appendix 2)
- The Reviewer sets a discrepancy grading level for each case
- If grading level 4, 5, or 6, no further action is required and the peer review case closed. (Comments are fed back to the first reader in quarterly reports)

- For grading 1-3 a Root Cause Analysis form is created and sent back to the client and the reporter

In either discrepancy handling process if a Category 1 error is identified, this is defined as 'Major Discrepancy, immediate and significant clinical impact. Definite and serious clinical significance, where there is unequivocal likelihood of serious lasting patient harm or death'. The reporter will be temporarily paused from reporting duties until an internal investigation is concluded.

Discrepancy processing times

Grading level 2 and 3: maximum 4 weeks time once notified to complete investigation

Grading level 1: maximum 48 hours to notify client, then maximum 4 weeks to complete investigation

If a first reader is not available to be part of the investigation, the discrepancy will be resolved without their involvement in order to meet the timelines. When the reporter becomes available, they will be fed back all the discrepancy information to achieve continuous improvement.

Filing

Root Cause Analysis forms are stored in the Client folders (discrepancy folder) and are linked to the corresponding JIRA tickets.

Teleconsult discrepancy handling	Clinical Governance Team	📨 servicedesk.uk@teleconsult.net 📱 01908 086289
Queen Square Imaging Centre discrepancy handling	Operations Manager	📨 psutton@queensquare.com 📱 020 7014 9515

12. Safeguarding

Teleconsult has a zero-tolerance approach to the issue of abuse and supports all adults, children, and young people to feel safe and protected from any situation or circumstances that would potentially result in physical or psychological harm.

Where any form of abuse is suspected, occurs, is discovered, or reported by a third party (which may be external to Teleconsult), Teleconsult will take timely action, including investigation and subsequent referral to an appropriate safeguarding authority.

To raise a safeguarding concern please email servicedesk.uk@teleconsult.net with the relevant accession number and details of the finding, which will be escalated to our Clinical Lead and Safeguarding Lead for timely action, including investigation and subsequent referral to the appropriate safeguarding authority.

Teleconsult safeguarding point of contact	Dr Tim Taylor, Clinical Director	📨 tim.taylor@teleconsult.net
Queen Square Imaging Centre safeguarding point of contact	Peter Sutton, Operations Manager	📨 psutton@queensquare.com 📱 020 7014 9515

13. IT Support

For non-urgent technical issues, excluding PACS, i.e., server failures, network failures, firewall, etc

Teleconsult IT	IT Team 07:00 to 21:00	✉ it@teleconsult.net 📱urgent technical issues - +44 (0)1908 086 289
Queen Square Imaging Centre IT	Peter Sutton, Operations Manager	✉ psutton@queensquare.com 📱020 7014 9515

14. (Y)our Team

Meet the Teleconsult team::
https://teleconsult.net/about-us/#your-people

15. References

Academy of Medical Royal Colleges (October 2022), Alerts and notification of imaging reports, Recommendations

Royal College of Radiologists (2018), Standards for interpretation and reporting of imaging investigations Second edition

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Appendix 1

KPI	Target	Measurement frequency	Remedial action if not met
Turnaround times - routine 24-hour	>90% within 24hrs	Quarterly	Root cause analysis and remedial action plan
Turnaround times - 48-hour	>90% within 48 hours	Quarterly	Root cause analysis and remedial action plan
Turnaround times - 72-hour	>90% within 72 hour	Quarterly	Root cause analysis and remedial action plan
Peer Review (TC2) Turnaround times - 120-hour TAT	>90% within 120 hours	Quarterly	Root cause analysis and remedial action plan
Teleconsult peer review compliance	>5% of reports audited	Quarterly	Additional QA review at no cost
Report accuracy (clinical)	>96% error-free	Quarterly	Retraining or privilege review
IT uptime	>99% availability	Quarterly	IT service investigation
Patient safety incidents	Zero incidents due to report error	Continuous	Immediate investigation

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Appendix 2

CATEGORY 1	Major Discrepancy, immediate and significant clinical impact. Definite and serious clinical significance, where there is unequivocal likelihood of serious lasting patient harm or death
CATEGORY 2	Major Discrepancy, probable clinical impact. Likely clinical significance, strong likelihood of causing harm to a patient if not mitigated by other teams, though not a threat to life
CATEGORY 3	Minor Discrepancy, clinical impact unlikely. Low likelihood of harm
CATEGORY 4	Minimal changes suggested- either typographic or discrepancy of very doubtful clinical significance
CATEGORY 5	Full agreement
CATEGORY 6	A great report. This report demonstrates skillful observation/ interpretation by the reporter

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Appendix 3