Welcome to the NHS Imaging Transformation Conference

11th November 2026
The Birmingham Conference & Events Centre, Hill Street, Birmingham, B5 4EW

RadVision

AXREM

FEATURED ORGANISATIONS

Visit every stand for your chance to win a £100 voucher!



Please scan the QR Code on the screen below to register your interest for our accredited healthcare training courses.



CMI Chartered Management Institute CENTRE

ilm

Learn, share & grow with peers and expert leaders

"Engaging, thought-provoking and highly relevant courses that strengthen strategic leadership while providing valuable opportunities to learn and network with NHS peers"

CONVENZIS TRAINING

HESUK

Powered by - CONVENZIS

Join the Healthcare Engagement Society (HES)

- **What it is** – A secure, year-round platform bringing NHS professionals together across six specialist communities.
- **Why it matters** – Stay connected beyond today's event, share challenges, and learn from peers facing the same priorities.
- **Your benefits** – Exclusive access to interviews, insights, best practice, and real-time discussion threads with colleagues nationwide.
- **How to join** – Simply scan the QR code, choose your community, and start connecting today.



SCAN ME

CONVENZIS

Stay Connected Beyond Today

Join the **HES Clinical Diagnostics & Medical Sciences WhatsApp Community** to stay connected with the people, ideas and conversations shaping this space. Receive relevant updates, access focused peer discussion groups, share practical insight and be first to hear about future events, resources and opportunities.

HESUK

RadVision

AXREM

Scan the QR code to join the Community

Chair Morning Address



Bob Childe
Chief Commercial Officer
AXREM Vice Chairman

Keynote Presentation



Louise Stewart
Assistant Director of Diagnostics
NHS England (Midlands)



Dr David Rosewarne
Consultant Radiologist and CLEARaudit Clinical Lead
The Royal Wolverhampton NHST

RADVISION 2026 · 11 NOVEMBER 2026

From free text to actionable evidence

An LLM-enabled audit of 130,749 emergency CTPA reports across 13 Midlands Trusts, and a technique that generalises

130,749 reports | **13** Trusts | **2018–2024** activity

Dr Louise Stewart Assistant Director – Diagnostics, NHS England Midlands

Dr David Rosewarne Consultant Radiologist, The Royal Wolverhampton NHS Trust

CLEAR
Empowering staff to innovate care

In partnership with the CLEAR Programme

NHS England Midlands

Declarations and acknowledgements

Declarations

- **Funding:** NHS England Midlands funded the regional audit.
- **Declarations of interest:** Louise Stewart: none. David Rosewarne: 0.1 WTE secondment to the National CLEAR Programme.
- **Data:** routine report text processed under data processing agreements with each Trust. No patient-identifiable data is shown.
- **Trusts** appear as Site A to Site M. NHS England Midlands holds the key, and each Trust knows its own letter.

With thanks to

- **The CLEAR Programme,** hosted by East Lancashire Hospitals NHS Trust, for delivering the AI-enabled audit.
- **The 13 participating Midlands acute Trusts:** radiology, emergency medicine, acute medicine, haematology, digital and information governance colleagues.
- **The clinicians** who independently read the validation sample.
- **The Royal Wolverhampton NHS Trust,** where the proof of concept was developed.

WHY WE DID THIS

More unplanned scanning, from the same capacity

National data and frontline experience both pointed in the same direction.

+22%

increase in unplanned CT activity (e.g. via ED) nationally, Feb 2025 – Jul 2026

Low yield?	Anecdotal feedback of a significant number of scans with normal or no significant findings.
Fixed capacity	Services face rising demand from every direction for the same scanners and the same workforce.
Front-door flow	The pressure to support flow raises a fair question: has the threshold for referral come down?

Is every scan we do adding value to the patient's journey?

Not a performance stick

A clinically led look at whether the scans we perform add value.

1

Value, not volume

Make sure scans add value to the patient's journey and aren't used as a shortcut in place of clinical examination and risk assessment.

2

Reliable evidence

Identify the non-value-adding tests using evidence robust enough for clinicians to act on, rather than anecdote.

3

Open to every Trust

The opportunity was extended to all Midlands Trusts. Thirteen took part, and we are grateful to every one of them.

Process and findings: over to David

PROCESS AND FINDINGS

Reading every report

Dr David Rosewarne · Consultant Radiologist, The Royal Wolverhampton NHS Trust

WHERE IT STARTED

The LLM is not the intervention

Its value is making variation visible enough to act on.

1

Routine reports

Free-text CTPA reports already held in every radiology system

2

LLM structure

Answer the same agreed questions, consistently, for every report

3

System insight

Compare demand, yield and trajectory across sites and years

4

Pathway action

Change referral thresholds, filters and measurement

Proof of concept at Royal Wolverhampton. A language model classified more than five years of local CTPA reports and benchmarked them against the RCR audit standard. The results pointed at pathway levers (education, clinical scoring, D-dimer use) rather than at reporting. NHS England Midlands then commissioned the same method across 13 Trusts.

METHOD

Every report, not a sample

A regional audit built from routine report text: no new data collection, no extra clinical time.

WHAT THE CLINICIAN WROTE (illustrative)

Request: *?PE. Pleuritic chest pain 2/7, Wells 3.0, D-dimer 640. CXR clear.*
Report: *Good opacification of the pulmonary arterial tree. No filling defect to suggest pulmonary embolism. Lungs clear.*

▼ **LLM reads it and writes back one row**

Field	Value
PE outcome	Negative
Wells score	3.0
D-dimer	640
Follow-up advised	No

130,749
emergency CTPA reports

13
Midlands acute Trusts

κ 0.85
LLM vs 3-clinician consensus

κ 0.88
between the clinicians themselves

Validated on 299 reports from eight Trusts, read independently by three clinicians (majority vote).
Hours, not months: the full cohort classified far faster than a manual audit could manage.

The model agreed with the clinical consensus about as well as the clinicians agreed with each other.

FINDING 1

Demand is rising almost everywhere

Activity climbs in 12 of the 13 Trusts: read the shape, not the ranking.



8% a year

growth across all 13 Trusts, 2022–2024

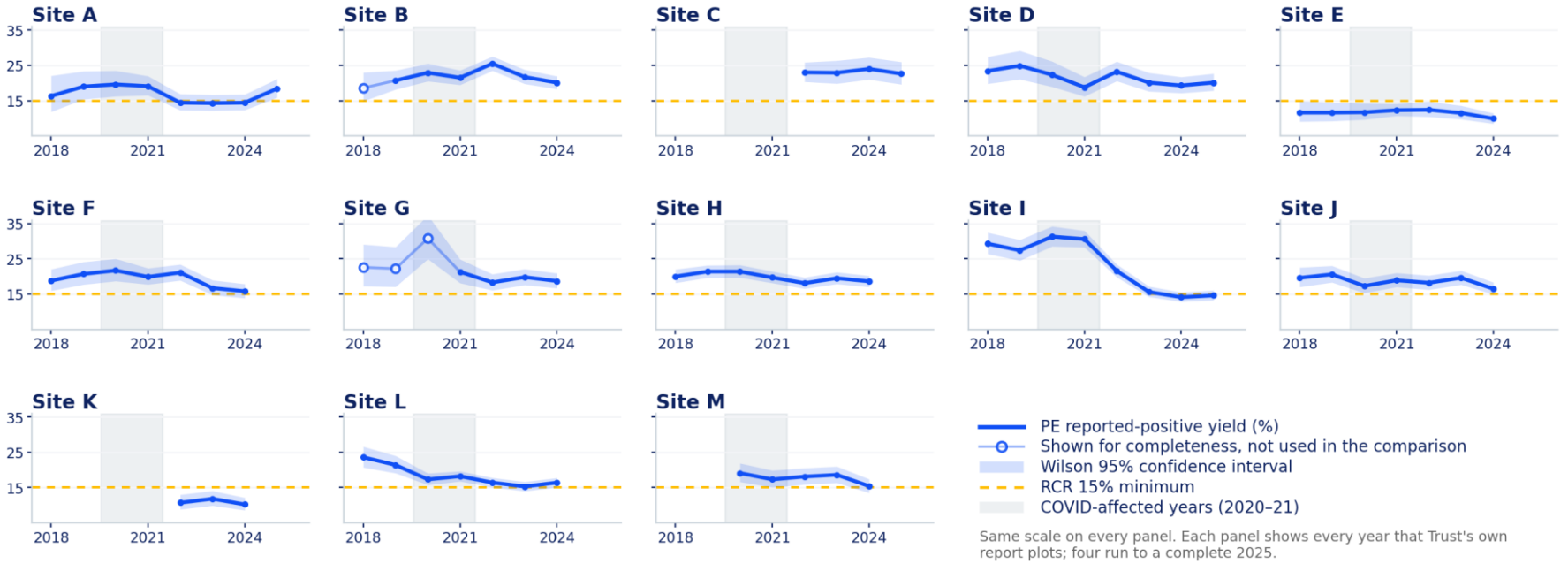
At that rate CTPA demand would double in about nine years.

For imaging leaders, a capacity signal. For clinical teams, a referral-threshold signal.

FINDING 2

Yield is falling almost everywhere

The same downward trajectory repeats across nearly every Trust in the region.



12 of 13

Trusts lower than in their first reliable year

6 of 13

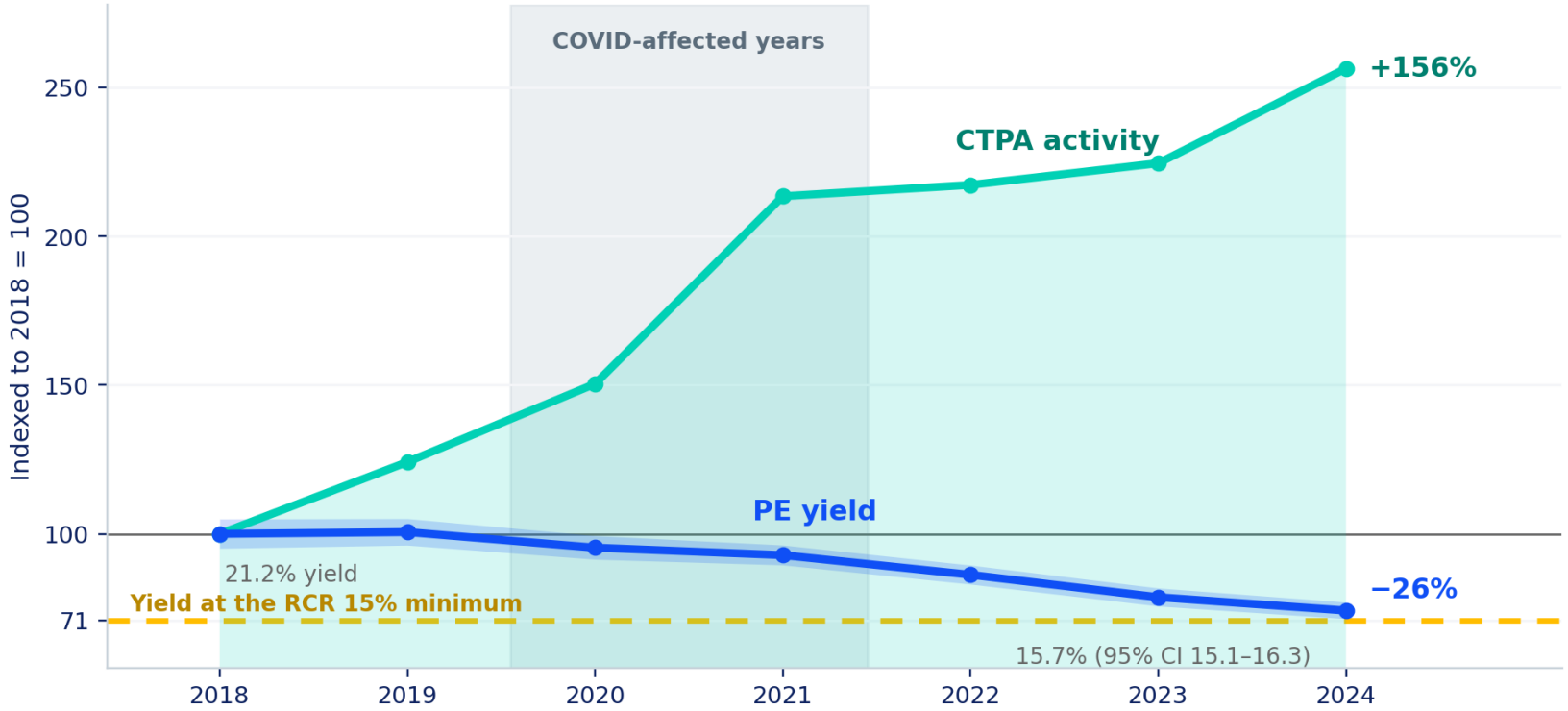
cannot demonstrate they sit above the RCR 15% minimum

Trajectory is comparable between Trusts; level is not. The indeterminate share excluded from the denominator varies.

More scanning, proportionally fewer emboli

NHS England Midlands

The eight Trusts with a complete, reliable series from 2018, both measures indexed to 2018 = 100.



+156%
CTPA activity since 2018

21.2% → 15.7%
PE yield, 2018 to 2024 (−26%)

5.9 → 8.1
scans needed per embolism found

Pooled decline p < 0.001. By 2024 the lower confidence bound is a tenth of a point above the RCR floor.

Funded by NHS England Midlands · Delivered through the CLEAR Programme, hosted by East Lancashire Hospitals NHS Trust

A regional pattern, not thirteen local trends

A pattern repeating at almost every Trust is unlikely to be explained by any single Trust's practice.

+3,990
more CTPAs across all 13 Trusts in 2024 than in 2022

0
increase in emboli found over the same period

7.0 → 8.1
scans needed per embolism, 2022 to 2024

12 of 13
Trusts with lower yield than their first reliable year

Why the regional lens matters

- A single Trust's annual caseload gives wide margins of error, so a real trend is hard to prove locally.
- The same direction across different hospitals, request systems and D-dimer arrangements is hard to dismiss as noise.
- Comparable measurement creates a platform for shared improvement and re-audit.

The more plausible reading: a change in how suspected PE is investigated across emergency care. More scanning of lower-probability patients, proportionally fewer emboli.

The question is not whether we do too many CTPAs, but whether the right patients reach the scanner.

Four levers in the referral pathway

Each raises the pre-test probability of patients who reach the scanner. They are complementary, not alternatives.

FILTER BEFORE THE TEST

PERC for appropriately assessed low-risk patients · correct two-tier Wells routing · senior review · CXR-first gate.

→ Stops low-probability patients entering the D-dimer → CTPA cascade

SHARPEN THE THRESHOLD

Age-adjusted D-dimer from 50, with an unambiguous statement at request of whether the result exceeds the patient's own cut-off.

→ A D-dimer normal for age stops triggering a scan

REDIRECT, DON'T REFUSE

V/Q as an established pathway for defined cohorts: pregnancy, renal impairment, younger patients with a normal chest film.

→ Moves a lower-yield cohort out of the CTPA denominator

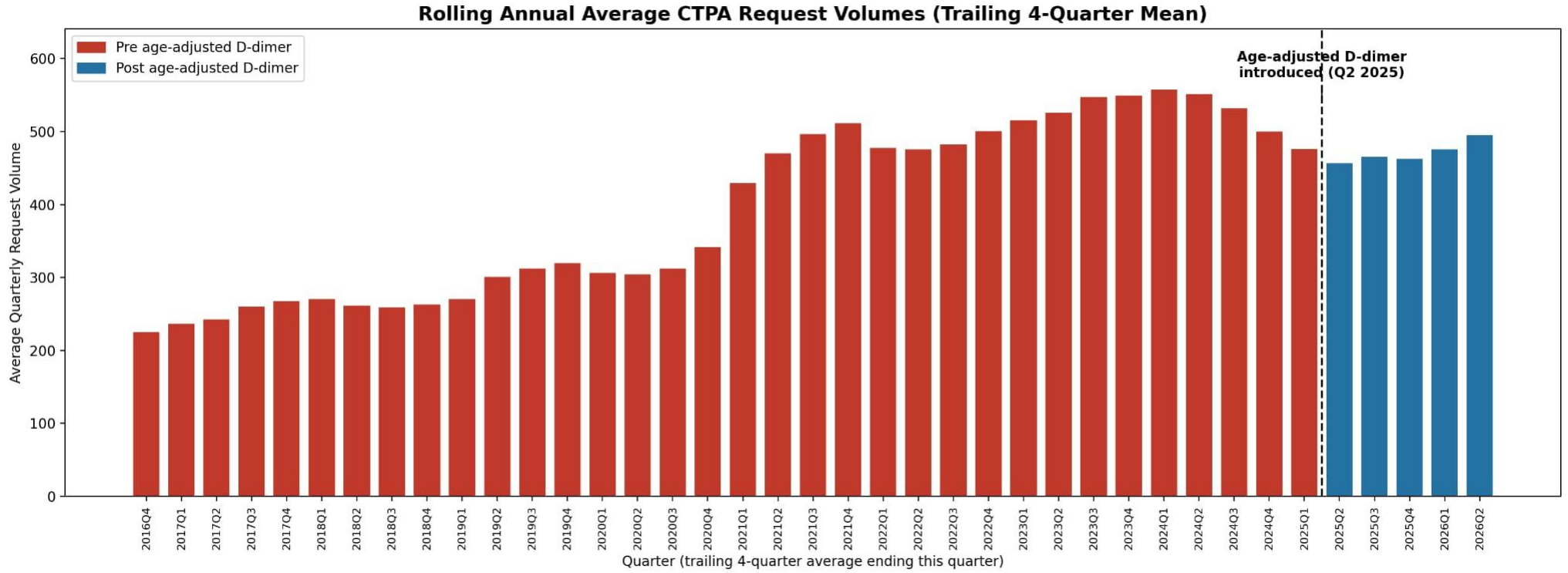
MAKE IT MEASURABLE

Mandatory pre-test probability at request, with component-level capture so the score can be audited rather than trusted.

→ The only way to know whether the rest worked

What Royal Wolverhampton changed

Age-adjusted D-dimer introduced in Q2 2025, then activity monitored against the same measures.



Measure, change, re-measure: activity, yield, and safety (any serious incident from a missed PE).

A technique, not a one-off audit

The plumbing is generic. Only the clinical questions change for each examination.

Unstructured cohort

Every free-text report for an examination, across sites and years

›

Agreed clinical questions

Clinicians define the fields: outcome, findings, indication, recommendations

›

LLM extraction + checks

Same questions for every record; second-model check; clinician validation

›

Comparable statistics

Yield, trajectory and variation by site, year and pathway, ready to act on

DELIVERED

Midlands CTPA

- 130,749 emergency CTPAs, 13 Trusts
- Demand, PE yield, RCR benchmark
- Site reports + regional report

REPORT COMPLETE

Midlands CT abdomen & pelvis

- ED CTAP across the Midlands
- Acute-finding yield and which of nine acute pathologies drive it
- No benchmark existed: this sets the baseline

IN PROGRESS

National multi-modality project

- CT brain
- CT abdomen & pelvis
- Transvaginal ultrasound
- MRI lumbar spine

Funded by NHS England Midlands · Delivered through the CLEAR Programme, hosted by East Lancashire Hospitals NHS Trust

SO WHAT?

From findings to action

Dr Louise Stewart · NHS England Midlands

Learning points and strengths

Learning points

- **Information governance** agreements took far longer than ideal (tortuous).
- **Data cleansing** issues meant not every site had a full data set, though a significant volume was still analysed.
- **Multidisciplinary collaboration** is key to success.

Strengths

- **Excellent engagement** and collaboration between the clinical specialties involved.
- **Scale and speed:** a large volume of data analysed consistently, far faster than by hand.
- **Replicable:** the code now exists, so the principle can be applied to other areas.
- **A single DPA** would make this easier: something to work towards.

Hard evidence drives change, and re-audit shows whether it worked.

NEXT STEPS

So what happens now?

Sept 2026

Update to all Midlands CEOs

7 Oct 2026

Regional sharing event. Every site has its personalised report, plus one regional report

Nov 2026

Sharing at national imaging meetings, including today

Midlands community of practice

Follow-up to assess progress on implementing the findings:

- Referral forms that capture the information needed to make a request
- Standardisation of D-dimer assays
- Implementation of age-adjusted D-dimer

Extending the method

- **Other examinations:** Midlands CT abdomen & pelvis
- **Other modalities:** national pilot across CT, ultrasound and MRI
- **Other services:** looking next at areas such as echo

THE TAKE-HOME

A technique that turns unstructured data cohorts into comparable, actionable statistics

DELIVERED

Midlands CTPA

130,749 reports · 13 Trusts

REPORT COMPLETE

Midlands CT abdo-pelvis

ED CTAP · acute-finding yield

IN PROGRESS

National project

CT brain · CT abdomen & pelvis · TVUS · MRI lumbar spine

If it is written in the report, it can be counted, compared across sites and years, and used to help the right patient reach the right test.

CLEAR
Empowering staff to innovate care

Thank you · Questions?

Skills Clinic



Daniel Barnes
Radiology Business Manager
Frimley Health Foundation Trust

Adrian Trinidade
General Manager Radiology
Royal Free London



Dr Sarojini David
Clinical Director, DMIO & Consultant Radiologist
Lewisham and Greenwich NHS Trust

RadVision
AXREM

CONVENZIS

Refreshments & Networking



RadVision

AXREM

FEATURED ORGANISATIONS

Visit every stand for your chance to win a £100 voucher!



Chair Morning Reflection



Bob Childe
Chief Commercial Officer
AXREM Vice Chairman

CONVENZIS

Case Study





Case Study



Kerry Mills MSc PgC BSc (Hons) FHEA
National Lead for Strategic Partnerships and Diagnostic Engagement
xWave

xWave Insight

Know the demand. Release the capacity.

An evidence-led approach to diagnostic referral improvement

Convenzis | RadVision 2026

11th November 2026

All content belongs to xWave Technologies – do not share without permission

Case Study

AMRADNET

Timely. Expertise. Better Outcomes.

RadVision

AXREM

Case Study



Dr Craig Dick
Chief Medical Officer
Amradnet UK

AMRADNET
Timely Expertise. Better Outcomes.

WORKFLOW TRANSFORMATION - DMAIC

Optimising Teleradiology with Six Sigma

Compressing Turnaround Time (TAT) and elevating diagnostic precision across PACS platforms.

Dr Craig Dick
Chief Medical Officer
AMRADNET UK

>30%
TAT Reduction Target

99.5%
Critical SLA Compliance

Zero
Clinician Burnout Impact

STRATEGIC BLUEPRINT

Executive Summary

The Objective

Eliminate operational waste and maintain diagnostic excellence through data-driven DMAIC disciplines.

The Friction

Turnaround variance driven by manual prior retrieval, fragmented handoffs, and missing patient records.

The Strategy

Deploy automated intelligent routing, fuzzy-logic historical fetching, and hard-stop error prevention.

Target Results

Sub-17 minute emergency turnaround, 99.5% SLA adherence, and +15% capacity liberation.

AMRADNET

Timely Expertise. Better Outcomes.

OPERATIONAL REALITY

The Teleradiology Paradox: Speed vs. Quality

The Six Sigma Reality

Delays occur in non-value-added phases. Upfront defect elimination compresses total cycle time effortlessly.

Result: False speed gains, higher peer review discrepancies, severe burnout.

The Common Misconception

Accelerating TAT requires clinicians to read faster, directly elevating diagnostic error risks and cognitive fatigue.

Result: Clean ingestion data prevents reading interruptions and rework loops.

AMRADNET

Timely Expertise. Better Outcomes.

GOVERNANCE FRAMEWORK

The Six Sigma DMAIC Architecture

Phase 01

Define

Establish error baselines and define critical-to-quality (CTQ) specifications with SIPOC scoping.

Phase 02

Measure

Extract PACS log timestamps, calibrate baseline TAT, and map end-to-end value streams.

Phase 03

Analyse

Isolate primary friction points via Ishikawa fishbone diagrams and 80/20 Pareto evaluations.

Phase 04

Improve

Implement sub-specialty routing rules, fuzzy-logic prior fetching, and Poka-Yoke checklists.

Phase 05

Control

Embed live Statistical Process Control (SPC) charts and maintain continuous peer reviews.

AMRADNET

Timely Expertise. Better Outcomes.

DMAIC PAHSE 01: DEFINE

Problem Statement & SIPOC Matrix

Problem Statement: Inconsistent routing and prior retrieval delays cause 14% of emergency teleradiology cases to breach the 20-minute SLA window.

S ~ SUPPLIERS

Referring Hospitals
Imaging Centers
Trauma Suites

I ~ INPUTS

DICOM Payloads
Clinical History
Stat Requisitions

P ~ PROCESS FLOW

Ingest → Smart Routing → Match Priors → Sub-specialist Read → Delivery

O ~ OUTPUTS

Signed Reports
Critical Alerts
Audit Timestamps

C ~ CUSTOMERS

ER Physician
Critical Care Teams
On-call Surgeons

AMRADNET
Timely Expertise. Better Outcomes.

DMAIC PHASE 02: MEASURE

90-Day Baseline Performance & Value Stream

24 min

Mean STAT TAT

SLA Benchmark: <20 min

54 min

Mean Routine TAT

Target Target: <45 min

3.8 σ

Process Sigma Level

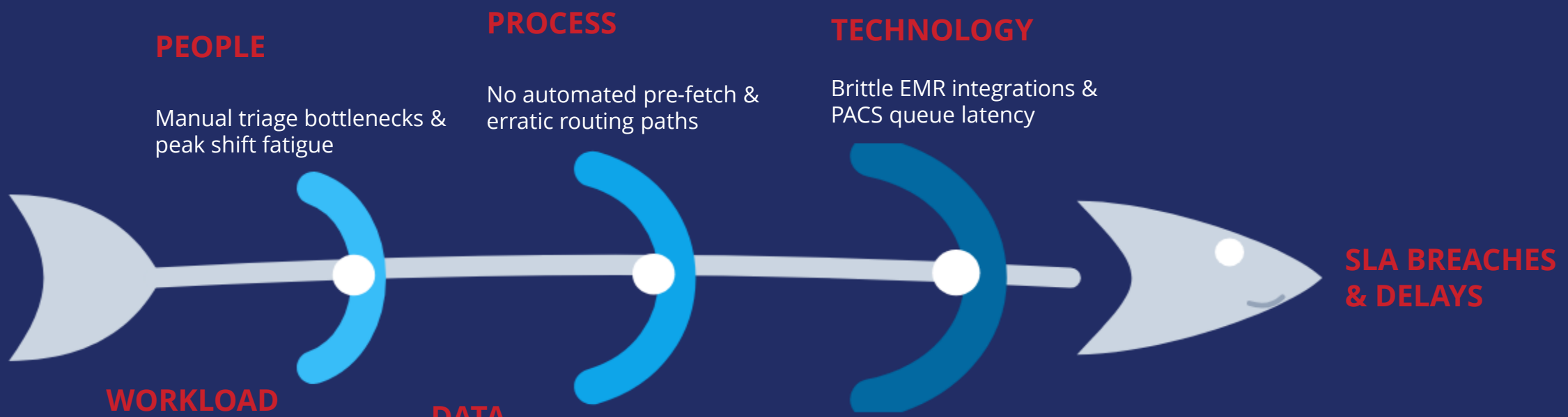
Substantial Room for Optimisation

AMRADNET

Timely Expertise. Better Outcomes.

DMAIC PAHSE 03: ANALYSE

Root Cause Ishikawa Fishbone Analysis



AMRADNET
Timely Expertise. Better Outcomes.

CYCLE TIME BREAKDOWN

Where Delays Actually Accumulate

82%

Of Workflow Delays Occur Outside Image Interpretation

PACS queue stagnation, missing priors, and manual triage dominate turnaround latency - not radiologist reading speed.

6.2 Min
Queue Stagnation

3.5 Min
Manual Prior Searches

4.8 Min
Multi-System Handoffs

AMRADNET
Timely Expertise. Better Outcomes.

DMAIC PHASE 04: IMPROVE

Targeted PACS Workflow Interventions

Intelligent Case Routing

Auto-assigns complex neuro, body, and MSK cases directly to credentialed subspecialists upon DICOM arrival.

Fuzzy Prior Retrieval

Resolves cross-hospital patient identity mismatches and stages historical imaging before study open.

Poka-Yoke Hard Stops

Mandatory prompt and phone confirmation logging when critical acute findings (e.g., ICH) are tagged.

AMRADNET

Timely Expertise. Better Outcomes.

DMAIC PHASE 05: CONTROL

Sustaining Gains on PACS Dashboards

Statistical Process Control (SPC)

Real-time X-bar and R-charts embedded within PACS consoles to alert coordinators before variance breaches target SLAs.

Standard Operating Procedures (SOPs)

Enforced DICOM metadata standards for hospital IT partners, preventing non-standard intake payloads

Closed-Loop Quality Audits

Automated randomized peer-review sampling to guarantee diagnostic rigor alongside turnaround compression.

AMRADNET

Timely Expertise. Better Outcomes.

OUTCOMES & ROI

Business & Clinical Impact

Operational Velocity

<17 min

Average STAT turnaround down from 24 minutes, locking in 99%+ emergency SLA compliance.

Quality & Precision

-40%

Reduction in clinical clarification rework loops and higher consensus peer-review scores.

Capacity Liberation

+15%

Hidden interpretation bandwidth unlocked across current workforce with zero added headcount.

AMRADNET

Timely Expertise. Better Outcomes.

Optimising Teleradiology Through Six Sigma

Higher Efficiency | Greater Diagnostic Reliability | Sustainably Lower NHS Costs

A disciplined, measurable approach to reducing cost per report through streamlined workflows, consistent quality and sustainable clinical capacity.

01

Operational Efficiency

Remove workflow waste, minimise delays and increase productive reporting

02

Diagnostic Quality

Standarise reporting, monitor variation and drive continous clinical improvement

03

Radiologist Sustainability

Balance workloads and reduce administrative friction to support lasting performance

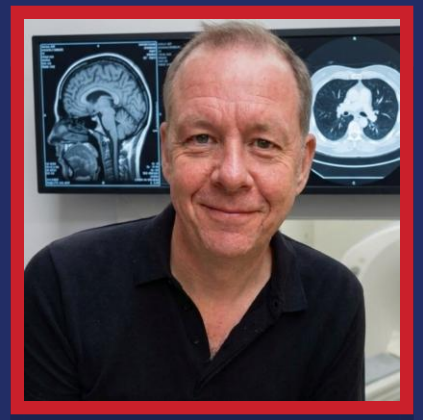
04

Long-Term NHS Value

Convert verified efficiency gains into reliable, competitive pricing and service resilience

THANK YOU

AMRADNET UK – Stand 17



Dr Craig Dick
Chief Medical Officer

Contact Us

Email: info@amradnet.co.uk
Website: www.amradnet.co.uk
LinkedIn: AMRADNET UK

AMRADNET
Timely Expertise. Better Outcomes.

Leadership Interview



Stephen W.Griffiths
Radiology Services Projects Manager
Mid and South Essex University Hospitals Group

NHS
Mid and South Essex
University Hospitals Group

one team, working together

Building the Business Case for Imaging Transformation: Turning Need into Investable Change.

Stephen W. Griffiths **Radiology Projects Manager**

HANDBAG SAVINGS

- £6,000 worth of handbags
- £4,000 worth of savings
- £2,000 Expenditure

Are there really any savings?

The £4,000 saved was invested in a trip to Disneyland Paris

£6,000 Expenditure

£0 saved

Where have the £4,000 savings gone?



NHS
Mid and South Essex
University Hospitals Group

one team, working together

Over the years, most of us parents have had to listen to numerous (informal) Business Cases presented to us by our children

I want a goldfish
Young child

I want a car

I want to go to University

I want a house
Older child



AVOID THE USE OF WORDS AND PHRASES LIKE:-

CATASTROPHIC
DISASTROUS
DANGEROUS
BLAME
MASS EXODUS
CHEAP OPTION
EXPONENTIAL INCREASE
THE HOSPITAL WILL NEED TO CLOSE IF WE DON'T DO THIS
WE ONLY HAVE ONE OPTION

QUICK EXAMPLE – OH THAT'S INTERESTING

CT OPD – You do the maths

HRG Code	HRG Name	Price (including cost of reporting) (£)	Cost of reporting (£)	OOH on-Call	Day-time Urgent	24-Hour
RD20A	Computerised Tomography Scan of One Area, without Contrast, 19 years and over	79	24	£64	£57.6	£42.6
RD20B	Computerised Tomography Scan of One Area, without Contrast, between 6 and 18 years	133	24	£64	£57.6	£42.6
RD20C	Computerised Tomography Scan of One Area, without Contrast, 5 years and under	190	24	£64	£57.6	£42.6
RD21A	Computerised Tomography Scan of One Area, with Post-Contrast Only, 19 years and over	97	24	£64	£57.6	£42.6
RD21B	Computerised Tomography Scan of One Area, with Post-Contrast Only, between 6 and 18 years	163	24	£64	£57.6	£42.6
RD21C	Computerised Tomography Scan of One Area, with Post-Contrast Only, 5 years and under	233	24	£64	£57.6	£42.6
RD22Z	Computerised Tomography Scan of One Area, with Pre- and Post-Contrast	100	24	£64	£57.6	£42.6
RD23Z	Computerised Tomography Scan of Two Areas, without Contrast	86	24	£96	£86.43	£69.10
RD24Z	Computerised Tomography Scan of Two Areas, with Contrast	107	34	£96	£86.43	£69.10
RD25Z	Computerised Tomography Scan of Three Areas, without Contrast	95	34	£128	£115.20	£97.9
RD26Z	Computerised Tomography Scan of Three Areas, with Contrast	116	34	£128	£115.20	£97.9
RD27Z	Computerised Tomography Scan of more than Three Areas	106	34	£160 or £192	£144.00 or £172.00	£126.70

BUSINESS CASES

1. IR Nursing staff
2. Cryotherapy
3. Nuclear Medicine staff
4. Cross-sectional staff – the big business case – Radiographers, Radiologists, Porters, A&C, Vetting
5. Theatre 19 at Broomfield
6. 3 x CT scanners at Broomfield
7. CT in a relocatable at Broomfield
8. 4wte Radiographers to support Radiographer reporting at Broomfield
9. CT scanner and suite at Southend
10. Radiologist Accommodation at Southend
11. Contrast Enhanced Mammography (CEM)
12. Screening Room at Southend
13. Recovery room at Southend
14. Introduction of RCR reporting numbers / allocations
15. ROCC
16. GP referral Catalogue
17. Radiology Clinical Rellows
18. Community based Portable x-ray service
19. Postmortem CT service

CONVENZIS

Case Study

BridgeHead

RadVision

AXREM

Case Study



Maria Moors
Senior Sales Director
BridgeHead Software

RadVision 2026 | Birmingham

The Data Problem Isn’t Coming – It’s Already Here: Who’s Really in Control?



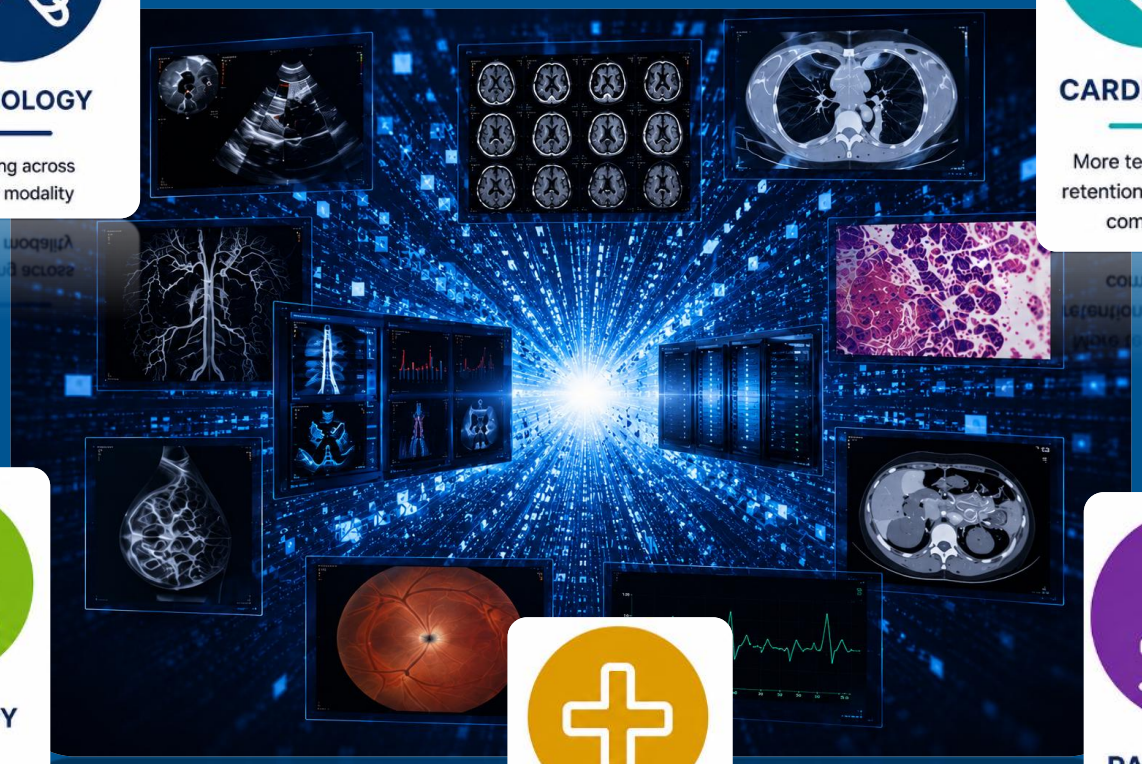
Maria Moors

Senior Sales Director

BridgeHead

STORE | PROTECT | SHARE

Data Is Growing Faster Than We Can Manage



RADIOLOGY

Imaging across every modality

CARDIOLOGY

More tests, longer retention and higher complexity

ENDOSCOPY

Increasing volumes across procedures and specialties

OTHER MODALITIES

Genomics, ophthalmology, nuclear medicine, dermatology and more

PATHOLOGY

Digital transformation driving exponential data growth

BridgeHead

You Think You're Managing Your Data…

…but it's managing you!

Legacy systems, siloed archives and vendor lock-in quietly dictate how your data is stored, accessed and retained – limiting control & increasing risk

LEGACY SYSTEMS
Outdated technology driving complexity, cost & Inefficiency.

SILOED ARCHIVES
Fragmented data Across systems & locations

VENDOR LOCK-IN
Proprietary platforms restrict access, flexibility & choice



This Isn’t Just An IT Problem



Fragmented Data = Fragmented Care

ACCESS TO CLINICAL HISTORY
Critical information is scattered across systems, delaying decisions and impacting care.

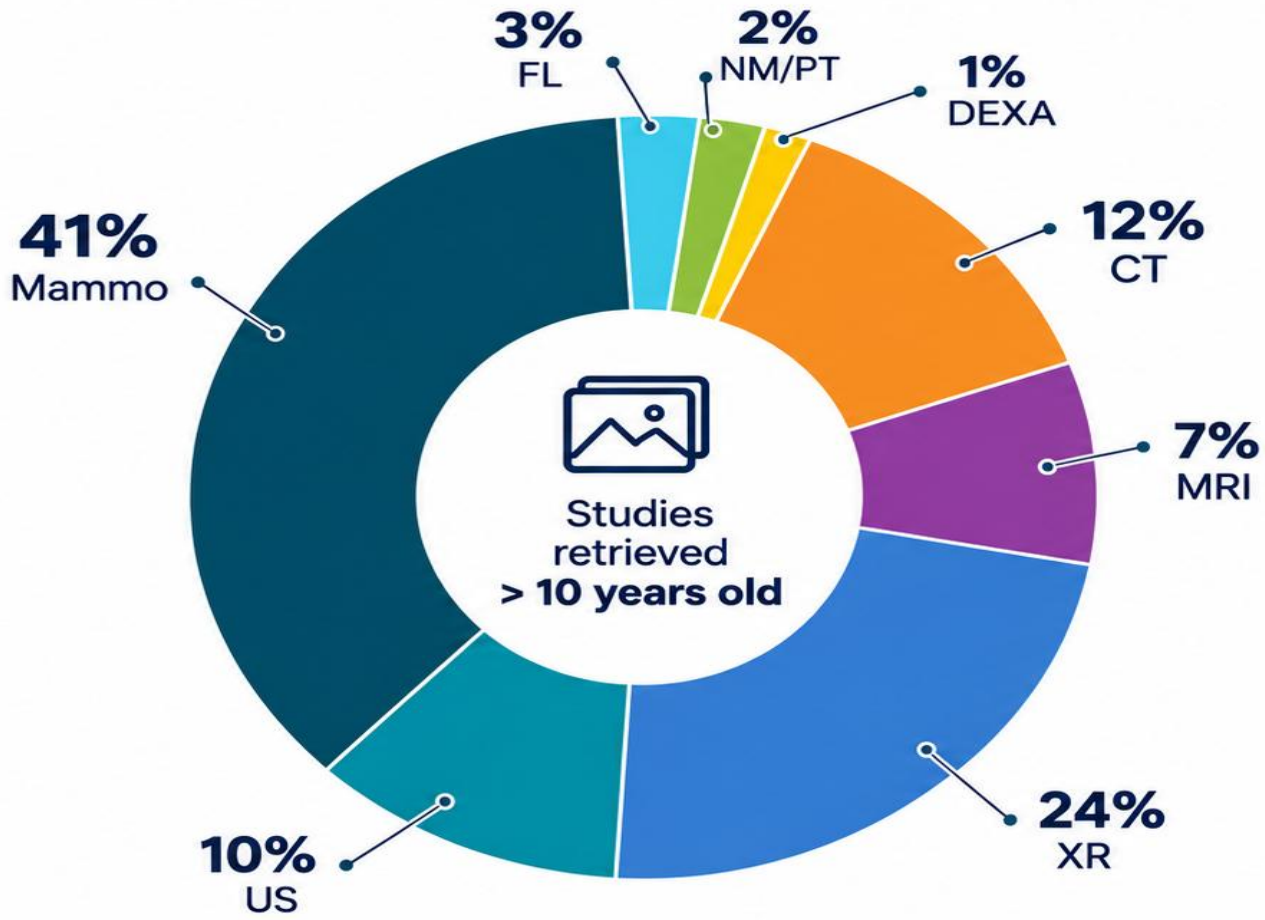
COST & INEFFICIENCY
Duplication rework & annual processes drive up costs & consume valuable time.

GOVERNANCE & COMPLIANCE
Siloed data increases risk, complicates auditability and makes compliance harder to achieve.

FUTURE INNOVATION
Fragmented data holds back analytics, AI and the future of connected care.

BridgeHead

Modality Type Retrieved over 10-Years-Old



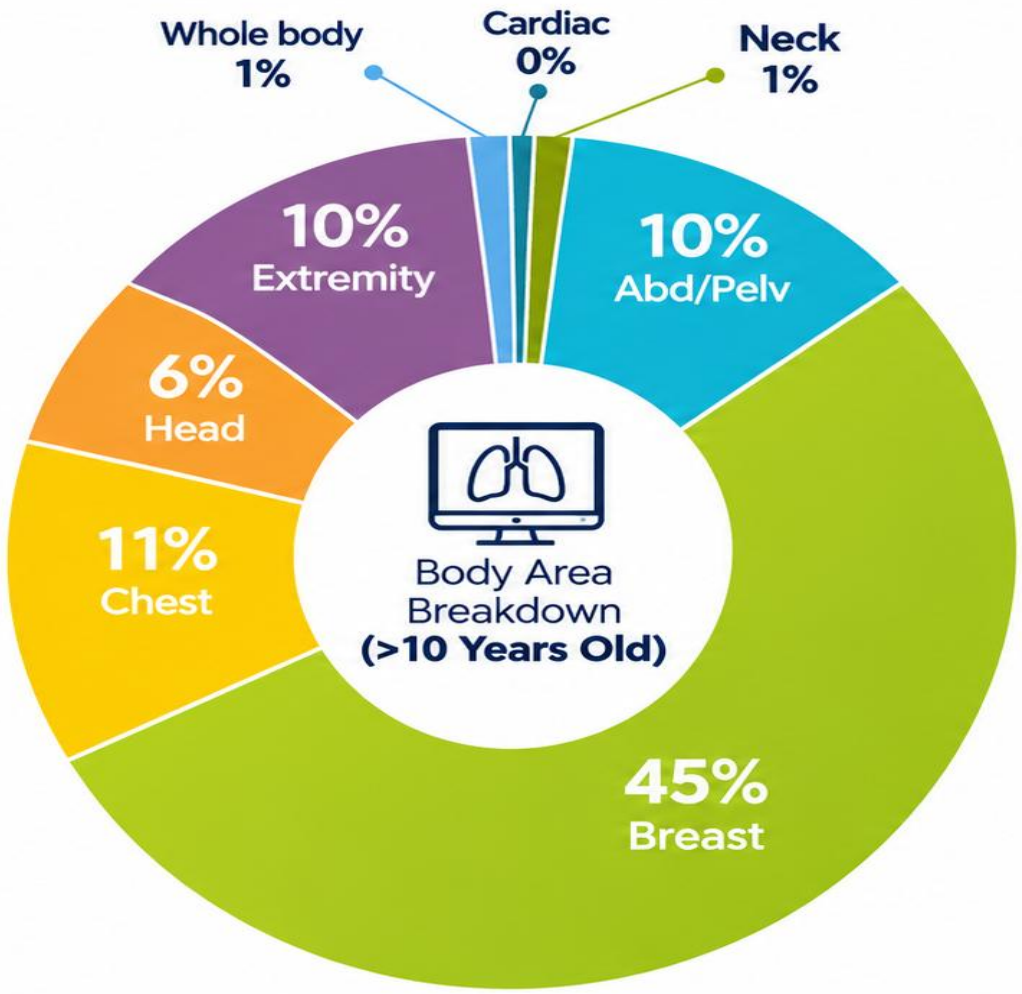
FL	3%
NM/PT	2%
DEXA	1%
CT	12%
MRI	7%
XR	24%
US	10%
Mammo	41%

Key Takeaways

- Mammography (41%) and X-ray (24%) account for **65%** of older study retrievals
- CT (12%) and MRI (7%) remain clinically significant even after 10 years
- A broad mix of modalities confirms the ongoing clinical value of historical imaging

Reference: Journal of Health Informatics, Oct 2025. Records Retention and Dispositions: Should we Retain Archived Imaging Studies Older than Ten Years?

Body breakdown - Journal of Informatics



Body Area Breakdown

Breast	45%
Abd/Pelv	10%
Chest	11%
Head	6%
Extremity	10%
Whole body	1%
Cardiac	0%
Neck	1%

Key Takeaways

- Breast imaging **(45%)** accounts for nearly half of older study retrievals
- Chest **(11%)** and Abd/Pelv **(10%)** are also frequently accessed
- Retrievals span a wide range of body areas, reinforcing the ongoing clinical value of historical imaging

Reference: Journal of Health Informatics, Oct 2025. Records Retention and Dispositions: Should we Retain Archived Imaging Studies Older than Ten Years?

Why Historical Imaging Stil Matters - Rethinking Retention, ILM and Clinical Risk

1. THE INDUSTRY ASSUMPTION IS WRONG
Historical imaging is not dormant. Clinical relevance does not expire at 10 years

2. ARCHIVES ARE MORE IMPORTANT
Chronic disease, longer lifespans and longitudinal care increase the value of historical imaging

3. POLICIES DRIVEN BY COST, NOT CLINICAL EVIDENCE
Retention/destruction policies are often operational or compliance driven – not clinically evidenced

4. THE FUTURE IS cILM, NOT EXTREMES
Not “keep everything forever”. Not “delete after X years”. Data value changes over time – manage it intelligently

5. CLINICAL RISK IS OFTEN INVISIBLE
Very old exams can change decisions, confirm stability and prevent unnecessary procedures. Often underreported due to workflow limitations

6. AI WILL INCREASE ARCHIVE VALUE
Longitudinal, diverse datasets are essential for future AI models, research and population health

7. VNA EVOLUTION: A STRATEGIC CLINICAL PLATFORM
From passive archive to active intelligence layer – enabling continuity, resilience and innovation

KEY MESSAGE | **Retention strategy should be clinically informed, not purely infrastructure constrained**
The archives we consider deleting today may be the clinical insights and AI intelligence of tomorrow

QUESTIONS?

Scan QR Code to Connect with Maria on LinkedIn

Maria Moors

Account Director

maria.moors@bridgeheadsoftware.com

(0)7795 400660

BridgeHead

STORE | PROTECT | SHARE

CONVENZIS

Lunch & Networking



Chair Afternoon Address



Bob Childe
Chief Commercial Officer
AXREM Vice Chairman

NHS Deep Dive



Siman Shah
Principal Clinical Scientist & Senior Analytics Manager in Operational Productivity
Guy's and St Thomas' NHSFT

NHS Deep Dive - Accelerated MRI in Practice: Turning Technical Innovation into Safe Capacity Gains

Simon Shah
Senior Manager – Operational Productivity
Principal Clinical Scientist – MRI
November 2026

The challenge: Increasing MRI capacity

~360k
Patients waiting for MRI

+15%
Waiting-list growth in one year

22%
Waiting over six weeks

+16%
Growth in NHS MRI scanner numbers
England, 2022/23 to 2025/26

+19.0%
Growth in MRI examinations over two years
2022/23 to 2024/25, England

Source: NHS England DM01, NHSE NIDC and DID



GOV·UK

Home > Business and industry > Science and innovation > Artificial intelligence

Press release

One million more scans to help catch cancer sooner

125 more NHS scanners and AI technology are helping deliver a million extra scans each year, supporting earlier cancer diagnosis and faster treatment.

From: Department of Health and Social Care, NHS England and Karin Smyth MP

Published: 3 November 2026

The NHS response: Investing in MRI acceleration

Increasing capacity from the existing MRI fleet:

100+

MRI upgrades

Announced in the 2024 Spring Budget

198

Upgrades delivered

NHS England programme, 2022 to 2025

54%

Compatible scanners

Equipped with acceleration by November 2026

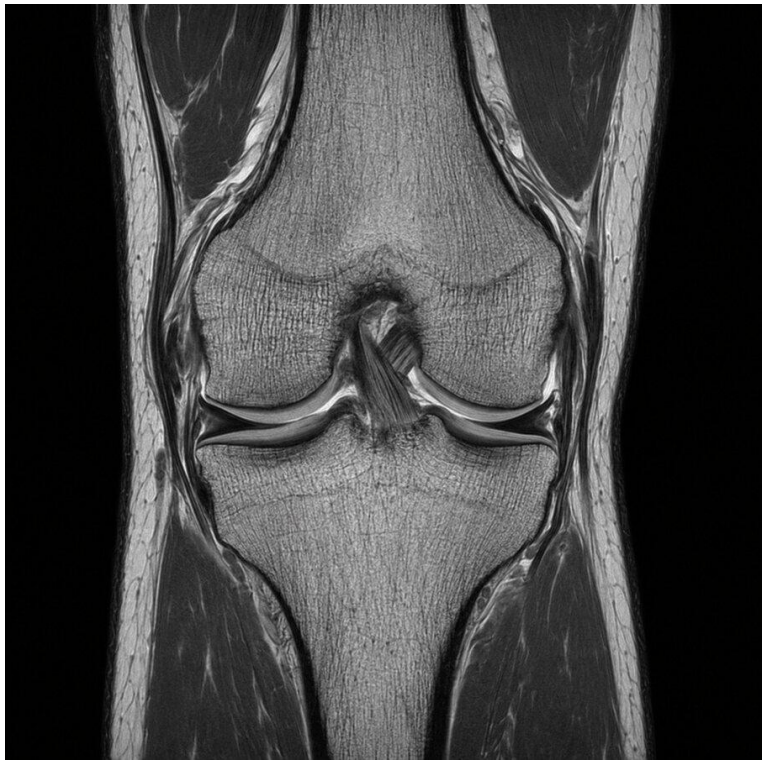
National ambition

Offer AI acceleration upgrades to all NHS trusts with compatible MRI scanners by 2029.

Sources: Spring Budget 2024; DHSC Parliamentary answer, July 2025; DHSC announcement, November 2026.
The 100+ commitment is part of the wider rollout, not an additional 100 scanners.

How does AI make MRI faster?

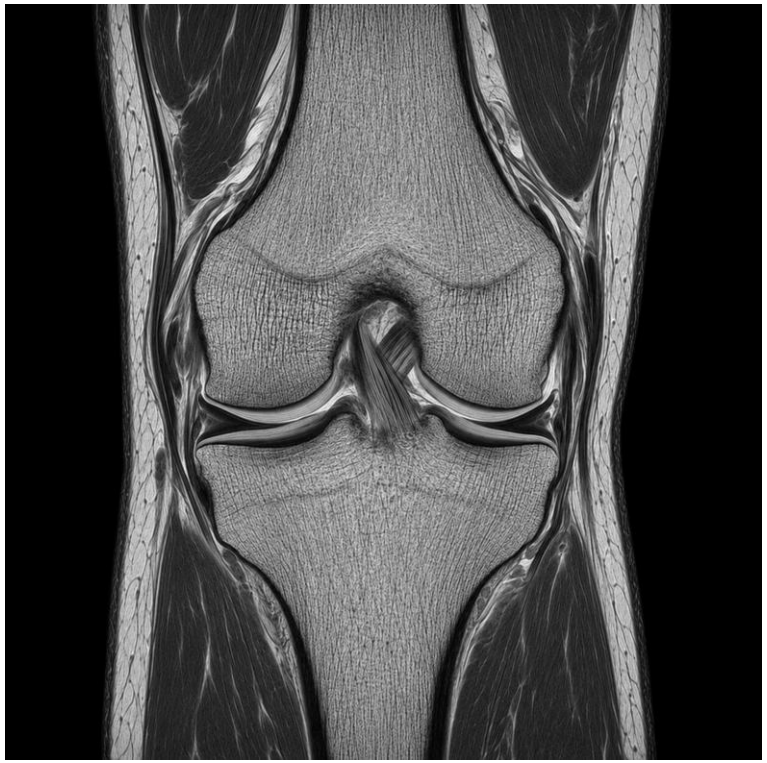
Conventional MRI



Scan for IPEM MRI resource

+ AI

Accelerated MRI



35%

reduction in time

AI reconstruction can help maintain image quality when we collect less MRI data.

Procuring MRI acceleration technology



Compatibility

Scanners and sequences



Assurance

Clinical safety and regulation



Cost

Licensing and support



Implementation

Training and workflow

Procurement needs to account for the work required to implement the technology

MRI Acceleration Technologies



Scanner-integrated

Siemens Deep Resolve

GE AIR Recon DL / Sonic DL

Philips SmartSpeed Precise

Canon AiCE

United Imaging DeepRecon



Vendor-neutral

AIRS Medical SwiftMR

Subtle Medical SubtleHD

Scanner-integrated reconstruction vs external image processing

Can we trust AI-reconstructed MRI?

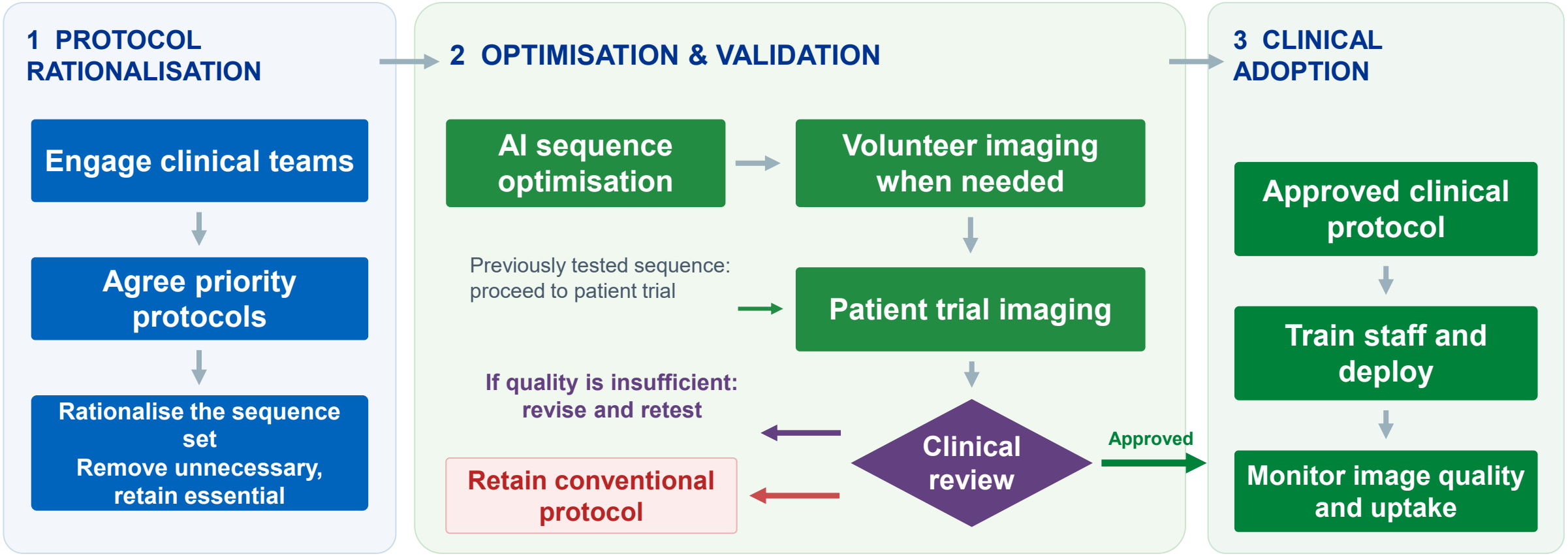
- Trained on MRI datasets before clinical use
- Models are normally fixed when deployed, with no learning during a scan
- Reconstruction starts with measurements from the patient
- Many methods check the output against the acquired data
- Images can still conceal subtle findings, so local evaluation matters



AI-GENERATED IMAGE

AI reconstruction uses real MRI data, but clinical validation is essential to ensure the images are reliable

Clinical implementation pathway



Clinical acceptance determines which accelerated protocols enter routine use.

Adapted from Martin et al., BMJ Open Quality (2025)

Turning implementation into capacity

What happens after a faster protocol receives clinical approval?

Deploy

Introduce validated protocols

Adapt

Review appointment slots and workflow

Measure

Monitor throughput and scan times

Improve

Refine the service using results

Reducing acquisition time creates an opportunity for additional capacity.
Realising that capacity requires operational change.

Barts Health | The outpatient opportunity

Mile End Community Diagnostic Centre: shorter protocols converted into appointments

THREE PDSA CYCLES

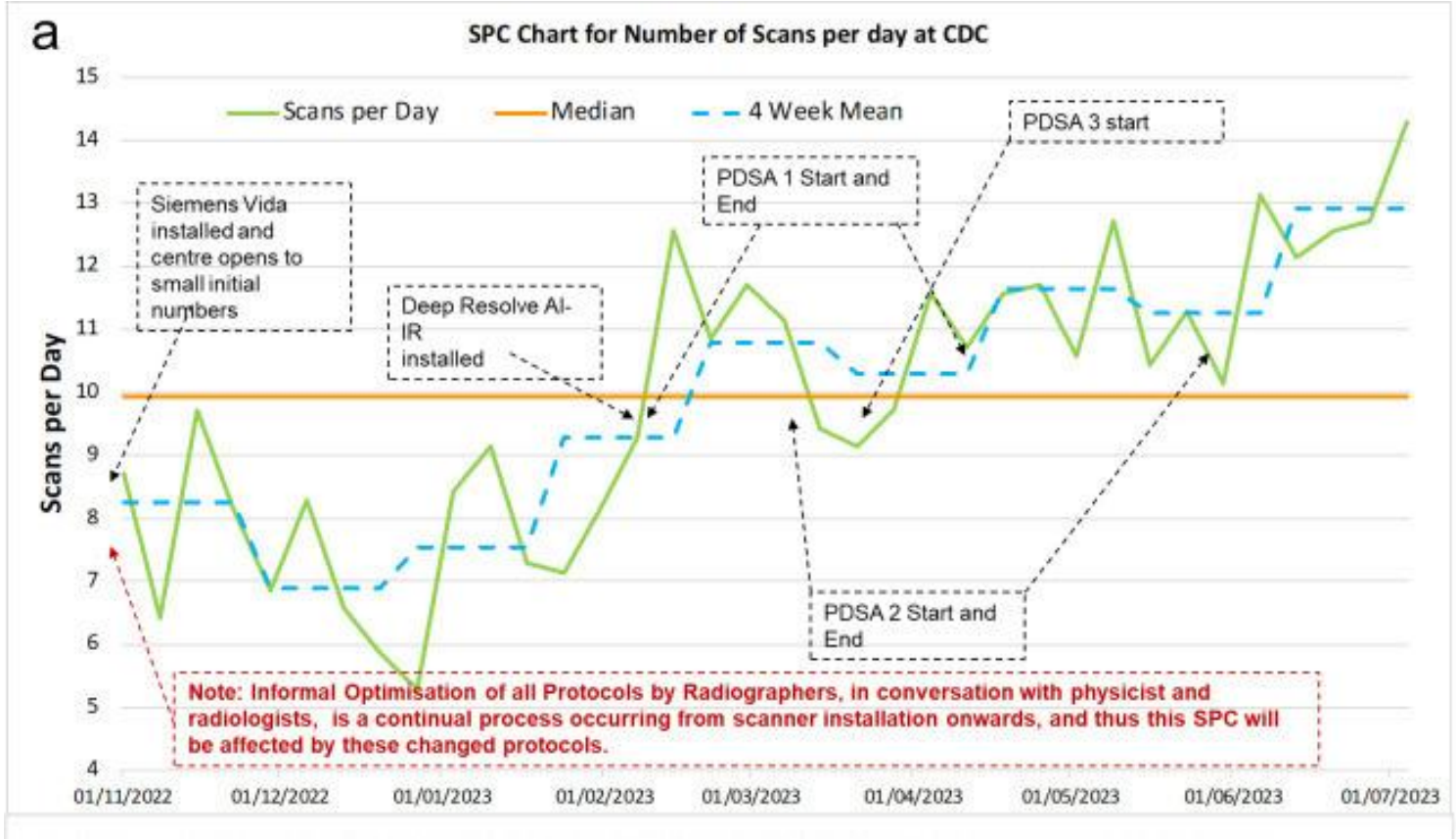
Knee • Ankle • Spine

10 min

shorter booking slots

+6

more patients scanned per day reported by the end of the project



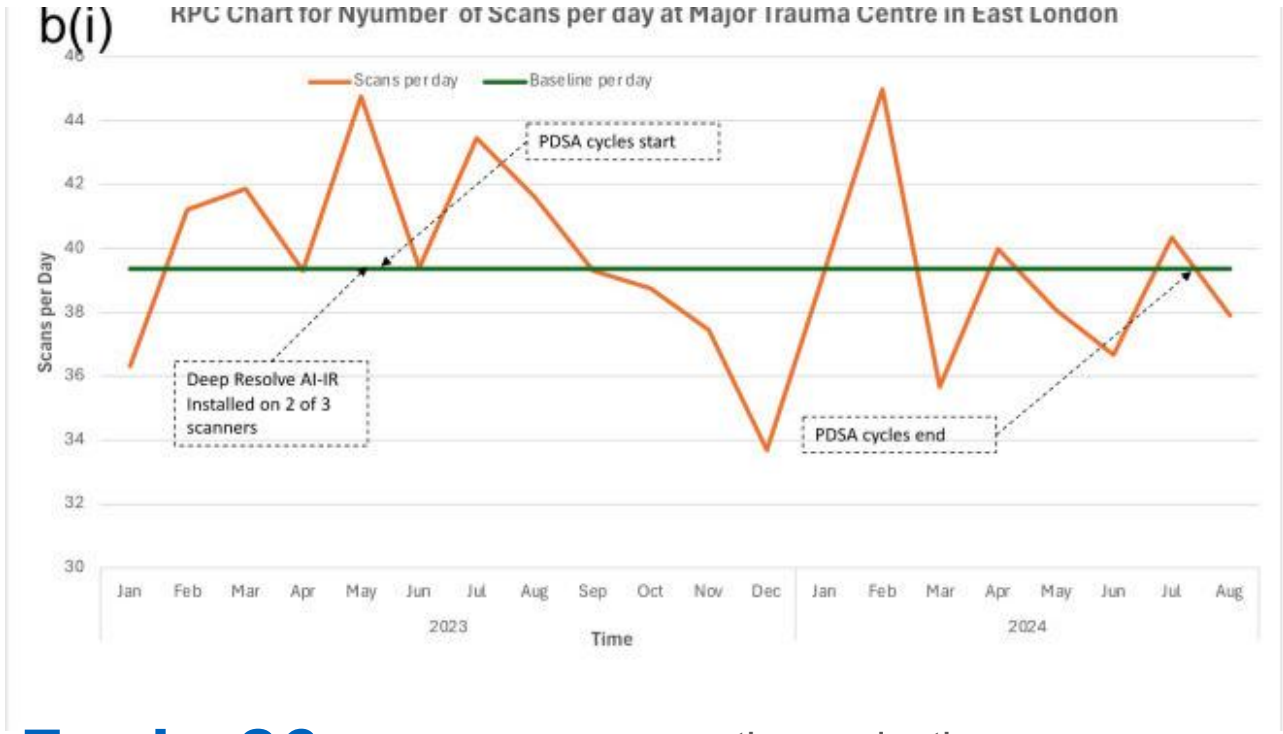
The gain came when optimised protocols were matched to shorter booking slots.

Source: Martin et al., BMJ Open Quality (2025), Fig. 2a, CC BY 4.0. Observational QI data; other optimisation was occurring.

Barts Health | Same technology, different value

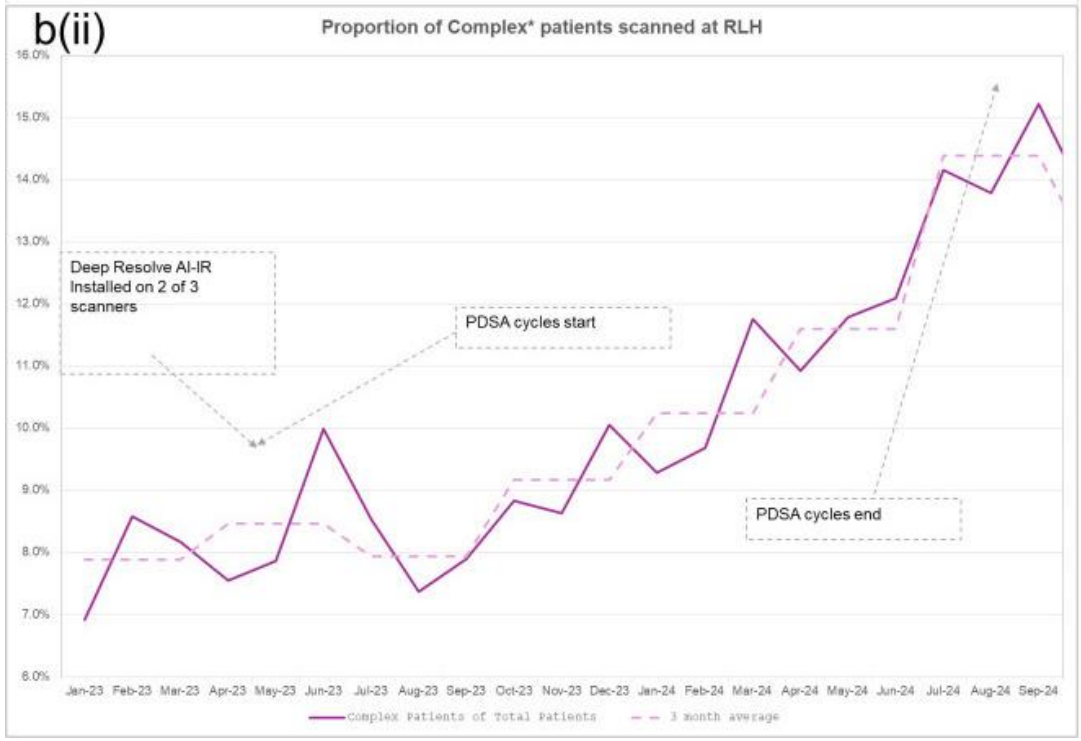
Royal London trauma centre: acquisition time was saved but daily throughput stayed broadly flat

Scans per day: little overall change



7 min 26 s mean scan-time reduction

Complex patients: larger share

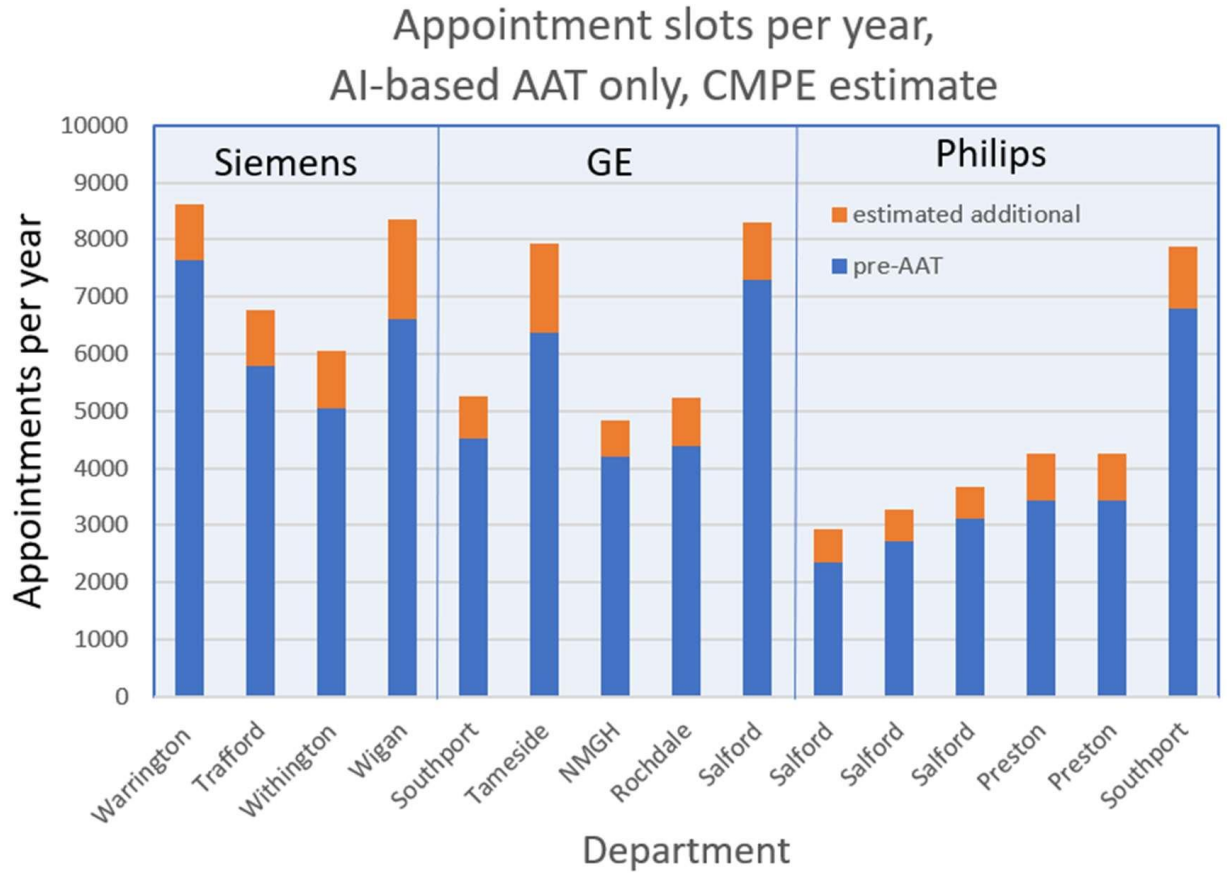


7% → 15% complex patient share

Source: Martin et al., BMJ Open Quality (2025), Fig. 2b(i-ii), CC BY 4.0. Case-mix association, not causal proof.

The Christie | Regional capacity and economics

18 AI-equipped scanners in North West England: estimated capacity and outsourcing comparison



16,040

additional 30-minute slots/year estimated across 18 scanners

18.8%

estimated uplift across the 15 scanners with robust pre-AAT data

£2.74m

one-off software and hardware costs

£1.87m/yr

cost of outsourcing equivalent volume

Estimated appointment capacity is not completed activity; outsourcing-equivalent cost is not a realised cash saving.

Source: Jackson & Hutton, The Christie MR Physics Group, IPEM Case Study 5 (2025), Fig. 3, pp. 5–8.

Where does the time saved actually go?

The MRI patient pathway

Arrival	Preparation	Set-up	Acquisition	Turnaround
Check-in	Screening and changing	Positioning the patient	MRI sequences **AI acceleration**	Patient exit and room preparation

AI reduces acquisition time, but the other stages still require time and staff.

Reducing acquisition time creates an opportunity to improve capacity, but the benefit depends on the wider workflow.

What have we learnt from AI acceleration?

1 The benefit depends on the clinical service

More outpatient appointments may be valuable at a CDC. In acute MRI, the priority may be improving access for complex patients.

2 Implementation needs more than software funding

Clinical expertise, staff engagement and operational changes are essential to realise the benefits.

3 We need to measure what actually changes

Faster acquisitions, additional booking capacity and improved patient access are different outcomes.



GOV·UK

Home > Business and industry > Science and innovation > Artificial intelligence

Press release

One million more scans to help catch cancer sooner

125 more NHS scanners and AI technology are helping deliver a million extra scans each year, supporting earlier cancer diagnosis and faster treatment.

From: Department of Health and Social Care, NHS England and Karin Smyth MP

Published: 3 November 2026

What's next? Modelling the value of imaging

Looking beyond scanner productivity to understand the impact on patient care.

Imaging services

Capacity and access

Patient waiting times

Operational efficiency

Wider patient pathways

Time to diagnosis

Clinical decisions

Treatment pathways

Value of imaging

Patient outcomes

Avoided interventions and delays

NHS resource use

Can modelling help us understand where imaging delivers the greatest benefit?

AI Acceleration in MRI: Key Takeaways

Faster imaging

AI reconstruction allows shorter acquisitions while maintaining clinically acceptable image quality.

Careful implementation

Protocol optimisation, clinical validation and ongoing monitoring are essential.

Benefits for patients and services

Shorter examinations can improve patient experience and create opportunities for additional capacity.

AI acceleration is ready to make a meaningful difference to MRI services.

Keynote Presentation





Rebecca Storey
Group Imaging Quality Standards Manager
Barts Health NHS Trust

Tebsy Varkey
CSD Divisional Quality Lead/Group Radiation Safety Assurance and Imaging Quality Team Manager
Barts Health NHS Trust

WeCare
Our vision, values and behaviours

NHS
Barts Health
NHS Trust





Building Quality into Imaging Transformation: QMS, Regulatory Compliance and CDC Accreditation

The Barts Health NHS Journey

Rebecca Storey

Group Imaging Quality Standards Manager

Tebsy Varkey

Group Radiation Safety Assurance & Imaging Quality Team Manager/ CSD Divisional Quality Lead

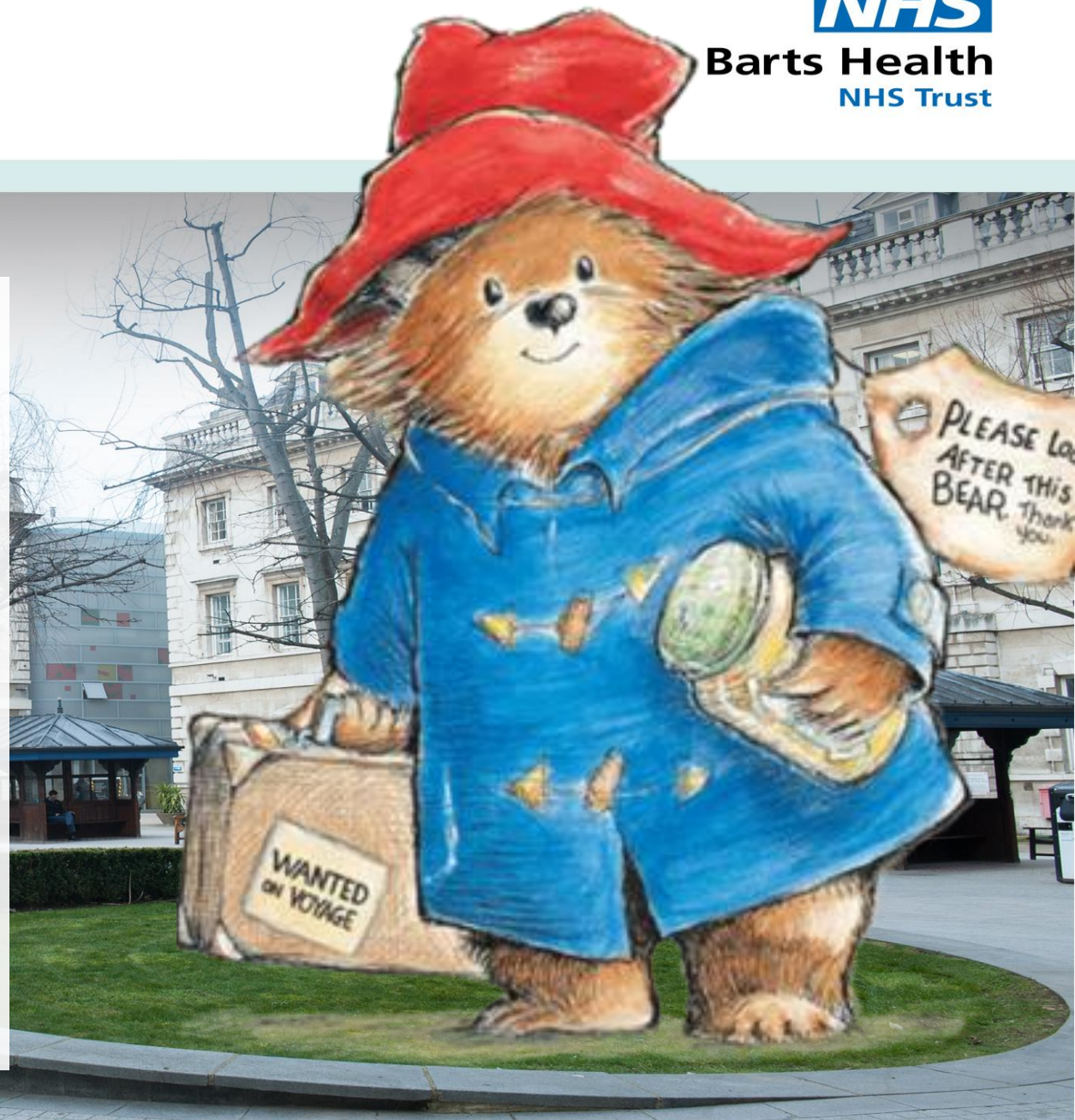
WeCare
Our vision, values and behaviours

NHS
Barts Health
NHS Trust

Just like Paddington's journey from Peru, Barts Health have been on a journey of their own...

Pay attention during this presentation for Paddington references

Scan the **QR code** at the end of the presentation to submit your answers & be entered into a prize draw!



WeCare
Our vision, values and behaviours

Your Guest Speakers

NHS
Barts Health
NHS Trust



Head of Group Radiation Safety Assurance, Barts Health NHS Trust

Tebsy Varkey provides strategic leadership for radiation safety, clinical governance and regulatory compliance across Barts Health NHS Trust. She brings **over 15 years of experience working at Associate Director level in Clinical Governance**, providing a strong foundation in patient safety, risk management, quality improvement and organisational assurance. Her role spans Diagnostic Imaging, Nuclear Medicine, Radiotherapy, Medical Physics, Radiopharmacy, Cardiology, and Surgical Services, ensuring the safe and effective use of radiation in patient care.

She leads Trust-wide programmes focused on regulatory compliance, risk management, patient safety, quality improvement, inspection readiness, and organisational assurance. Key responsibilities include oversight of IR(ME)R and IRR17 compliance, radiation incident management, audit and accreditation programmes, governance frameworks, and assurance reporting.

Through collaboration with clinical, scientific, operational, and executive teams, Tebsy has driven the development of standardised governance processes, strengthened regulatory preparedness, and enhanced organisational visibility of radiation-related risks and performance. Her work focuses on embedding a culture of safety, continuous improvement, and robust assurance to support high-quality, patient-centred healthcare services.

Areas of Expertise: Radiation Safety • IR(ME)R Governance • Medical Physics • Quality Management • Patient Safety • Regulatory Compliance • Risk Management • Organisational Assurance • Service Improvement • Healthcare Governance.

Group Imaging Quality Standards Manager, Barts Health NHS Trust

A clinical and reporting radiographer by background, Rebecca provides **strategic oversight of quality, patient safety, regulatory compliance and accreditation across Imaging and Cardiac Diagnostics**, supporting services across the Group to meet regulatory requirements and key quality standards as the Trust progresses towards imaging accreditation. Key responsibilities include adherence to IR(ME)R, IRR17, QSI and BS 70 000 standards, the implementation of the Patient Safety Incident Response Framework (PSIRF), audit and training agenda, QMS management and reporting.

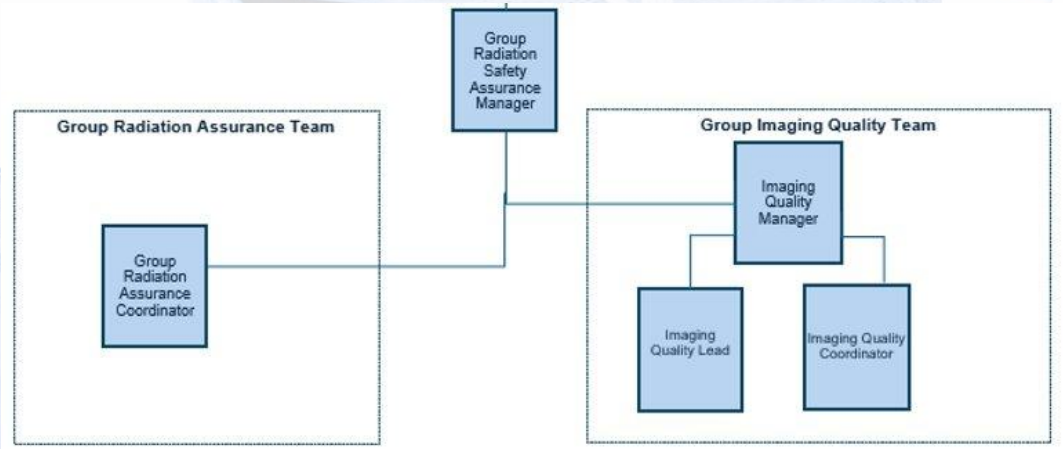
Her portfolio includes the project management of a trust wide QMS system, project leadership of patient safety initiatives such as non-medical imaging referrer governance, medicines administration governance & MDT education. Rebecca led an IRMER Pause and Check initiative, which was recognised and showcased nationally by the CQC IRMER inspectorate and was a runner up in the 2024 RCR Audit Poster competition alongside her fellow radiology and cardiothoracic auditors.

Rebecca prides herself on maintaining several extracurricular roles as a Radiation Protection Supervisor, Quality Improvement Coach, Mental Health First Aid Champion & Inclusion Ambassador.

Areas of Expertise: Cardiac Imaging • Paediatric Imaging • MSK reporting • Radiation Protection • IR(ME)R Governance • Medicines Governance • Quality Management • Patient Safety • Regulatory Compliance • Risk Management • Quality Improvement.

Establishment of the Quality Team & the start of our journey

- The Group Imaging Quality Team was established in June 2023. The team comprised of:
- Band 8a Quality Manager (Radiography background)
- Band 7 Quality Manager (Radiography background)
- Band 4 Quality Standard for Imaging Coordinator



Group Imaging Quality Team



Barts Health NHS Trust

Barts Health NHS Trust is based in London, spanning across 5 main hospital sites, a series of satellite hubs and a Community Diagnostic Centre (CDC).
Each hospital has a unique mix of specialist skills and cares for their local communities:

- The Royal London Hospital is one of the biggest hospitals in London, combining specialist centres of excellence with routine care for people in Tower Hamlets. It is home to a major trauma centre, hyper-acute stroke services, and the London Air Ambulance. It also provides cutting-edge complex surgery, critical care, renal services and dentistry as well as having one of the UK's largest children's hospitals. RLH imaging are looking to establish remote x-ray services in a collaborative QI project with the Physician Response Unit.

- St Bartholomew's Hospital in the City, the oldest hospital in the country, is now a world-class centre for cardiac and cancer care, the largest heart hospital in the UK and one of London's top cancer centres, serving patients from beyond the capital. The hospital has recently opened a new Smithfield wing, providing a specialist breast cancer centre for east London and increasing capacity for private work.

- Whipps Cross Hospital is a busy local hospital serving Waltham Forest and Redbridge while developing specialist expertise in frailty and care for older people to meet local needs and become a group centre of excellence.

- Newham Hospital is a busy local hospital and a centre of excellence for planned orthopaedic surgery, as well as having a busy emergency department and a large maternity unit.

- Mile End Hospital is a community hospital hosting diagnostics, rehabilitation, long-term condition management and mental health services.



Building Quality into Imaging Transformation: Our Reactive Approach

CQC & HSE inspections undertaken at Royal London Hospital and Whipps Cross University Hospital (May / June 2021). Findings triggered consideration of enforcement action under Section 31 of the Health and Social Care Act 2008.

- **Lack of risk assessment and risk management processes:** Robust governance framework with risk management at the heart of departmental culture, a key feature on meeting agendas, reinforced by leadership, training development opportunities for all staff. Risk assessments are managed via the Datix system. Radiation risk assessments are reviewed, approved and version controlled on the imaging Quality Management System which is accessible to support staff ie RPAs and managers.
- **Radiation protection governance gaps**: Staff were previously unable to consistently identify key statutory roles: Radiation Protection Advisors (RPA), Radiation Protection Supervisors (RPS), Medical Physics Experts (MPE). Site-level leadership for radiation safety was implemented with a Radiation Safety Lead appointed at each hospital site to provide clear leadership, coordinate radiation safety activities, and strengthen local governance arrangements. Daily reinforcement though the safety huddles and governance notice boards. Roles and staff contact details displayed in each clinical area and version controlled on the IQMS system with staff acknowledgement requirements.

Devolvement of Group Clinical Support Services (GCS) to hospital sites and strengthened oversight: Established new Clinical Support Division (CSD) structures at (SBH) and equivalent divisions across other hospital sites to enhance local leadership, governance, and operational oversight of imaging and support services.

Establishment of Radiation Protection Supervisor (RPS) groups: Implemented formal RPS groups across all sites to strengthen local accountability, improve engagement, and ensure consistent application of radiation safety standards.

Successful implementation of IQMS (Q-Pulse) for Diagnostic Imaging. With the launch of the documents, people & training modules

Creation of a central assurance function: Established a new **Radiation Assurance and Imaging Quality Team** to provide independent oversight, standard setting, audit, and continuous quality improvement across imaging services.

Re-established the Hospital RPC meetings with Medical Directors / deputy Medical Director as the chair and increased meeting frequency introduced temporarily. These meetings have reduced in frequency in 2026, as significant progress has been made.

Alignment of ionising and non-ionising radiation governance: Established a unified governance framework bringing both ionising and non-ionising radiation under a single, standardised process.



NHS
Barts Health
NHS Trust

Implementing a system of Quality Management

- The trust had a number of QMS systems in place (SharePoint/shared drives) though none were fit for purpose, and this made document and training record management in particular, a challenge. With 10 imaging departments across 5 main hospital sites, document management without a formal document management system was seemingly impossible.
- Other alike departments had a formal quality management system and a licence pool which could be utilised. We repurposed a disused database, paid for minimal additional licences and began the process of implementing our own QMS based on their experience and expertise.
- Visited & virtually engaged with many imaging departments across the country who had achieved accreditation and shared learning about their QMS systems and approach.

Initial Actions

Team Established

June 2023

Options Appraisal

July 2023

Development of a business case & charity funding application

Aug 2023

Development of a project plan

Aug 2023

June 2023

Assessment of Requirements (storage, database capacity, licensing)

July 2023

Shared Learning & Engagement with Internal Users

Aug 2023

Development of a group risk

Aug 2023

Stakeholder Engagement: Leadership support, understanding of QMS requirement, funding confirmation, site based risks developed

NHS
Barts Health
NHS Trust

QMS & Document Management

Document Reference:	Diagnostic Imaging		NHS Barts Health NHS Trust
Hospital:	Owner:	Effective Date:	Review Date:

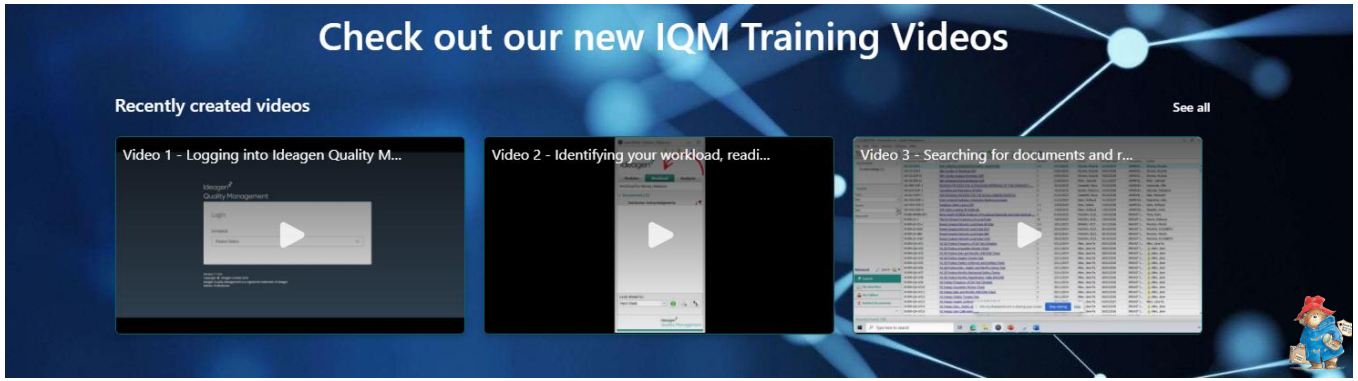
- Defined review periods (and reminders), ownership,

clear approval route, clear scope

- Version controlled documents with document control headers
- Acknowledgement functionality (capturing of key regulatory compliance metrics such as local rules or IRMER Employer's Procedures signatures) This has since been rolled out to capture PGD & PSD signatures.
- Improved oversight of compliance – report pulling
- Training videos, guidance documentation
- Configuration of the system
- Development of document control tools – standardised templates, unique document identifiers, document control headers
- Document validation and amnesty
- Project plan
- Resources
- Comms to staff
- Dedicated SharePoint Page
- Establishment of an implementation

working group to provide key information, support shared

learning and approve documentation with appropriate consultation



QMS Implementation

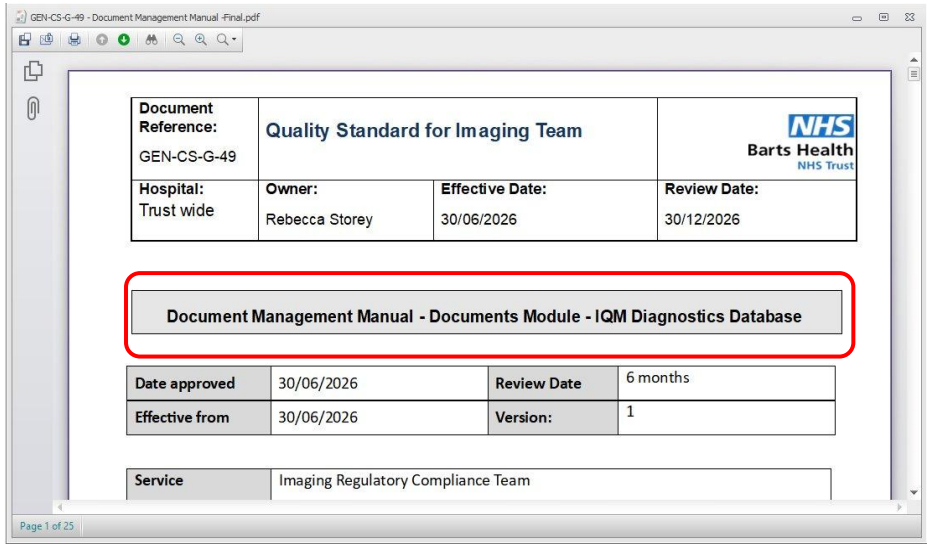
- Designing the system
- Communication with the team - Nomination of site leads and development of a comms plan
- Development of guidance and documentation –user guides, training videos, change management form, document management manual, templates, document control headers
- IG and ICT considerations. BCP, DRP, PAD form, CRF, knowledge article
- Appointment of a project manager
- Configuration requirements

- Onboarding of staff, permissions, distribution groups

>1500 staff to onboard

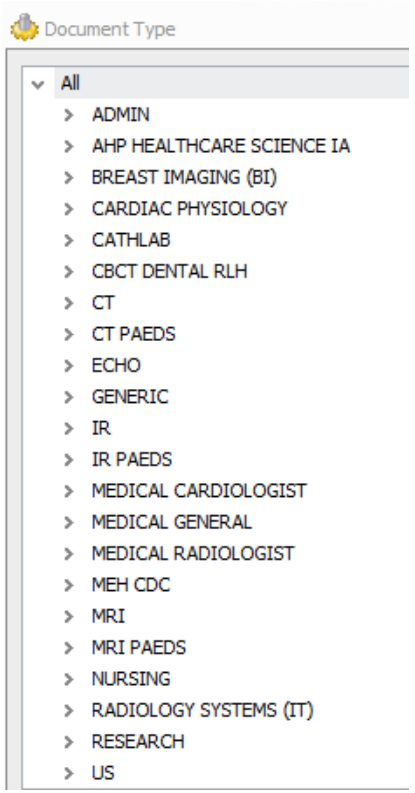
Over 10 departments

Need to consider the potential distribution of documents for the needs of each departments



Prefix
CT-SBH-SOP-
CT-SBH-PGD-
CT-SBH-RRA-
CT-SBH-LR-
CT-SBH-DRL-
CT-SBH-PROTO-
CT-SBH-G-
CT-SBH-RPS-CERT-
CT-SBH-RPS-APP-
CT-SBH-RPS-SF-
CT-SBH-TEMP-
CT-SBH-EDTR-
CT-SBH-EQ-
CT-SBH-POL-N-
CT-SBH-POL-L-
CT-SBH-POL-T-
CT-SBH-IRMER-
CT-SBH-FC-
CT-SBH-PW-
CT-SBH-IP-
CT-SBH-PL-
CT-SBH-WI-
CT-SBH-TOR-
CT-SBH-CONT-
CT-SBH-R-PROTO-

NHS Barts Health NHS Trust



Benefits of a Quality & Assurance Team Impact on Regulatory Compliance

Barts Health NHS Trust

Oversight of Compliance
- Radiation Assurance Dashboards
- Power BI Quality Dashboards
- Quality reports
- QMS reports

Improved Governance:
- Defined audit schedules
- Audit management SOPs
- Audit management system
- Version Controlled Documents
- The Group Imaging Quality & Assurance Team have developed and own two group level risks relating to implementation of a quality management system and compliance with radiation regulation

Quality Accreditation Readiness:
- Document review reminders
- Outstanding Document Tracker
  Validation of documents
- Improved quality of document content
- Monthly gap analysis
- Self-assessment against regulatory and quality standards
- Version Controlled Documents

Regulatory Assurance:
- Acknowledgements of regulatory documents – local rules, IRMER EPs, PGDs
- Accessibility and validity of radiation & health and safety risk assessments
- RPS record visibility – protected time auditable, training certificates and appointment letters
- Contingency Training records
- Positive inspection outcomes – greater support with readiness and action plans
- Improved incident investigation quality



SBH Radiation Assurance Dashboard

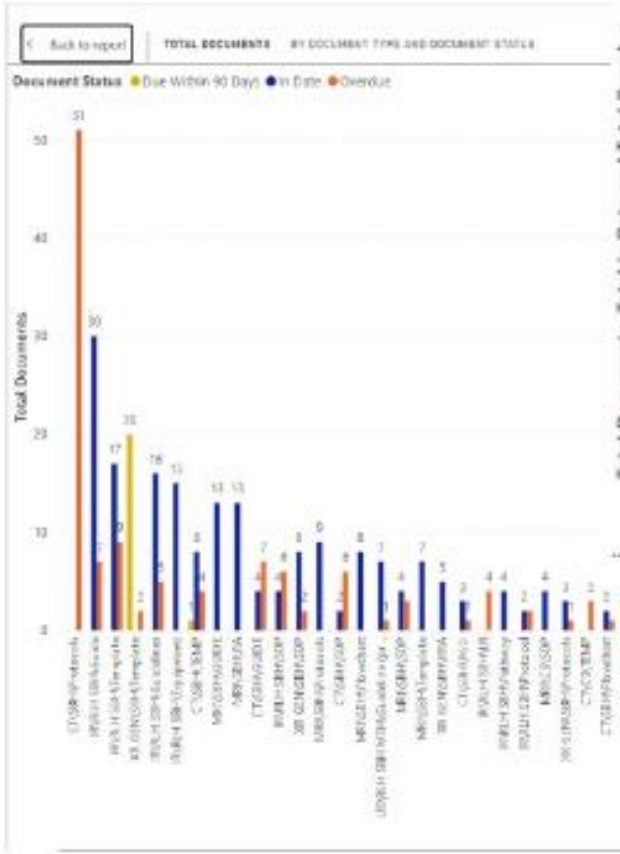
Metrics	RAG Rating			Q2	Q3			Q4			Q1			Q2		
	Red	Amber	Green	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26
IRR-17 HSE																
Local Rules (ionising IRR17 and non-ionising) & Radiation Risk Assessments (RRA) (ionising and non ionising)																
Local Rules Overdue for Review in Month- Ionising																
Local Rules Overdue for Review in Month-Non-Ionising (Laser/ MRI/UV)																
Local rules within 3 months of review date- Ionising & Non Ionising																
RRAs Overdue for Review in Month- Ionising																
RRAs Overdue for Review in Month- Non-Ionising (Laser/ MRI/UV)																
RRA's within 3 months of review date																
Overdue RRA actions																
Open RRA actions (in date)																
Radiation Protection Supervisors (RPS)																
Total Number of RPSs																
RPS training within date																
RPS training certificate within 6 months of expiry																
RPS with valid appointment ltr																
Modalities logging protected time in HealthRoster																
Lead PPE Testing (SMART ID)																
Lead PPE tracked on SmartID system																
Number of PPE items overdue for inspection (on SmartID)																
% of PPE items overdue for inspection (on SmartID)																
% PPE within 3 months of due date (on SmartID)																
SmartID)																
Link to Source Documents				http://yoursmartid.com/												
Personal Dosimetry	***e.g. 80%=78.6% ; 80%=80.3%***															
Average % return rate for Site (monthly badges)																
% return for Dept with lowest return rate																
Dosimeters outstanding (monthly badges)																
Dosimeters outstanding (quarterly badges)																
Staff doses above investigation level (DINs)																
DINs returned within 30 days (summary report)																
DINs outstanding																
Lost Monitors																
Unused Monitors																
Classified Workers																
Total No of classified workers-SBH																
Initial medicals required																
Medical reviews overdue (annual)																
Medical reviews due within 65 days																

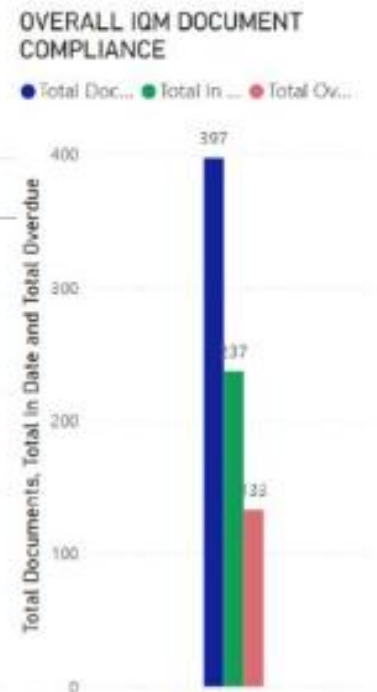
Radiation Safety Training Compliance																		
SBH Hospital compliance – Level 1																		
SBH Hospital compliance – Level 2																		
Barts Heart Centre (Level 2)																		
Cancer Centre (Level 2)																		
Clinical Services Division (Level 2)																		
Site Management (Level 2)																		
Nuclear Medicine- Level 1																		
Imaging Regulatory Compliance - Level 1																		
IR(ME)R 17- CQC																		
Equipment Quality Assurance ONLY for SBH X-ray Equipment User QA Stats																		
Outstanding Physics QA Actions																		
X-ray User QA: Tube/AEC Test (quarterly reports)																		
X-ray User QA: Alignment Test (quarterly reports)																		
X-ray User QA: Image Quality Test (quarterly reports)																		
Non-Medical Referrer (NMR) Training Compliance																		
Total NMRs on SBH Tab																		
NMR training overdue on SBH tab (using % from Jan																		
Total NMRs on Nuc Med Tab																		
NMR training overdue on Nuc Med tab																		
Total NMRs on Cardiac Imaging Tab																		
NMR training overdue on ECHO/ Cardiac Imaging tab																		
Total NMRs on the cross site tab who can request a																		
NMR training overdue on cross site tab																		
Link to Source Documents																		
IRMER/ IRR-17/ EPR & CDG																		
Radiation Safety Audit Actions (Datix)																		
Overdue RS audit actions *(ionising and non ionising)*																		
Actions from External Agency Visits																		
Overdue Actions from External Agency Visits																		
Radiation Related Incidents																		
Radiation related incidents																		
Radioactive Material Incidents																		
Radiotherapy Radiation Incidents (Level 1-3)																		
Externally reportable radiation incidents																		
Overdue Radiation incident Investigation																		
Overdue actions from Externally Reported Radiation Investigation																		

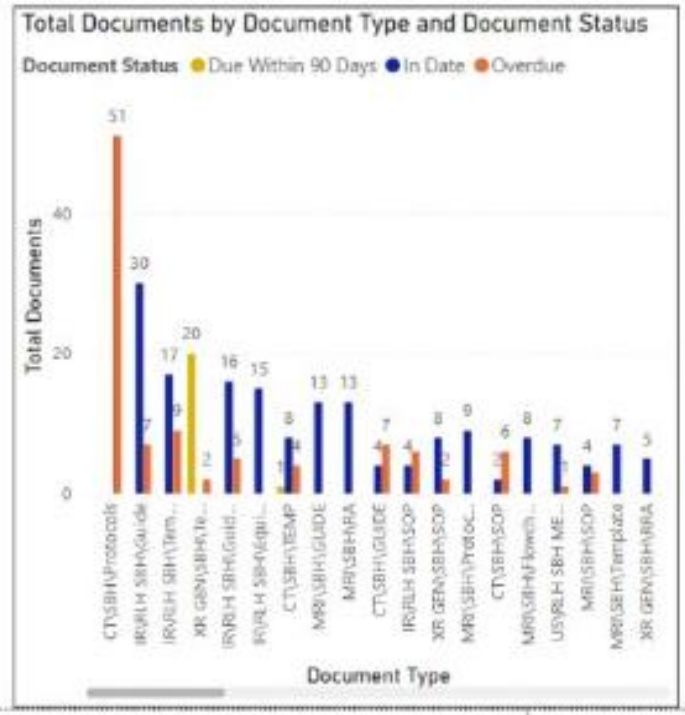
NHS
Barts Health
NHS Trust

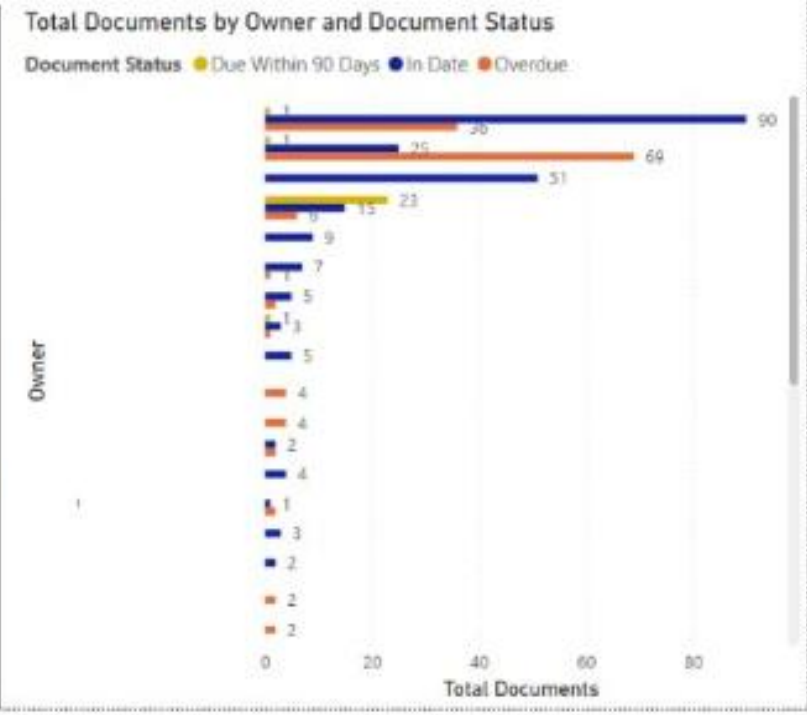
QMS Dashboards

397	237	133	27	59.70%	33.50%
Total Documents	Total In Date	Total Overdue	Total Due Within 90 Days	% of In date...	% Overdue...







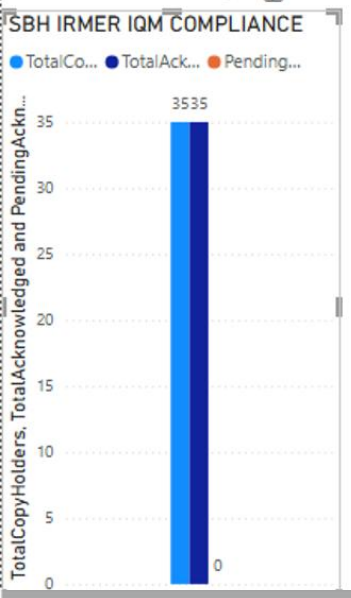


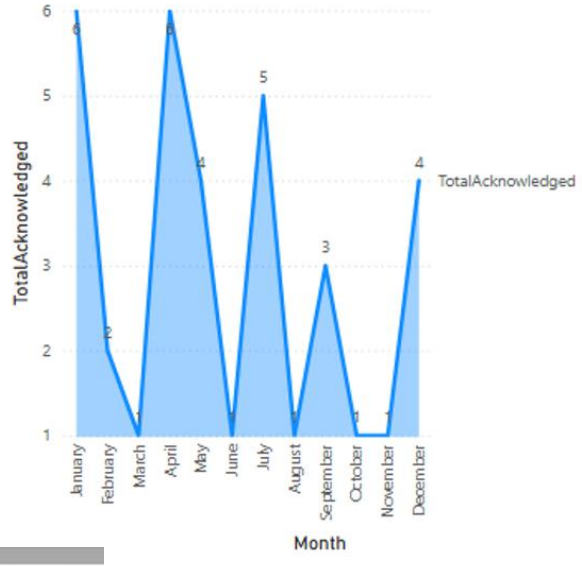
Power BI

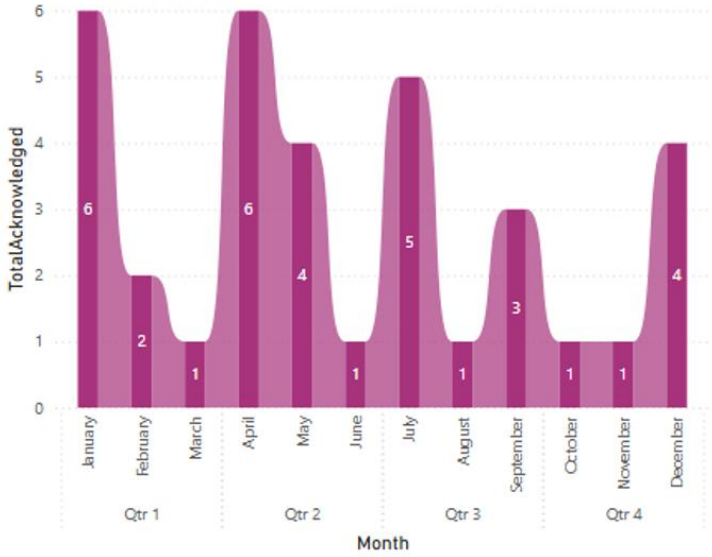
35	35	0	100.00%	107.11
TotalCopyHolders	TotalAcknowledged	PendingAcknowledgement...	PctAcknowledged	AverageDaysToAcknowledge

NHS
Barts Health
NHS Trust

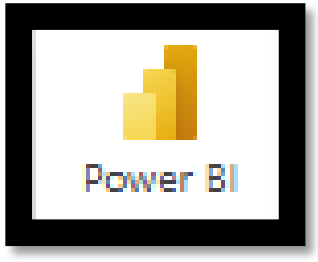
Distribution Acknowledgements

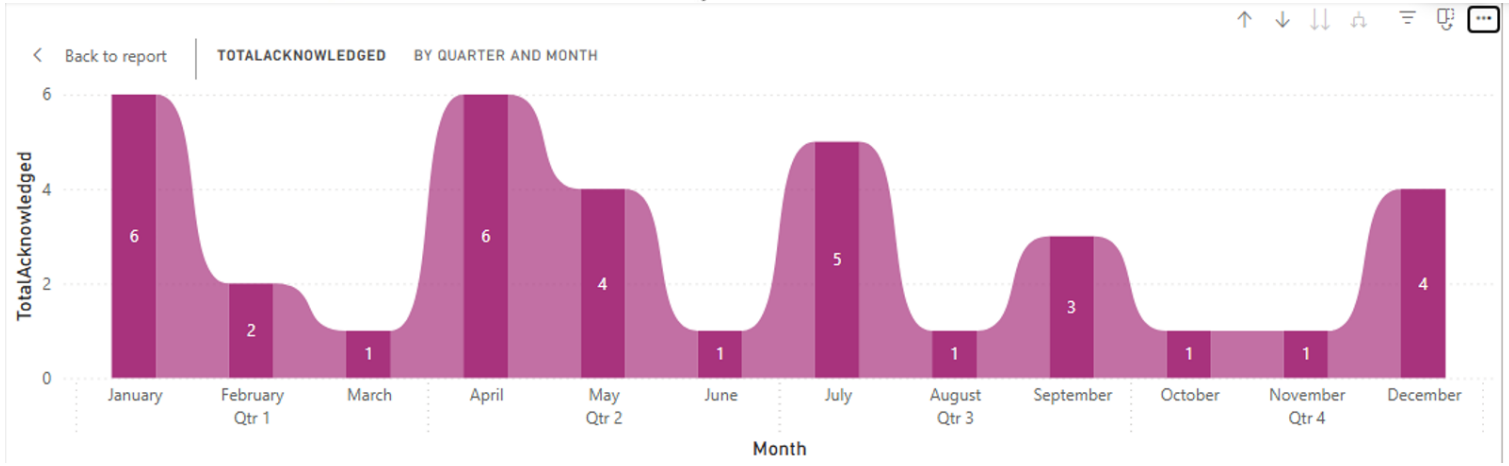






Quarter, Month	TotalAcknowledged
Qtr 1, January	6
Qtr 1, February	2
Qtr 1, March	1
Qtr 2, April	6
Qtr 2, May	4
Qtr 2, June	1
Qtr 3, July	5
Qtr 3, August	1
Qtr 3, September	3
Qtr 4, October	1
Qtr 4, November	1
Qtr 4, December	4





Q2

Group Imaging Quality Team

Quality Management Report - SBH DIGG
Month: Oct 2026

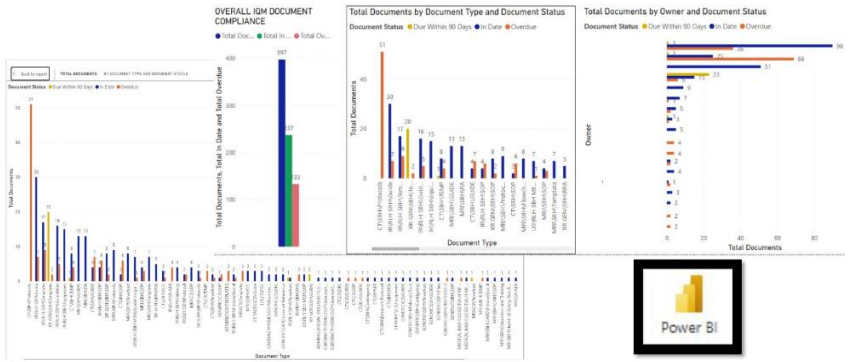
NHS Barts Health NHS Trust

Quality Standard for Imaging Report – General Imaging

3. Document Compliance – Overdue Documentation

NHS Barts Health NHS Trust

QMS Dashboards



Modality	Total no. of docs on IQM	Target % (KPI)	Overdue Documents Sept 26	Overdue Documents Oct 26	Activity Sept	Comments
Core	46	>10%	8	5	2 x SOPs updated.	Further SOPs awaiting radiologist sign off/DIGG approval
CT	101	>10%	84	76	Further 8 x docs reviewed	CT protocol review is underway in line with new scanner apps due for completion in September which affects 53 overdue protocols
MRI	74	>10%	7	6	1 document updated	All overdue documents are externally owned
Other	67	>10%	6	6	None	5 of the overdue documents are externally owned

Gap Analysis Quality Standard as per forward planner Sept 2026	
Ref	**XR-101 Imaging Service Information**
Quality Statement	Patients and their carers are offered information about the service they are to attend.
Outcome Measure	Patients and their carers confirm they have received sufficient information to support their understanding of, and access to, the service, in a format and language they can understand
Evidence to meet standard by modality	• Patient information leaflets • Appointment letters • Informative posters • Text Message information • DrDoctor information • Trust website • Operational policy (including staffing arrangements, skill mix and opening hours) • Organogram and departmental governance structures • Translator service/information translated in formats/languages patients can understand • Information on how patients' data will be used and how they can opt out • Clear process outlined for obtaining feedback from patients and carers • Review Patient Feedback and Complaints to ensure documentation and verbal information is sufficient
Gaps identified	• Contrast Enhanced Spectral Mammography (CESM) leaflets available in multiple languages (require review) • Biopsy leaflets available in multiple languages (require review) • Translator service booking information to be confirmed • Patient letters (not available on IQM or SharePoint for review) • Departmental posters (not available on IQM or SharePoint for review) • Operational policy is currently under development and requires finalisation • Organogram and departmental governance structures (not available on IQM or SharePoint for review) • Information on how patients' data will be used and how they can opt out (included on contrast questionnaire for CT – how is this captured for breast?)

NHS Barts Health NHS Trust

QMS Reports

Key Metrics:

- Document Compliance & Overdue Document Reviews
- Document Acknowledgement Compliance
- (Local Rules, IRMER EPs, Significant Findings Policy, PGDs, PSDs)
- Patient Safety Incident Learning Response
- Missing Document Trackers
- Audit Compliance
- Audit Registration
- Training & Competency Compliance
- Non-Medical Referrers
- UKAS Accreditation Gap Analysis

Imaging Outstanding Document Tracker

Barts Health NHS Trust

The tracker is updated regularly by the quality managers and imaging services where documents are identified as not yet available, through sources such as incidents, risks, gap analysis, peer review or inspections. The tracker is cross modality and cross departmental to enable collaboration and pooling of resources.

Quality Standard	Document Name	Purpose of Document	Is there an available Cross site/other site document to adapt	Priority	Owner	Status (Not written / Draft / Approved)	IQMS upload status	Date uploaded to IQMS	Uploaded by Who:	Comments/ Progress note
XR-402 PACS and R	IEP transfer process	incident where the radiographer did not send the image priority correctly					TBC	TBC	TBC	Highlighted to to create this proccess - she is the owner for IEP downtime procedure document, PACS to advise too?
XR-501 Referral ma	Pause and check local	Following on from multiple pause and check incidents ..... / seems to have many every month, needs a local one with IQMS acknowledgment?	there is a CS pause and Check SOP - owns, and SBH have their own uploaded on IQMS				TBC	TBC	TBC	Raised this in the DIGG meeting - need to discuss wit mostly XR pause and check errors
XR-601 Operationa	Medica downtime procedures	Is this included in BPC, Include the proccess for the use of other telereporting during downtime (TMC)					TBC	TBC	TBC	Already in BCP 04/08
XR-510 Unexpecte	Process for medica to report significant findings	Datix id not email SF					TBC	TBC	TBC	emailed to confirm proccess and if it requires documentation
XR-402 PACS and R	PACS SOP for writing exam coding	following on from previous datix's, incorrect areas scanned				16/07/26 RPC - confirmed this is being written	TBC	TBC	TBC	
XR-511 Pathway an	flowchart process for undisplaced fracture	highlighted in DIGG, pt's mistakenly sent back to GP for ortho refferal -incorrect process, should be sent to A&E					TBC	TBC	TBC	Confirmed in 04/08/26 DIGG meeting that going to draft an SOP/Flowchart for 'Acute fracture referral pathway', due to be completed and discussed in September DIGG
XR-601 Operationa	heatwave BCP	Cross site learning - RLH had scanner downtime					TBC	TBC	TBC	
XR-501 Referral ma	Local WXH management of NMR					Has been written and discussed at July DIGG	TBC	TBC	TBC	Ratified in August DIGG - needs uploading
XR-101 Imaging ser	Admin documents	only MRI booking SOP and interventional radiology schedulers booking proccess exists on IQMS					TBC	TBC	TBC	

Wider Quality Improvement Work & Notable Achievements



Medicines Management

As the new national template for intravenous iohexol administration under patient group directive was released in 2025, and included additional exclusion criteria, the imaging quality team and medicines governance team undertook a review of practice within imaging departments across the group to identify challenges and address compliance gaps.
This has resulted in several positive outcomes:

- Dedicated Pharmacy Support
- A process for providing written directives remotely
- Progress towards EPMA implementation
- Revised safety checklists
- Increased awareness of requirements
- Referrer understanding of contrast administration requirements
- A prescribing template for radiologists
- Collaborative working to devise a local PGD template



Medicines Management

NHS Barts Health NHS Trust

Document Reference: GEN-CS-G-41	Diagnostic Imaging		NHS Barts Health NHS Trust
Hospital: Trustwide	Owner: Rebecca Storey	Effective Date: 26.03.2026	Review Date: 26.03.2028

Guide for Radiologists Providing Written Direction for Radiographer Administration of Prescription Only Medicines (POM) in the event of patient exclusion from PGD

A patient specific direction is required in order to allow radiographer administration of prescription only medicines (such as radiological contrast agents), in the event of patients meeting the exclusion criteria listed in an approved PGD. Examples could include patients with poor renal function (eGFR <30), or known pregnancy. This template details the information required from the prescribing radiologist, in order to meet The Human Medicines Regulations, 2012. This template may be used for all written directions within General Imaging group wide.

Requirements	Example
Imaging protocol	CT chest/abdo/pelvis + contrast
Name of POM to be administered	Omnipaque
Strength	300
Form	Intravenous
Dose	As per protocol
Frequency	Single dose

Example protocol:

Request notes

12/03/2026 11:47 Doe John, Radiologist

CT chest/abdo/pelvis + contrast.

Omnipaque 300 IV Single dose as per protocol

Please note there additional requirements of a patient specific direction. Details of how the imaging department meets these are listed below:

Requirements	Prescribing Requirements Fulfilled by
Prescriber name & role	Prescriber name is stamped on RIS entries
Prescriber signature	Prescriber is logged into RIS & makes an entry that meets prescribing requirements
Date and time of prescription	Time/date stamped on RIS

For further information, please refer to: **GEN-CS-SOP-10** ***Proposal for Patient Specific Directions in Radiology Department***



Clinical audit is required to be performed by the Trust IR(ME)R Employer procedures

Audit identified from a specific trigger, such as from a recent incident, risk or clinical process

Ideas:

- Use RCR website for information and a selection of national audit templates https://www.rcr.ac.uk/career-development/audit-quality-improvement/
- Audit Dashboard with ideas and examples of re-audits
- Compulsory yearly audit list
- Review on We Share the Trust IRMER Employer procedure, including doses of common scans.

↓

Identify radiology consultant/senior radiographer who can supervise

↓

Register audit on CLASS platform.
https://classystem.live.trust.xblt.nhs.uk/angular/#/audit/last
Quality improvement projects should be registered on LifeQI
https://uk.lifeqisystem.com/login/

↓

PERFORM AUDIT/QIP

↓

Once audit/QIP completed:

1. Update CLASS / LifeQI
2. Add to audit/QIP spreadsheet – separate tab for radiographers and radiologists
3. Present at
   - Audit monthly meetings
   - Monthly staff meetings for radiographers
   - Share learning at DIGG
4. Update audit/QIP spreadsheet with the date that the audit was presented and learning was shared.

Each month audit committee to review:

- Audit/QIP spreadsheet to check that all have been updated and presented
- Monitor progress of audits/QIPs
- Ensure that audit is completed and sharing is learnt.

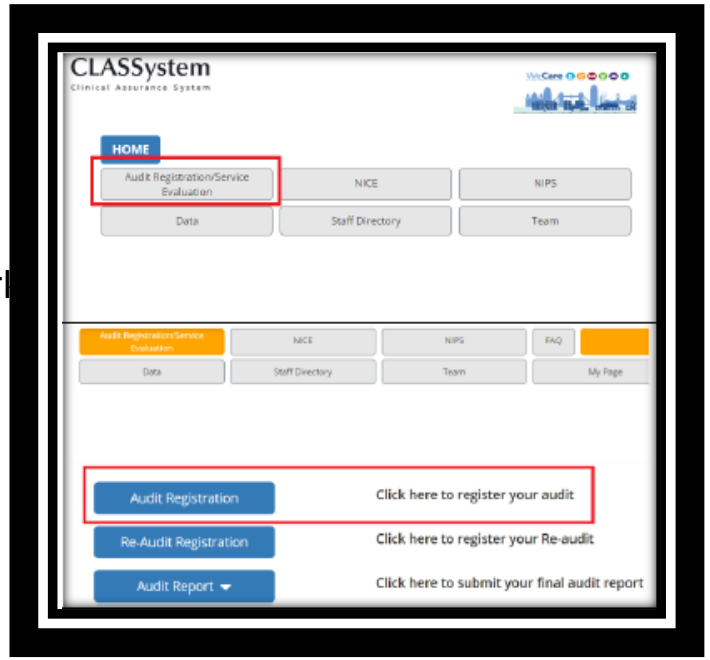
Audit Compliance

NHS Barts Health NHS Trust

The team have led on improvements in audit compliance, adopting the new trust system for monitoring audit CLASSystem, development of standardised audit schedules, data templates and an SOP for managing audits.

This SOP considers requirements under:

- IRMER, general CQC, IRR & MHRA
- HCPC, SoR & RCR recommendations
- Trust Clinical Audit Policy
- Quality Standards
- NICE Guidelines
- Patient Safety Incident Response Framework



Outlines the roles and responsibilities of:

- Imaging Clinical Director
- Radiologist Clinical Governance Lead
- Head of Imaging
- Senior Managers
- Lead Radiographers
- Imaging Quality Managers
- Radiology Clinical Audit Lead
- Audit Supervisor
- Auditors

Pause & Check Task & Finish Group



In 2023, in response to a risk in pause and check related incidents, our quality team established a pause and check task and finish group . The MDT forum conducted process mapping exercises with teams and identified key systemic areas of improvement (such as the use of technology, paper referrals, clinical workflow gaps, conflicting protocols between different departments). An anonymous survey was put to staff and findings enabled the substantiated uplift of several B6s into B7 roles, which increased support and supervision available to junior colleagues. The project was a great success and saw a reduction in pause and check incidents. The project was showcased by the CQC IRMER team at a local conference.

PSIRF & Imaging Taxonomy

The team have been actively involved in the adoption of the Patient Safety Incident Response Framework (PSIRF) within the divisions, undertaking AAR & SWARM training and assisting with application of PSIRF learning responses during incident investigation.
Examples reported externally to our regulators have been well received thus far.
This has involved the development of guidance documentation and process mapping.
The team have also supported the updating of incident categorisation to support better data analysis and trend identification. The next step is to introduce imaging department-led taxonomy coding .

Our regional CQC IRMER inspector requested some further information on the structure and functionality of our imaging quality team. The team were impressed with the model and showcased Barts Health as good practice at the national British Institute of Radiology Conference

Accidental radiation exposure of staff or other persons
ARSAC licence issue (NM)
Contamination of staff leading to the use of contingency plans
Contrast delivery issue
Equipment failure / malfunction
Exceeding dose limit (staff)
Failure to cancel a request
Failure to complete exam in RIS
Failure to follow procedures or Local Rules
Inadequate supervision of staff
Inadequate supervision of students
Inadequate training
Inappropriate authorisation
Inappropriate justification
Incorrect anatomical region - operator error
incorrect anatomical region - referrer error
Incorrect disposal of radioactive waste
Radioactive material outside of permit
Referrer - patient ID error
Transport of radioactive material non compliance
Unnecessary exposure to Radiation
Person acting out-of-scope
Practitioner - ID error
Pregnancy status not checked
Radiation - Other
Radiation exposure to pregnant woman
Radioactive contamination leading to use of contingency plan
Incorrect imaging protocol
Incorrect laterality - operator error
Incorrect laterality - referrer error
Incorrect radioactivity
Incorrect radiopharmacuetical (NM)
Incorrect timing of examination
Non-termination of exposure
Operator - patient ID error
Operator error
Failure to wear dosimetry badges
Failure to wear PPE
Images did not transfer to PACS
Images in wrong patient folder
Imaging history check failure
Inadequate or inappropriate information given (e.g. carer and comforter; other persons)
Inadequate PPE
Inadequate security measures or breach



Non-Medical Referrers

Barts Health NHS Trust

Key challenges:

- Manual process, drain on resources
- Lack of digital solution for managing records
- Trust ICT systems do not currently support restricted referral rights by modality/examination level
- Audit data is not readily available for NMR staffing cohorts which makes compliance with audit requirements in the trust policy a challenge
- Referrals do not identify medical/non-medical roles
- Large volume of internal and community referrers >700

- The Quality Team have been actively involved in improving the management of non-medical referrers across the trust. This has involved the development of several working groups, the outcomes of which have resulting in:
- Cerner Millenium access restriction for non-medical staff who are not entitled as referrers
- Presentation at the Non-Medical Prescribing Conference
- Validation and cleansing of the register to ensure clarity in referral site and scope
- Register management via SharePoint enabling automated training reminders and restricted access permissions utilising MS automated workflows
- Development of site-based risk assessments relating to NMR
- Revised training material
- New Scope of Practice Audit Template & data gathering process
- Updated Trust NMR Policy
- Development of an electronic application form
- Development of Scope of Practice Protocols
- Redefined Scope of Practice terminology
- Development of guidance documents for register and application management
- Visibility of community/external referrer
- Visibility of MRI training modules



HOW TO EDIT THE MICROSOFT POWER AUTOMATE FLOW FOR NON-MEDICAL REFERRER (NMR) TRAINING EXPIRY REMINDERS

1. Go to https://make.powerautomate.com and sign in using your NHS.net email and password. Power Automate is a Microsoft Office 365 web-browser app which can also be accessed via the App Launcher of Outlook web (9 dots in the top left of the screen).



2. On the next page, ensure the correct account is signed in (top right corner of the screen).

If not, click the thumbnail, then select your NHS.net account from the dropdown menu. If your account is not available, select [Sign in with a different account]. Alternatively, click [Sign out], then sign in again with your NHS.net credentials.

This is important, as Office 365 may have kept you signed in with your personal account instead, which would result in restricted access to the NMR Power Automate flow.







Community Diagnostic Centre Accreditation Workstream

- NHS England mandate for CDCs to become accredited within 2 years of opening
- Barts Health CDC based at Mile End opened in October 2025
- Plans are underway to achieve accreditation for General CT, Cardiac CT, MRI & Ultrasound
- Establishment of the quality team
- Configuration of the QMS to support accreditation (document referencing sequencing)
- Development of a project plan
- Establishment of an action tracking group
- Options appraisal of UKAS accreditation vs QSI Quality Mark, consideration of cardiac diagnostics and IQIPS
- Shared learning/site visits
- Modality focus groups & MDT approach
- Risk of failure to achieve accreditation within appropriate timeframe
- Business Case – QM & accreditation funding
- Self-assessment & Action planning

What have we achieved so far?

- Established Quality Team
- Dedicated Quality Managers as part of the workforce transformation
- Established & implemented QMS system
- Documents module fully live
- >1500 active documents on the system
- >1600 users on the database
- Positive engagement with the system (100% compliance with document acknowledgements in some modalities)
- Improvement of oversight (prospective document reviews)
- Report pulling and regular data presentation – monthly QMS reports per department and site-based dashboards
- Monthly Power BI dashboards produced
- Positive assurance from inspections
- CAPA module configured to manage Radiation Risk Assessment Actions
- Training module configured to manage CT and mammography training records
- People and training modules configured to house RPS training certificates and appointment letters
- Quality documents available to staff (Document Management Manual, BCP/DRP/Userguides)
- SharePoint & Training videos/resources available
- Forums established to monitor progress (IQM Working Group, UKAS Accreditation Action Meeting)
- Self-Assessments undertaken and in the progress of applying for accreditation





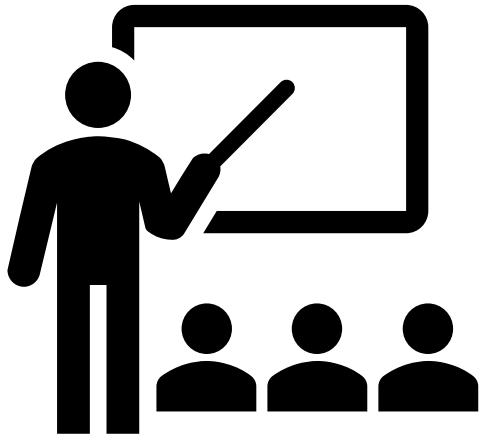
Continuing the journey

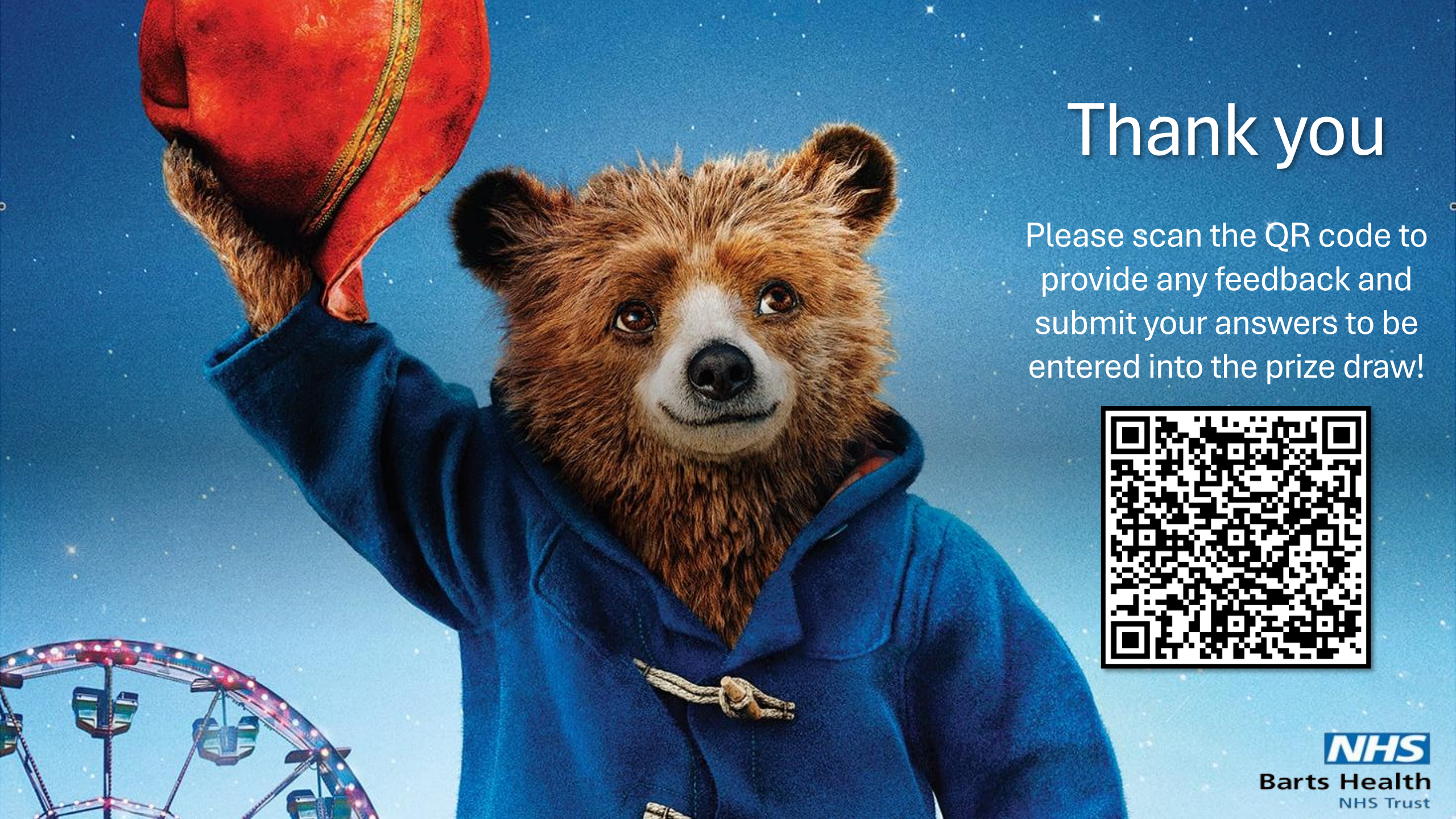
Barts Health NHS Trust

Our aims and planned milestones

UKAS

- Continuing to embed a culture of good quality management
- Achieving UKAS Accreditation for our CDC
- Sustaining regulatory readiness
- Implementing departmental-led imaging taxonomy
- Fully launch remaining modules:
  - Training (for all modalities)
  - CAPA (for all sources, not just RRA actions)
  - Audit
  - Assets
  - Customers/Supplier
  - Explore the use of the incident/occurrences functionality




Thank you
Please scan the QR code to provide any feedback and submit your answers to be entered into the prize draw!
NHS
Barts Health
NHS Trust

Keynote Presentation



Dr Vincent Pelling
Lead for Ultrasound and Optical Radiation Physics
University Hospitals Sussex NHSFT

We are compassionate
We are inclusive
We are respectful

University Hospitals Sussex
NHS Foundation Trust

Ultrasound beyond radiology: handheld devices, quality assurance and the governance gap

Radvision 2026: The NHS Imaging Transformation Conference Midlands
11th November 2026

Dr Vincent Pelling
Lead for ultrasound and optical radiation physics
vincent.pelling@nhs.net

Excellent Care Everywhere

Background: biography

- Ex diagnostic radiographer
- 25 years working in ultrasound physics
- Provide ultrasound quality assurance to departments in/out of NHS: Imaging. Obstetrics and Gynaecology. Vascular, Paediatrics and Neonatology, POCUS and more.
- Wider role: laser protection adviser, UV adviser and more
- Member of IPEM ultrasound and non-ionising radiation special interest group
- Working scientist with management responsibilities

- Who are you and what is your involvement with ultrasound?

Scope of talk

Ultrasound quality assurance and governance

The potential use of very portable diagnostic ultrasound equipment and who uses it

The rise of Artifical Intelligence based global radiology systems

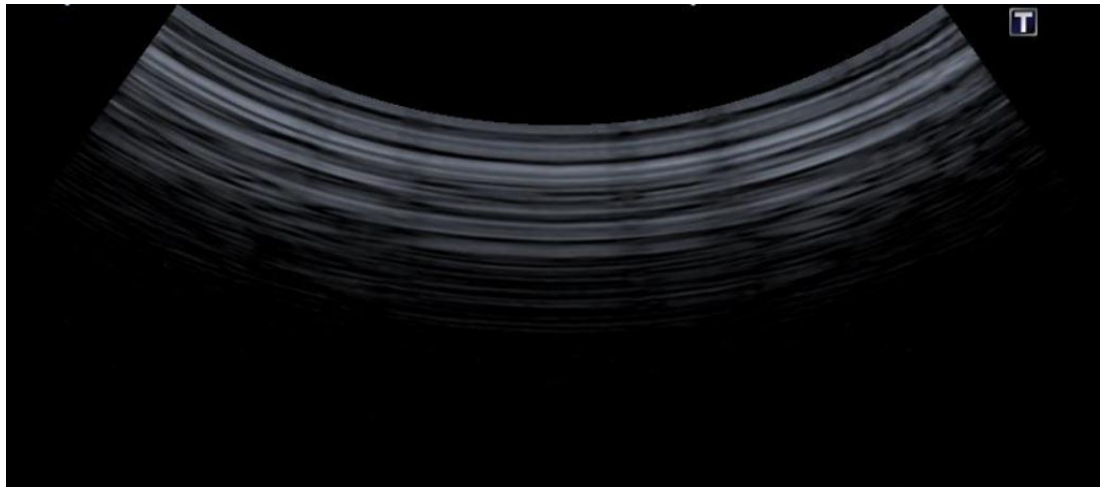
Ultrasound quality assurance and governance

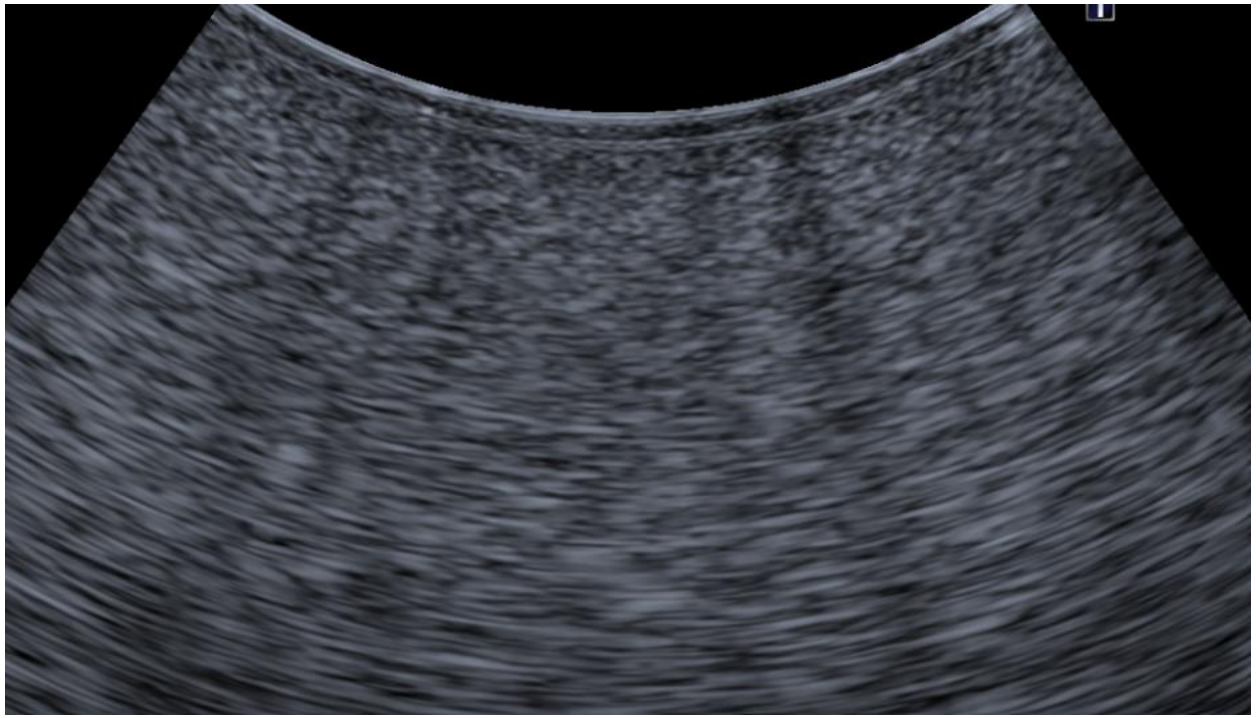
- British Medical Ultrasound Society:
  - The Health & Social Care Act and the Provision and Use of Work Equipment Regulations require that equipment is suitable for purpose, regularly inspected, properly maintained and that risks are assessed and mitigated; this can't be achieved without a QA programme.
- Not universally provided: risk/benefit to organisation
- No quality assurance testing: 'untrained' users use damaged or suboptimal equipment: unassessed risk to an organisation
- Not enough QA staff/funding: large trust may have 200 plus ultrasound machines
- Physics role: routine QA, procurement, commissioning, reactive visits, raising risks
- User led quality monthly assurance/control undertaken by sonographers. Rarely seen outside Imaging department

Quality assurance testing

- Follows IPEM Report 102
- Check general condition of machine: EBME to complete electrical safety testing
- Check for any probe damage: lens pinholes, damaged housing, electrical risk, infection risk
- Clinical ultrasound safety checks: BMUS guidelines
- Signal loss, crystal dropout, element loss
- More detailed image analysis using test objects
- Fault reporting and follow up; input to review of clinical images re: faults
- Advice on probe/machine replacement, procurement, commissioning,
- User led QA
- Governance and safety reporting to trust

Probe damage: example





Ultrasound beyond Radiology

- Anyone can scan with an ultrasound machine? The new stethoscope? Regulations? Standards?
- POCUS: Machines used for biopsy, needle placement, etc.
- Widespread use: theatres, wards, emergency department, maternity and much more
- Little or no quality assurance testing. Minimum: commission checks and can respond to faults?
- COVID 19 pandemic: introduction of handheld devices to assess lungs. Continuing use of machine for multiple purposes
- Local ward based initiative: approval of purchase (reallocation of funds) of multi-functional portable devices for wards

From POCUS to diagnosis

- Extended/diagnostic usages:
  - Primary care
  - Acute/emergency care
  - MSK
  - Doppler vascular/cardiac
  - Obstetrics and gynae
  - GPs?
- AI assisted diagnosis
  - Small device limitations: probe element numbers, screen resolution, processing power, advanced settings
  - AI to overcome imaging limits: produces measurements for use by clinicians, ‘blind’ scanning – AI finds, identifies and measures regions of interest

Small devices











Image quality, governance, control

University Hospitals Sussex
NHS Foundation Trust

- Limited guidance and oversight of potential expanding use of (AI assisted) portable/handheld machines
- Need physics image QA testing, even if just the basics (signal loss)
- Need audits of images to ensure diagnostically acceptable, diagnostically correct
- Need on-going assessment of users to ensure competency
- Need to control on going referrals based on scans
- Is the AI correct? Audits of AI and AI quality (AI learning from sub optimal images results in further image quality deterioration?).
- Ghost scans: already an issue. Not good for governance and litigation risk
- Control of purchase and use of devices

Recommendations for specialists practising ultrasound independently of radiology departments (BMUS/RCR)

University Hospitals Sussex NHS Foundation Trust

Governance of ultrasound equipment

- Appoint a lead (if not yourself) to oversee purchasing, maintenance and regular QA
- Understand the importance of regular equipment QA and your responsibility for care of the equipment and fault reporting
- Adhere to equipment and ultrasound gel hygiene recommendations
- Keep a record of users and their training
- Observe national data security recommendations

With acknowledgement to Julie Allen: Lead Superintendent Radiographer (Ultrasound)

Recommendations for specialists practising ultrasound independently of radiology departments (BMUS/RCR)

University Hospitals Sussex
NHS Foundation Trust

Governance of equipment users

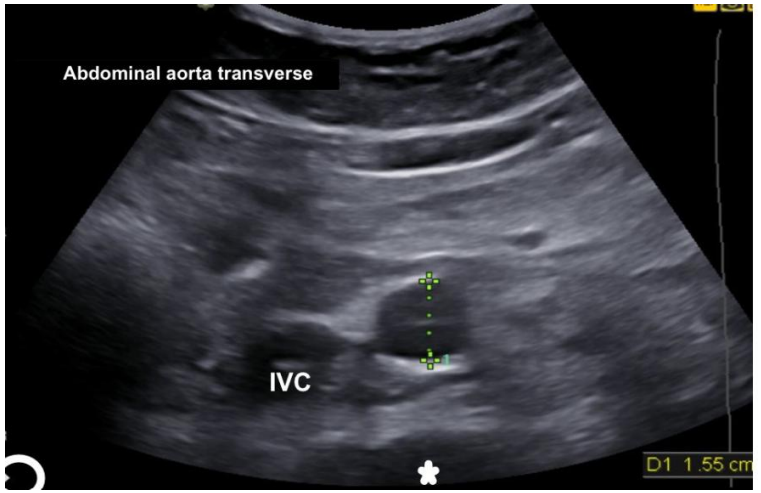
- Understand basic ultrasound physics and machine controls
- Adhere to current safety guidelines regarding acoustic output in relation to safety indices
- Adhere to best practice regarding secure data storage
- Seek appropriate training and education
- Maintain CPD and perform regular audit
- Avoid working in isolation
- Where possible, engage with imaging specialists

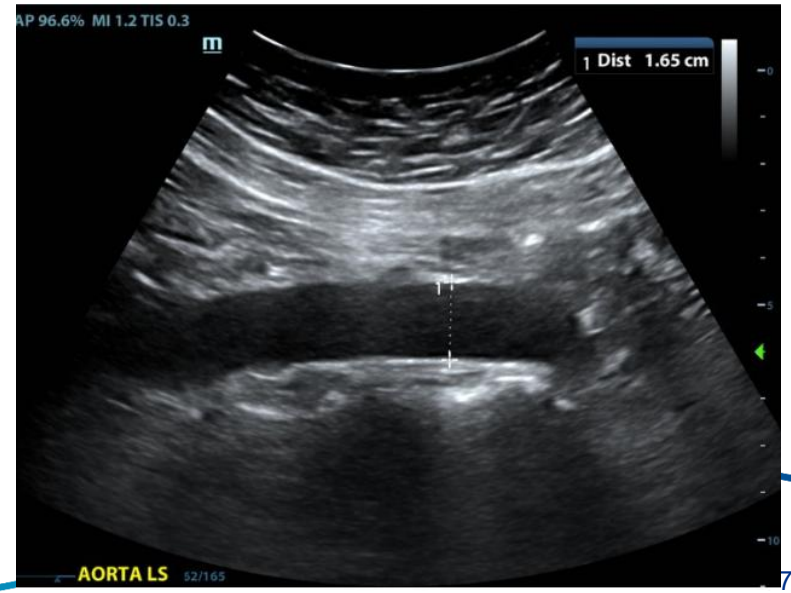
With acknowledgement to Julie Allen: Lead Superintendent Radiographer (Ultrasound)

Example approach: NHS NAAASP screening programme

University Hospitals Sussex
NHS Foundation Trust

- Abdominal aortic aneurysm screening programme standards
- Aorta scans offered to 65-year-old men. Scan carried out by technician using portable equipment. Images saved to Screening management and referral system
- Technician: Level 3 Health Screener Diploma six monthly observation , annual competency check
- Vascular nurse specialist/coordinator: Manages the clinical care pathway, reviews patients with medium/large aneurysms, and coordinates surgical referrals.
- Clinical skills trainer: responsible for technician training and audits
- Medical Physics departments provide critical scientific oversight to guarantee ultrasound equipment safety, baseline calibration, and measurement precision





Images: AAA screening ultrasound image quality guidance: July 2025

AI Radiology Systems

A potential connected model for portable ultrasound governance

01

PORTABLE DEVICES

Registered equipment

Named operators

Traceable examinations

→

02

CENTRAL AI PLATFORM

Cloud image repository

Device self-test alerts

Examination records

→

03

CLINICAL OVERSIGHT

Remote reporting & triage

Clinical image audits

Medical Physics QA

ACCOUNTABILITY • TRACEABILITY • QUALITY ASSURANCE

Aim: Every scan linked to a device and operator — reducing unrecorded “ghost scans”.

Conceptual future model

Thoughts

- Are NHS trusts ready for diagnostic scanning to be undertaken across the entire organisation and by who? Trust policy?
- ‘This is something for the future we don’t need to think about at the moment’
- National guidance: general (BMUS)/specialism (?)
- Pan trust management: governance, control of use, purchasing, procurement, diagnostic quality, AI measurements/diagnosis audits, clinical guidelines, staff training?
- Deskilling of ultrasound practitioners, ‘casual’ users with limited training? Remoted scan instructions/remote reporting?
- Imaging control and ownership from trusts/NHS to transnational cloud AI Radiology systems Vulnerabilities of IT systems. Use of data?
- A two-tier ultrasound imaging system: imaging standards, controls, guidelines, governance, GDPR, user competency and more.

- What role for radiologists? For medical physics scientists?

Conference questions: portable ultrasound use

University Hospitals Sussex
NHS Foundation Trust

- **Improving services without increasing pressures:** More diagnoses? More or less referrals to Imaging and other modalities? Need to follow up and audit images? Governance control? Repeat scans?
- **AI and automation to make a safe and measurable difference**: Requires proper controls, audits, policies and governance?
- **Connecting CDCs to a diagnostic pathway**: scope for using multiple small devices?
- **Imaging network collaboration**: Incorporation of imaging services outside the imaging department beyond current planning, budgets, strategies?
- **Radiology leadership improving reporting workflows, data visibility and operation planning:** Essential to for ultrasound imaging beyond radiology. Data visibility essential for audits and quality assurance, diagnostic standards?
- **Infrastructure needed for modern scalable imaging services:** Much greater network capacity, cloud use, IT and AI infrastructure

Follow on

University Hospitals Sussex
NHS Foundation Trust

- Interested parties:
- IPEM ultrasound and non-ionising radiation special interest group member
- BMUS
- Collaborative manifesto for ultrasound: Axrem, BMUS, IPEM, BIR, SOR

- Discussion: what do you think? What is your view as an Imaging manager, senior trust manager, radiologist, medical physicist, sonographer (radiographer mid-wife), obstetrician/gynaecologist. emergency specialist?

Thanks. Please contact me directly too

vincent.pelling@nhs.net

CONVENZIS

Afternoon Networking

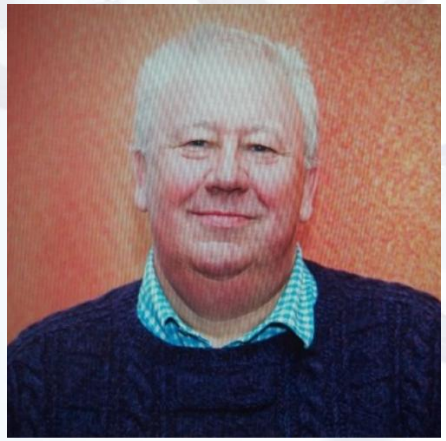


NHS Deep Dive



Dr Sarojini David
Clinical Director, DMIO & Consultant Radiologist
Lewisham and Greenwich NHS Trust

Skills Clinic



Mike Tatlow
Radiology Systems Manager
Queen Victoria Hospital
NHSFT



Dr Vincent Pelling
Lead for Ultrasound and Optical
Radiation Physics
University Hospitals Sussex NHSFT

Chair Closing Remarks



Bob Childe
Chief Commercial Officer
AXREM Vice Chairman