



**Alliance  
Medical**

Dedicated to Diagnostics



Alliance Medical

**Quality Account**

**2024 / 2025**

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## Glossary of Terms

<b>AML</b>	Alliance Medical Limited
<b>AMMIGC</b>	Alliance Medical Molecular Imaging Governance Committee
<b>CQC</b>	Care Quality Commission
<b>CT</b>	Computed Tomography
<b>EDI</b>	Equality, Diversity and Inclusion
<b>ELFH</b>	E Learning for Health
<b>EPD</b>	Electronic Personal Dosimetry
<b>FSUG</b>	Freedom to Speak Up Guardian
<b>GMC</b>	General Medical Council
<b>HCPC</b>	Health and Care Professions Council
<b>HCSIC</b>	Health & Social Care Information Centre
<b>HIS</b>	Healthcare Improvement Scotland
<b>HIW</b>	Healthcare Inspectorate Wales
<b>HPA</b>	Health Protection Agency
<b>HSE</b>	Health & Safety Executive
<b>IGRB</b>	Integrated Governance and Risk Board
<b>IPC</b>	Infection Prevent Control
<b>IR(ME)R</b>	Ionising Radiation (Medical Exposure) Regulations
<b>ISO</b>	International Standards Organisation
<b>MHRA</b>	Medicines & Healthcare Products Regulatory Agency
<b>MRI</b>	Magnetic Resonance Imaging
<b>NCL</b>	National Contract Wave 1
<b>NHSE</b>	National Health Service England
<b>NMC</b>	Nursing & Midwifery Council
<b>NRLS</b>	National Reporting and Learning System
<b>OEM</b>	Original Equipment Manufacturer
<b>PET-CT</b>	Positron Emission Tomography and Computed Tomography
<b>PGD</b>	Patient Group Direction
<b>QSI</b>	Quality Standards for Imaging
<b>RPA</b>	Radiation Protection Advisor



## Introduction by the UK Managing Director

Alliance Medical Limited (“AML”) is an integral part of the UK health economy, supporting existing healthcare infrastructure and providing innovative partnership solutions to local challenges.

We achieve this through the successful integration of diagnostics into existing care pathways, bringing together clinical expertise, resources, and knowledge to enhance pathways, optimise technologies and address inequalities.

Our aspirations are central to the way we work in partnership with our stakeholders:

- ▶ **Innovation:** To be at the forefront of development of services as the healthcare provider of choice for patients, referrers, and employees.
- ▶ **Integration:** To deliver long-term sustainable partnerships through excellence in clinical practice, learning and investment.
- ▶ **Sustainability:** Through using integrated systems, efficiencies, and expertise to achieve sustainable partnerships and growth.
- ▶ **Standards:** We will not compromise on quality, safety, or transparency in all that we do.

We recognise the principles within the NHS Constitution as the first reference point for all NHS patients and staff. Our overriding value is that patients are placed at the centre of everything we do.

Working in partnership with regulatory bodies, we deliver assured service excellence and quality standards across all aspects of our service:

- ▶ **Care Quality Commission (“CQC”):** AML is registered with the CQC to provide diagnostic and screening procedures throughout our services.
- ▶ **Quality Standard for Imaging (“QSI”):** The QSI accreditation was developed by the College of Radiographers and The Royal College of Radiologists to assess and accredit organisations that provide diagnostic imaging services. AML gained QSI accreditation in December 2018 and is now part of an ongoing assessment programme.

- ▶ **British Institute of Radiology (“BIR”):** AML is a member of the BIR, the international membership organisation for imaging, radiation oncology and the underlying sciences. The BIR supports members to achieve professional excellence by providing continuing professional development and cutting-edge research.
- ▶ **Investors in People (IIP):** AML is accredited to IIP Gold Award standard, evidencing our commitment to positive employment practices.

We also recognise the serious threat imposed by climate change and the urgent need for meaningful action, and acknowledge that we have an important role to play in promoting a net-zero emissions future.

We are committed to:

- ▶ supporting the NHS and its Green Agenda
- ▶ introducing environmental initiatives that reduce the impact of our operations upon the environment
- ▶ encouraging the use of more sustainable and ethical products and resources and engaging and influencing our external stakeholders and supply chain to do the same and
- ▶ reducing greenhouse gas emissions through the more efficient use of electricity, fuel and heat by increasing the proportion of renewable energy used within the business.

Quality remains our key focus and I am delighted to introduce our latest Quality Account.

I declare that to the best of my knowledge the information in the document is accurate.

**Pete Winchester | UK Managing Director**

## Our History

Established in 1989, Alliance Medical Group has grown to become Europe’s leading independent provider of imaging services, operating in the United Kingdom and Europe.

### Dedicated to Diagnostics

We have built our success on an unwavering dedication to diagnostics and a patient first approach, as well as a proven and scalable business model reliably delivering exceptional service, outstanding value for money, and technical excellence. Globally we now deliver imaging services across 233 sites and provide over 1.1 million scans per year.

For over 30 years, we have proudly served as a trusted partner to the NHS and are a leading provider of Community Diagnostic Centres. Significant expansion milestones have seen AML awarded the national contract for PET-CT services and lead the Molecular Imaging Collaborative Network (MICN).

In 2013, AML UK Radiopharmaceuticals was born, now operating from five radiopharmaceutical production facilities and enabling the manufacture and distribution of radioisotopes for our own PET-CT scanning facilities and third parties; aligning closely with our investment, exceeding £100 million, in PET-CT scanning technology.

We are one of the largest employers of radiographers outside of the NHS, and are resourcing the future of radiography with our leading graduate and apprenticeship training programmes.

Our commitment to excellence was recognised with the Investors in People Gold accreditation in 2023. We were also awarded the Public Private Partnership of the Year by Laing Buisson in 2023, led by our team of over 1,200 experienced professionals who share a steadfast dedication to diagnostics.

iCON Infrastructure LLP (iCON) completed the acquisition of the AML Group (AMG) on 31st January 2024.

iCON is an experienced investor in healthcare and the acquisition of AMG underpins their commitment to a socially responsible investment portfolio. They are committed to ensuring that the fundamentals of clinical excellence, patient safety and quality will remain at the heart of what we do.

iCON’s support allows AMG to strengthen its position as a leader in our markets and will open new, innovative opportunities to expand our services for our customers and patients.



# Our Services

At Alliance Medical, we're dedicated to improving lives through better diagnostics.

We have been a trusted and sustainable partner to the NHS for over 30 years, delivering collaborative solutions across the UK, and performing over 800,000 scans annually. Our focus is providing exceptional service, combined with cutting-edge technologies, making advanced imaging accessible to all, and helping detect diseases earlier and more accurately. Our specialist expertise in both pathway transformation and diagnostics ensures we meet the demands of our ever-changing healthcare landscape and continue to improve patient outcomes.

As the PET-CT Contract Holder for NHS England, we provide PET-CT scans to over 60% of the country, delivering fast, high-quality care when it's needed. 91.3% of our patients are scanned within seven days and we're proud to hold a 99% recommendation rate.

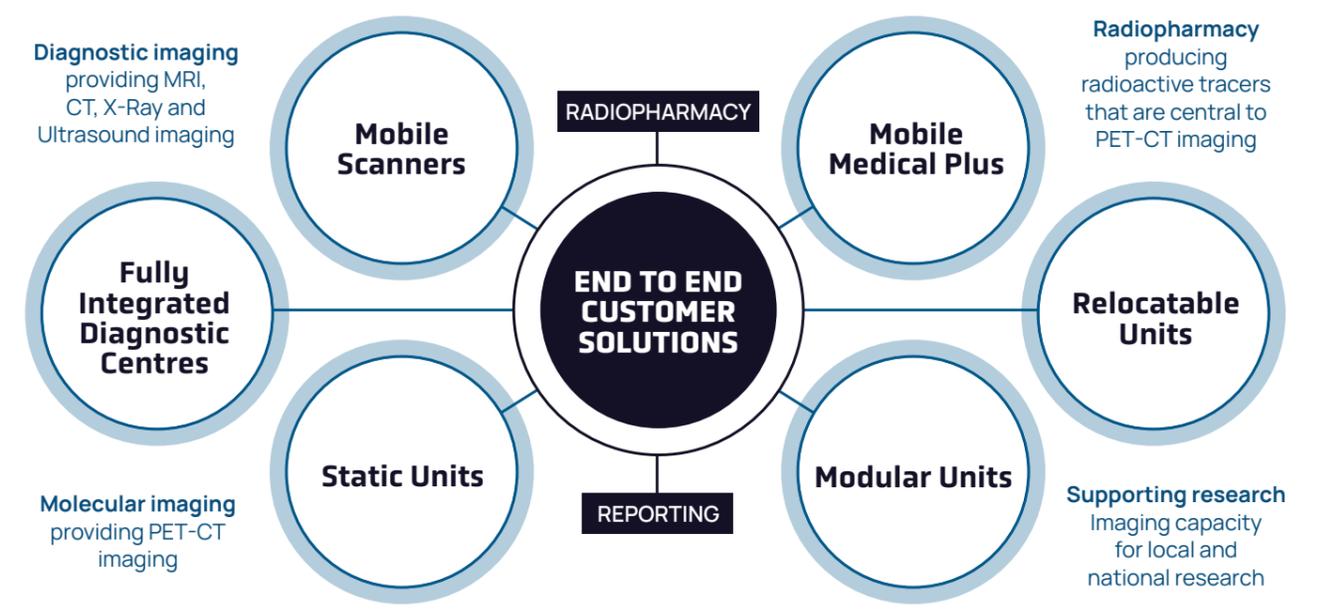
We operate from centres and flexible mobile units nationwide, including our innovative 'Mobile Medical Plus' fleet - an expandable unit that transforms seamlessly into a relocatable-sized facility. Every day, we also manufacture and supply critical tracers to these sites, from FBB for Alzheimer's to FDG for cancer and heart conditions, and 18F PSMA for prostate. This dual expertise really sets us apart, as we deliver seamless, reliable diagnostics from start to finish.

Alliance Medical proudly launched the UK's first CDC and most recently introduced the UK's first fully integrated PET-CT within a Community Diagnostic Centre (CDC) at our award-winning Oldham Community Diagnostic Centre.

Our investment of over £100 million in PET-CT services, brings the latest digital PET-CT technology to our centres, offering clearer, faster, and lower-radiation scans for our patients and clinicians. Further, it allows us to support pioneering research for some of the world's most challenging health conditions (including cancer and dementia). Through our distributed research network, we also enable shared expertise and resources, offering access to multiple locations, all connected via a unified IT platform. This supports Principal Investigators and ensures NHS patients can access clinical trials regardless of where they receive imaging services.

In addition, we fund a dedicated research fellow who contributes to key developments in medical diagnostics. Areas of focus include imaging for bone lesions in breast cancer, enhanced PET-CT resolution for radiotherapy planning, and advanced cardiac imaging techniques.

Currently, AML is working in partnership with the NHS on the planning, construction, and delivery of the NHS Community Diagnostic Centre programme across all Integrated Care Systems.

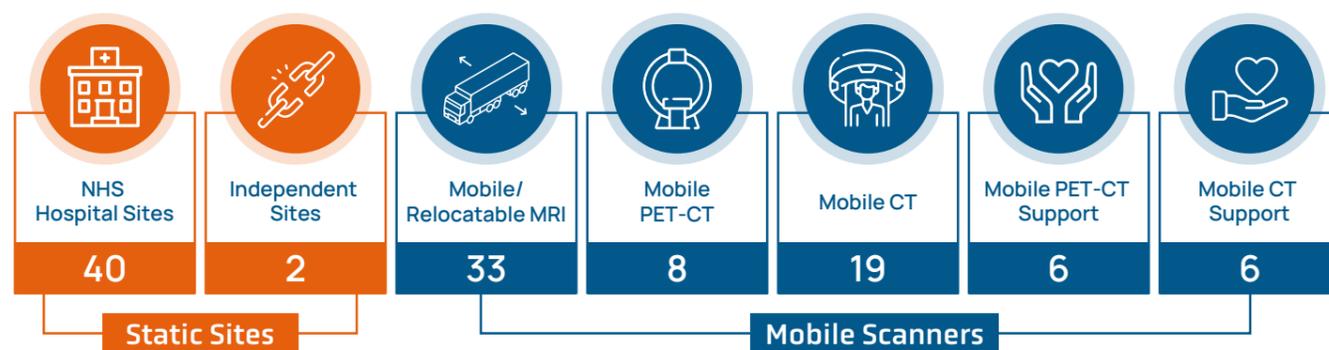




## Our Network

The structure of our current delivery network is shown below.

AML also operates an integrated network of five radiopharmaceutical production units and coordinates the distribution of radiopharmaceuticals to support PET-CT scanning.



## Our People

AML currently employs more than 1,200 UK based colleagues (radiographers, assistant practitioners, technicians, radiochemists, and administrators as well as functional support staff) who play a critical role in the provision of imaging services. Central to our service are our values, which play a major part in the way we work.

Our workforce is predominantly female (60%), which is reflective of the healthcare sector. Our people represent more than 40 nationalities bringing a wealth of experience and diversity to our team.

### Our Integrated Approach

AML operates an integrated approach to diagnostic imaging working with clinicians, local NHS providers and independent providers to keep the patient at the heart of our service. Our integrated approach to imaging services allows us to future-proof our service, provide access to emerging clinical and technological developments and support research programmes, while supporting local pathways of care.

### Our Responsibilities

Acutely aware of our responsibilities as a provider of clinical services, we continue to grow the services we provide whilst investing in our teams, our infrastructure and approach to quality, whilst ensuring continued delivery on our key quality goals:

- ▶ To maintain and ensure patient safety
- ▶ To assure the quality of the services AML provides
- ▶ To deliver patient centred, individualised care
- ▶ To strive for continuous improvement



### OPENNESS

We act with transparency and honesty in everything we do. Staff are encouraged to speak up to ensure a safe and secure environment for our patients.



### EXCELLENCE

We deliver the highest quality care whilst caring for our patients and each other with compassion, dignity and respect.



### EFFICIENCY

We constantly seek to improve our ways of working and to use our resources in the most intelligent way for the benefit of all.



### LEARNING

We support and value our staff by creating an environment where we continue to learn, providing opportunities for training and development to help staff to do their work effectively.



### COLLABORATION

We work together and in partnership for all of our patients. We respect expertise and combine it to achieve more.



# Statement of Assurance

As a provider of NHS services, AML is required to provide assurances that we are performing to essential standards, measuring our clinical processes and performance, and are involved in quality improvement initiatives.

## Core Quality Account Indicators

Indicator number 25 is the only Core Quality Indicator relevant to AML: This relates to the number and where available, rate of patient safety incidents reported within the service during the reporting period and the number and percentage of such patient safety incidents that results in severe harm or death.

	Patient Safety Incidents reported		Patient Safety Incidents reported resulting in severe harm or death	
	Number	Rate	Number	Rate
2021-22	85	<0.011%	0	0%
2022-23	71	<0.009%	0	0%
2023-24	51	<0.006%	1	<0.0001%
2024-25	71	<0.008%	1	<0.0001%

We categorise patient safety incidents as follows, taking into consideration the LFPSE.

- ▶ Breach of MR safety policies leading to patient harm
- ▶ Contrast reaction
- ▶ Escalated events leading to patient harm
- ▶ Falls from a height
- ▶ Incorrect isotope dose
- ▶ Level 1 report discrepancy, possible change to patient's pathway
- ▶ Wrong body part imaged, increased radiation exposure
- ▶ Wrong protocol, increased radiation exposure.

At AML we consider that this data is as described for the following reasons:

- ▶ Patient safety and quality of clinical care is at the heart of everything we do
- ▶ There was one incident of severe harm, when a patient fell sustaining a fracture. This was investigated and lessons learned around encouragement of patients to use the lifts was disseminated across the company
- ▶ Reducing avoidable harm remains a high priority for AML
- ▶ The number of near misses and minor incidents reported has increased, which is a good indicator that staff know how and what to report and is reflective of the open and honest culture within AML.

## Review of Service

AML continued to provide a range of diagnostic imaging services to the NHS during 2024-25. All available data on the quality of care in these NHS services has been reviewed. The income generated by these NHS services represented 100% of the total income generated.

## Quality of Care

Care quality information is collated through patient, referrer and staff surveys, clinical audits, service reviews and key performance indicators, as appropriate to each service.

## CQUIN Payment Framework

None of AML's income was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

## Clinical Audits

There were no national clinical audits and no confidential enquiries relevant to the NHS services provided by AML. During 2024-25, AML continued to undertake audit of PET-CT, MRI and CT radiologist reports through randomised case selection and external independent clinical auditors. The audit process follows the recommendations of the Royal College of Radiologists.

## Clinical Research

AML continues to collaborate with a comprehensive research network that encompasses prominent healthcare professionals, NHS trusts, academic institutions, external industry partners and AI companies. Altogether we try to promote clinical advancements both in the UK and in Europe, undertaken by sponsoring research studies and individuals; including a research PhD fellow and supporting two other PhDs at Royal Surrey County Hospital in partnership with the National Physical Laboratory, Surrey Research Park and Guildford PET-CT Centre. During 2024-25, we performed 2000 PET-CT, CT, MRI and X-ray research investigations over 12 (main partner) sites.



### Care Quality Commission (CQC) Registration

In March 2025, AML was registered with the Care Quality Commission to provide Diagnostic and Screening services at 41 specifically named static sites, plus our CT, MRI and PET-CT mobile services for which a central registration applies. We are also registered with the CQC for the 'treatment of disease, disorder or injury' at one specifically named site, plus our Mobile CT and MRI service. Each site was supported by a CQC registered manager, in accordance with the CQC standards.

During 2024-25 we also had two sites which were registered with and regulated by Health Inspectorate Wales (HIW).

### Environment Agency

EA permits are in place and up to date at sites where these are required.

### Data | Information Governance

AML submitted records to the Diagnostic Imaging Dataset (DIDS) during 2024-25, which are included in the latest published data.

The percentage of records in the published data:

- ▶ Which included the patient's valid NHS number was 98.3% for Diagnostic Imaging
- ▶ Which included the referrer's valid General Medical Council registration code was 60.6% for Diagnostic Imaging.

### ISO 27001:2013

AML continued to comply with ISO 27001:2013 and was re-certified in October 2023. Certification remains in place until October 2025. AML is transitioning to the new ISO 27001:2022 standard in April 2025.

### NHS Digital Data Security and Protection Toolkit

Our self-assessment in June 2024 for the 2023-24 NHS Digital Data Security and Protection Toolkit is "standards exceeded".

## Quality Account Methodology

AML is regulated by the Care Quality Commission and each year we commit to publish a Quality Account that assesses our performance against the five key questions that are central to their work:



Are services **safe**?



Are services **responsive**?



Are services **effective**?



Are services **well-led**?



Are services **caring**?



**OVERVIEW**  
**GOOD**

### CQC Assessment of PET-CT Mobiles Service June 2024

Our CQC registration and Statement of Purpose has been updated throughout 2024-25 to reflect change in our sites and Registered Managers.

## Are Services Safe?

### External Assurance

AML operates within a highly regulated environment and as such, works in partnership with multiple external bodies that provide both mandatory and voluntary assurance in respect of our clinical and non-clinical activities.

### Care Quality Commission (CQC)

AML continued to be registered as an independent healthcare provider in accordance with the Health & Social Care Act 2012. Our registered facilities are categorised as single speciality services.

During 2024-25 we had 42 static sites registered for the regulated activity 'diagnostic screening procedures'. Two services were also registered for the regulated activity 'treatment of disease, disorder or injury'. Each site is supported by a CQC registered manager, in accordance with the CQC standards.

Our CT, MRI and PET-CT mobile services are also registered with the CQC for which a central registration applies.

The CQC inspected our PET-CT Mobiles service in June 2024 using their new single framework approach. They rated the service as Good overall and Outstanding in five quality areas.

SAFE			
<b>GOOD</b>	<b>GOOD</b>	<b>GOOD</b>	<b>GOOD</b>
Learning culture	Safe systems, pathways and transitions	Safeguarding	Involving people to manage risks
<b>GOOD</b>	<b>GOOD</b>	<b>GOOD</b>	<b>GOOD</b>
Safe environments	Safe and effective staffing	Infection prevention and control	Medicines optimisation

EFFECTIVE		
<b>GOOD</b>	<b>GOOD</b>	<b>GOOD</b>
Assessing needs	Delivering evidence-based care and treatment	How staff, teams and service users work together
<b>GOOD</b>	<b>GOOD</b>	<b>GOOD</b>
Supporting people to live healthier lives	Monitoring and improving outcomes	Consent to care and treatment

CARING				
<b>GOOD</b>	<b>GOOD</b>	<b>GOOD</b>	<b>GOOD</b>	<b>OUTSTANDING</b>
Kindness, compassion and dignity	Treating people as individuals	Independence, choice and control	Responding to people's immediate needs	Workforce wellbeing and enablement

RESPONSIVE			
<b>GOOD</b>	<b>GOOD</b>	<b>GOOD</b>	<b>GOOD</b>
Person-centred care	Care provision, integration and continuity	Providing information	Listening and involving people
<b>OUTSTANDING</b>	<b>GOOD</b>	<b>GOOD</b>	
Equity in access	Equity in experiences and outcomes	Planning for the future	

WELL-LED			
<b>OUTSTANDING</b>	<b>GOOD</b>	<b>GOOD</b>	<b>GOOD</b>
Shared direction and culture	Capable, compassionate and inclusive leaders	Freedom to speak up	Workforce equality, diversity and inclusion
<b>OUTSTANDING</b>	<b>GOOD</b>	<b>OUTSTANDING</b>	
Governance, management and sustainability	Partnerships and communities	Learning, improvement and innovation	



### NHS Improvement

All independent healthcare provider organisations are required to be licensed with 'NHS Improvement' (formerly 'Monitor') if they are responsible for providing direct healthcare services to NHS institutions. AML is appropriately licensed and has received no reviews or inspections during 2024-25. We have submitted the required financial returns and compliance statements.

### ISO 27001:2013

AML is committed to the safe and secure management of patient identifiable data. The ISO 27001:2013 standard provides external assurance of our approach to Information Security Management. Compliance with ISO 27001:2013 was retained in 2023, and certification remains valid until October 2025. AML is transitioning to the new ISO 27001:2022 standard in April 2025.

### NHS Digital Data Security and Protection Toolkit

We are required to carry out an annual self-assessment of our compliance against Department of Health information governance policy and standards via the Data Security and Protection Toolkit. Our self-assessment in June 2024 for the 2023-24 NHS Digital Data Security and Protection Toolkit is "standards exceeded". We were also reaccredited with Cyber Essentials Plus in July 2024.

## Radiation Safety

AML delivers PET-CT, CT and X-ray imaging services, and also manufactures radioactive isotopes. These services are delivered in accordance with the Ionising Radiation Regulations (IRR), the Ionising Radiation (Medical Exposure) Regulations IR(ME)R and Environment Permitting Regulations.

To satisfy all relevant regulatory requirements, we ensure the following:

- ▶ **All staff administering radioactive isotopes for AML** are registered as classified workers and complete an annual medical by an approved Health & Safety Executive appointed doctor. Monthly audits of staff certificates have been undertaken and no breaches of regulation were identified.
- ▶ **All molecular imaging Radiographers & Technologists** are classified radiation workers under the Ionising Radiation Regulations (IRR) 2024 and hold in-date medical records completed by an approved Health & Safety Executive (HSE) appointed doctor. All staff who work with or have the potential to be exposed to ionising radiation wear dosimeters. In 2023 AML implemented the use of the HSE approved Mirion Direct Ion Storage device – Instadose. Instadose allows a live instant dosimetry read on demand and full personal review of radiation exposure on a personalised phone application, allowing review for the worker and the radiation protection supervisor / line manager.

AML adopted newer dosimetry badges, that are smart devices with Bluetooth technology, facilitating instant dose reads, allowing better tracking of staff doses and sharing of doses with staff, reducing lost badges and eliminating the need for badges to be sent away for reading (so also lowering associated postal costs). Something we presented at UKIO.

- ▶ **All ionising radiation modalities have suitably trained and appointed Radiation Protection Supervisors**, as well as independent Radiation Protection Advisors, Radiation Waste Advisors and Medical Physics Experts. All appointment letters have been re-issued to confirm responsibilities and requirements and these staff further support us via Radiation Protection Committees.
- ▶ **23 separate incidents were reported to the Care Quality Commission in compliance with the IR(ME)R 2024.** All have now been thoroughly investigated whether in isolation or in partnership with provider NHS Trusts with shared learning for all parties involved.
- ▶ **One incident was notified to the Environment Agency (EA)**, relating to a breach in permit, which was immediately addressed at the affected site. The notification and final report were submitted to the Inspector and there was no further action.



## Internal Assurance

Clinical and medical leadership in service delivery is provided through a structure that has ultimate responsibility lying with the AML UK Board. The IGRB committee structure and Quality Management Framework aims to ensure:

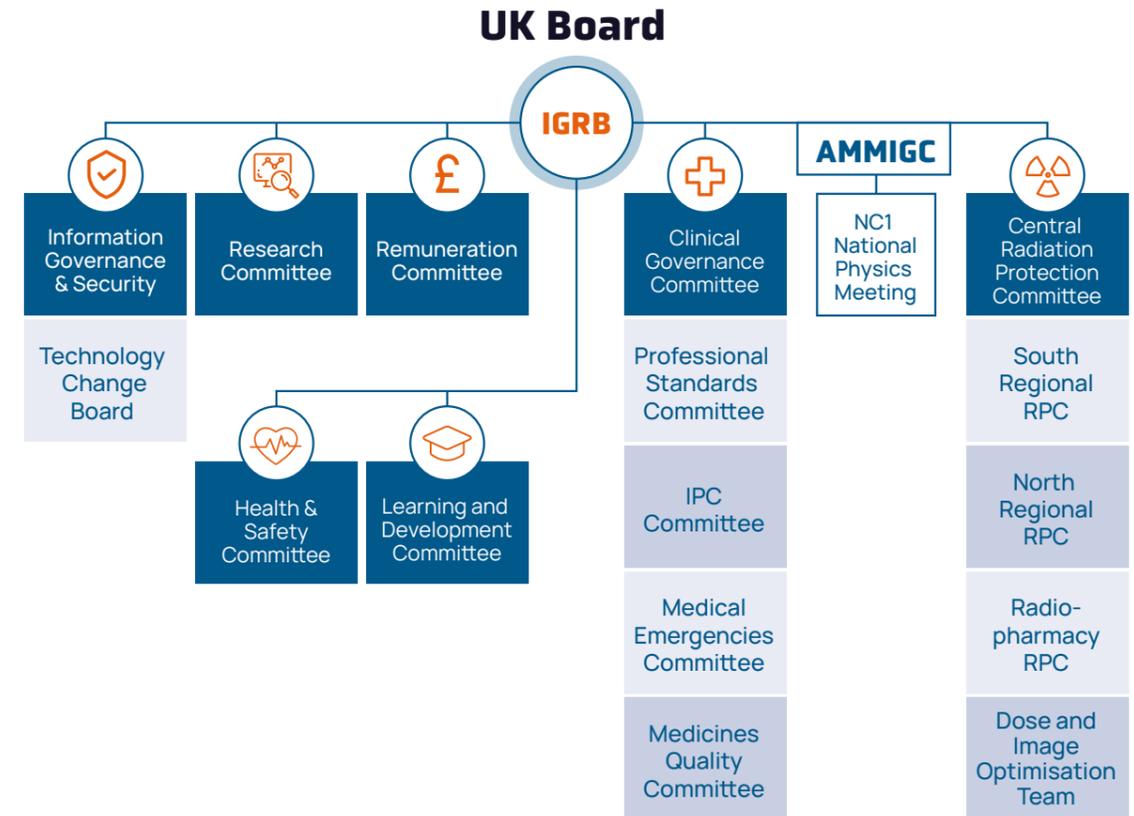
- ▶ The provision of safe, effective and timely services
- ▶ Measured, responsible outcomes
- ▶ Continuous learning and improvement
- ▶ The provision of an experience that meets stakeholder's expectations

The Integrated Governance and Risk Board (IGRB) provides assurance to the UK Board of Directors that appropriate integrated governance and risk management mechanisms are implemented and effective throughout AML. The IGRB met in April 2024 and November 2024. The minutes of these board meetings are made available to staff via the company intranet.

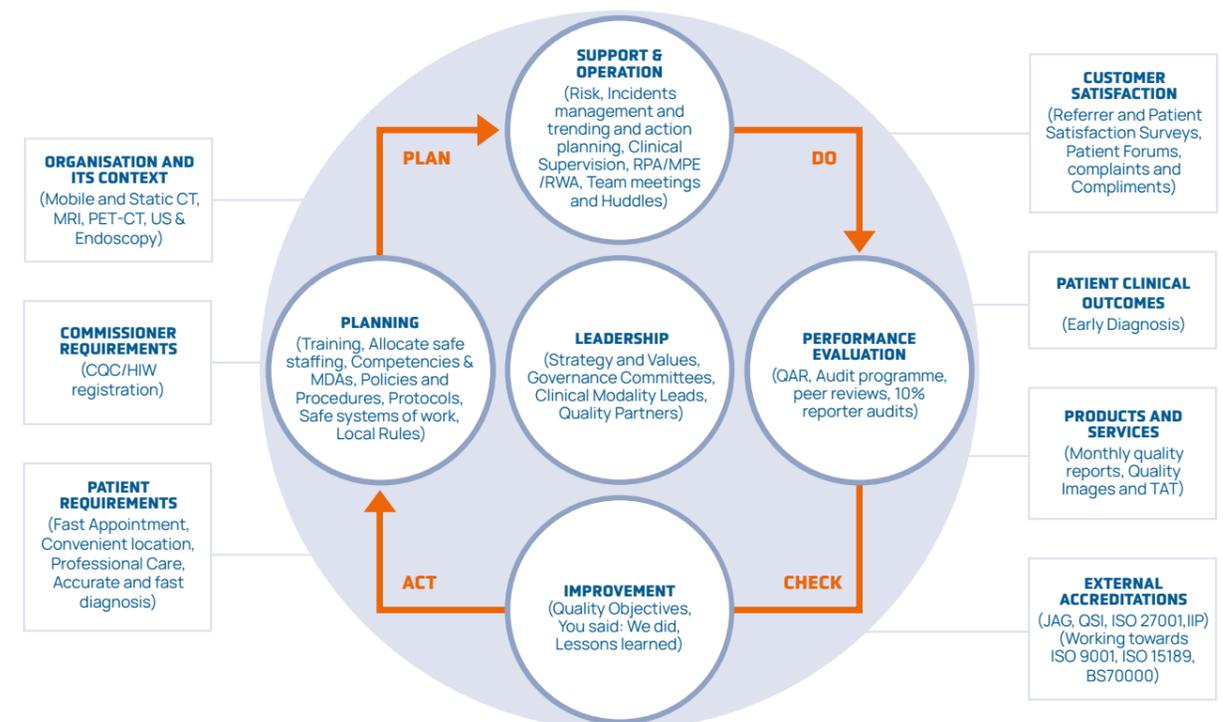
The main areas of risk for our company have been identified as Clinical Governance; Information Governance; Security, Radiation Protection; Research; Learning and Development; and Health and Safety. In line with this, the IGRB has six sub-committees addressing each of these areas.

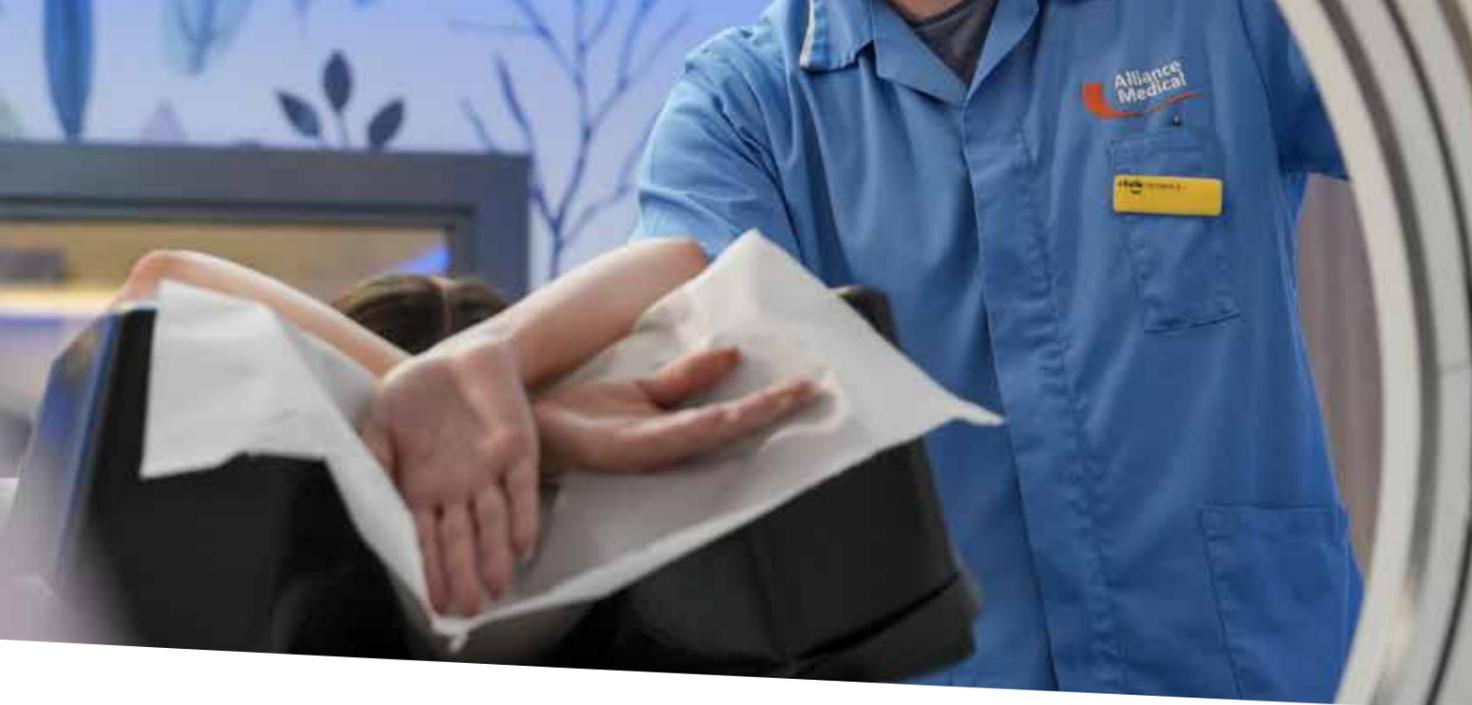
The Chair of each sub-committee is responsible for ensuring the committee focuses on the key areas within its scope of responsibility and to implement strategies to monitor and minimise the risk and ensure excellence in service provision. The subcommittees meet quarterly, and the minutes are made available to staff via our company intranet. The Chair of each sub-committee presents a report and assurance statement at each meeting of the IGRB.

## Governance Committee Structure



## AML Quality Management Systems





# Clinical Quality

## Audit

To ensure that we discharge our legal and moral obligations, we have a comprehensive audit programme in place. Audits undertaken during the year included:

- ▶ Clinical Evaluation Audit
- ▶ Operator Entitlement Audit
- ▶ Hand contamination monitoring in PET-CT
- ▶ Pregnancy Enquiry
- ▶ Training completed against Individual TNA
- ▶ Hand Hygiene
- ▶ IV Cannulations
- ▶ Infection Prevention and Control
- ▶ Medicines Management
- ▶ Patient Group Directions
- ▶ Radiation Protection Supervision
- ▶ Image Quality
- ▶ PET-CT Reporting

Audit results were reviewed by the key sub-committees during 2024-25 and significant exceptions, or variances were raised. Working with the operational managers responsible for service delivery, action plans were implemented to address the exceptions or variances identified. Trends and any ongoing challenges to compliance were reported to the IGRB.

## Policies, Procedures and Guidelines

Comprehensive policies and standard operating procedures are in place at both corporate and unit level. These are available to staff via our corporate intranet.

Each sub-committee is responsible for developing, reviewing, implementing, and monitoring compliance with policies related to its area of responsibility.

## Incident Reporting

During 2024-25 AML continued to utilise the Patient Safety Incident Response Framework (PSIRF). Patient safety Incident Response policy and Plan have been agreed with Hertfordshire and West Essex ICB. Improvement priorities were agreed, and Thematic Analysis of trend incidents have been undertaken.

All incidents continue to be recorded into Datix, where a new direct link to LFPSE has been established. Incidents were, reviewed, and investigated with trends identified and actioned at a national and regional level.

There were 33 external reportable incidents reported within 24 hours which have included:

- ▶ Five to Health and Safety Executive under RIDDOR
- ▶ One to Care Quality Commission
- ▶ 27 to CQC under IR(ME)R

Incident investigations were undertaken, utilising both the Human Factors, Just Culture framework and Systems Engineering Initiative for Patient Safety (SEIPS).

Investigation reports were reviewed at the relevant sub-committees who made sure that appropriate remedial action and shared learning took place.

## Clinical and other Quality Indicators

A comprehensive range of clinical and other quality indicators were collected and analysed at company level via balanced scorecards and dashboards. These indicators were tracked by the various sub-committees to identify trends and benchmark our facilities to ensure continuous quality improvement. Poor performance was escalated to the relevant operational management team and reported to the IGRB.

## Risk Register

Our Corporate Risk Register complements the other systems that are in place. The Risk Register identifies key risks at a national, regional, and local level. The relevant sub-committees are responsible for the maintenance of the risk register relevant to their area of responsibility and for the management and risk minimising strategies. Our Risk Register is treated as a live document and was updated throughout the year and was formally reviewed at both meetings of the Integrated Governance and Risk Board.

## Infection Prevention & Control

AML is committed to providing a clean and safe scanning environment and supporting facilities for all patients, carers, visitors and others.

AML has continued to review and apply the National Guidance, relating to IPC recommendations. All units apply standard infection control precautions (SICPs) as a minimum, whilst working within the hierarchy of controls. Infection prevention and control (IPC) is a key reporting Governance function, providing assurance to the board on the effectiveness of IPC practices. Areas of action to support staff and AML facilities continue to be addressed on a weekly basis.

The AML IPC team is led by our Medical Director, who has delegated board responsibility for IPC. IPC practice is overseen by our IPC Committee which receives specialist advice from a microbiologist and reports to our Clinical Governance Committee.

AML staff were able to access both the Flu and Hepatitis B vaccination programmes.

## Medicines Management

Our Medicines Quality Committee is chaired by the Medical Director, supported by multidisciplinary membership including a Pharmacy Advisor. As a sub-committee of the Clinical Governance Committee, it provides the governance and assurance regarding medicine use and supports continual quality improvement.

The Medicines Quality Committee has met four times throughout 2024-25. The medicines self-audit continues with the support of the pharmacy advisor. Challenges with staff understanding of temperature monitoring of all areas where medicines are stored have been addressed with national communications and local training.

Patient Group Directions (PGD) audits were undertaken and whilst NHS Trust Patient Group Directions (PGDs) remained in place. AML have developed their own PGDs based on the National templates for contrast. These are being rolled out to sites with the authorisation of the Trusts for use with NHS patients.

Contrast reactions continue to be reported via the AML incident management system and all were supported by the submission of a yellow card to the MHRA. The committee continued to maintain oversight of unlicensed medicines and maintained the approved unlicensed medicines register.



## | Safe Staffing

### Multi-disciplinary Workforce Planning

At AML we operate an integrated, analytical approach to resource planning that is consistent with the Skills for Health Workforce Planning methodology and use a dynamic Resource Planning system to make the process of creating rosters as simple as possible while ensuring safe staffing, efficient use of resources, and meeting the needs of patients.

#### This involves:

- ▶ Monthly trend analysis of patient volumes and turnaround times and maintaining local Trust engagement regarding any required actions.
- ▶ Using e-Roster to drive effective management of staffing establishments, ensuring the right staff are in the right place at the right time through clear visibility of contracted hours and staffing levels/skill mix.
- ▶ Using approved rota templates to identify resource requirements and ensure effective use of clinical skill.
- ▶ Planning for expected recruitment gaps for clinical, non-clinical and patient management staff with support of preferred suppliers under an established procurement framework; and
- ▶ Formal training and skill development for support roles including Level 2 & 3 Healthcare Assistant accreditations; Level 5 Assistant Practitioner accreditations and access to other formal training courses in conjunction with our education partners.

This approach ensures that we employ the correct volumes of clinical and non-clinical staff with the appropriate skill sets to meet patient needs.

### Supporting the Workforce of the Future

AML recognises that we have a responsibility to support the development and growth of the UK Diagnostic, Molecular Imaging and Radiopharmacy workforce, and are committed to sustainable workforce development.

AML are passionate about ensuring that there is an education pathway for the development of its employees and that through development, educational opportunities and investment in early in career pathways that we can not only develop and sustain our own workforce but enhance that of others.

**Shaping the future of healthcare involves addressing the national radiographer shortage, and we've been collaborating with multiple universities to make that happen.**

Since 2017 we have entered into several collaborative partnerships with UK and international Universities to provide much needed access to additional placement capacity. AML has provided both informal elective placements and formal clinical learning placements for undergraduate Radiography students across MRI, CT and PET-CT service, consistently providing capacity for more than 50 elective opportunities and over 150 formal placements for undergraduates per year.

**AML continues to extend its formal partnership arrangements with universities, and currently has the following partnerships:**

- ▶ University of Cumbria - 2017
- ▶ University of Teeside - 2019
- ▶ University of Keele - 2020/2023 (Radiography & Chemistry)
- ▶ University of Exeter - 2021
- ▶ University of Plymouth - 2021
- ▶ University of Suffolk - 2022
- ▶ University of Hertfordshire - 2022
- ▶ University of Derby - 2022
- ▶ University of Leeds - 2022
- ▶ University of Salford - 2022
- ▶ UWE-Bristol - 2023
- ▶ St Georges University of London - 2023
- ▶ University of Portsmouth - 2024
- ▶ Aveiro University - Portugal - 2024
- ▶ Coimbra University - Portugal - 2024
- ▶ Lisbon University - Portugal - 2024
- ▶ University of Hull - 2025
- ▶ University of Leicester - 2025
- ▶ Health Sciences University - Bournemouth - 2025

In 2018 we launched our early in career graduate preceptorship programme and there are currently 35 graduates participating in our Graduate Preceptorship training scheme, learning in MRI/CT and PET-CT. To date we have trained over 150 Graduates through the programme, many have continued their careers with us progressing into both senior clinical and leadership roles across the business.

In 2023 we designed and implemented our Radiopharmacy Student Engagement and Graduate Scheme, this is open to Chemistry Graduates, since the launch we have supported several Year in Industry Placements, short summer placements and as a result successfully recruited local chemistry graduates into our Radiopharmacy sites. Activity will continue to broaden the scheme for other Radiopharmacy units as university relationships develop across the country for 2025/26.

Clinical Apprenticeships have been crucial in developing our workforce, offering individuals the chance to earn while they learn, making the profession more accessible, and bridging the skills gap in healthcare. We continue to support the development of our existing workforce and have introduced an apprentice career development framework.

This year marks the 5th year of our incredibly successful partnership with University of Cumbria, during which we've seen six Apprentice Radiographers, and 32 Apprentice Assistant Practitioners join our workforce because of these clinical apprenticeships.

In early 2025, five new Apprentice Assistant Practitioners and 12 Apprentice Radiographers enrolled on these Radiography specific training programmes, supporting us to continue to grow the workforce of the future.



## Safe Recruitment

In line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19, government guidance and NHS Employers' standards, we make sure that all our recruits have the skills, qualifications, experience and appropriate physical and mental health, to undertake the role they are recruited for and support our obligations to safeguard vulnerable adults and children.

All employment offers are subject to satisfactory completion of checks. This applies equally to temporary staff and those engaged through third party providers.

**We operate a pre-employment screening process for all roles which includes the following checks:**

- ▶ Identity
- ▶ Right to work in the UK
- ▶ Professional registration and qualifications
- ▶ Employment history and references (previous three years)
- ▶ Disclosure and Barring Service including a re-verification every three years for patient facing employees
- ▶ Occupational health assessments
- ▶ For new employees joining from overseas, we conduct an overseas police check

AML seeks to ensure that eligible Directors are recruited in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to ensure they are fit and proper to carry out this role of responsibility. AML recognise that Directors should be of good character, have the required skills, experience and knowledge and that their health enables them to fulfil the management function.

When support is required from temporary agency workers, AML ensures contractual engagement with approved suppliers only; detailed worker compliance standards and a live verification and payment system to enable safe and efficient appointment of temporary agency workers. This primarily provides quality and safety assurance, however, also provides supporting management information which forms part of the workforce planning cycle.

## Mandatory Training

Mandatory training is provided to all our employees in order that risks to services, patients and the business are mitigated, taking into consideration the regulatory environment in which AML operates.

Mandatory training is delivered both practically and using e-learning modules which are assigned to staff based on their role and most are completed annually. Our completion rate target for the business is 95% which considers a small number of staff unable to complete mandatory training due to sickness, maternity leave or on boarding. All areas of the business are consistently meeting or exceeding this target throughout the year.

Additional modules have been introduced during 2024-25 to address compliance against national regulation, which included training for Decontamination of Radioactive Spills and Incident Management.

Our Head of Resourcing & Learning is responsible for the oversight and direction of mandatory and non-mandatory training and learning provision. The coordination and administration of mandatory learning is supported by a dedicated team.

	Compliance with Mandatory Training
March 2019	92%
March 2020	95%
March 2021	96%
March 2022	94%
March 2023	95%
March 2024	96%
March 2025	97%

As part of mandatory training, all patient facing staff are required to attend face-to-face practical life support training.

During the year 2024-25, practical life support training was completed by our clinical staff, relevant to their role:

Life Support Course	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Total
Basic Life Support	28	25	19	11	7	49	13	16	37	25	12	18	260
Immediate Life Support	65	68	68	65	66	74	93	63	71	71	43	65	812
Paediatric Life Support	11	18	12	16	20	2	20	7	10	23	10	11	160



## Staff Experience

All Diagnostic Radiographers are registered with the Health and Care Professions Council (HCPC) and hold either the Diploma of the College of Radiographers (DCR) or a BSc or MSc Degree in Diagnostic Radiography.

Our qualified Assistant Practitioners and Apprentices operate under a limited Scope of Practice and have undertaken or have been enrolled on either an Assistant Practitioner Health and Social Care Degree (Radiography specific) or a Radiography Degree Apprenticeship.

A wide range of development programmes continue to be delivered through our dedicated Training Academy, delivered in partnership with The Christie NHS Foundation Trust and our network of training providers encompassing leadership, clinical development and patient communication programmes.

This year, we have established a new leadership development package in line with the CQC's Well-Led pillar. To provide foundation learning, our people access the Aspiring Leaders Programme or the Being an Effective Manager Programme via our Training Academy, 74 of our people completed a foundation programme this year.

For advanced and accredited learning, our people access the NHS Leadership Academy Programmes at different levels, from the Edward Jenner level through to the Nye Bevan level. So far, 20 of our people have enrolled and are progressing the programmes. We have also enabled access to the Society of Radiographers' Leadership Mentoring Scheme, and we currently have four participating in the scheme.

Staff are encouraged to research and suggest new approaches that will improve patient care and services. To support this, we have enabled access to the College of Radiographers' Formal Research Mentoring Scheme, and we currently have one participating in the scheme.

To further support ongoing learning, our people have access to E-Learning for Health, a platform which provides e-learning to educate and train the healthcare sector. Additionally, Dementia Care Training is provided to all our teams working with patients.

Non-mandatory training is centrally recorded and reported monthly to the UK Board and quarterly to the Resourcing & Learning Committee, where trends, assurances and improvements are discussed and taken forward. Mandatory Training compliance targets are >95% with performance tracking at 97% during 2024-25.

Performance is reviewed through a formal Performance Development Review program. All employees have a six-monthly review with their manager, ensuring clinical staff continue to be assessed and training needs are addressed. Training and guidance for Managers conducting reviews continues to be provided ahead of the performance appraisal cycle. A formal 'bottom up' calibration and approval process ensures consistency in evaluating performance across the UK team.

Our Clinical Apprenticeship program continues to be a valuable part of our training proposition with colleagues currently undertaking studies at, Level 5 Assistant Practitioner and Level 6 Apprentice Radiographer Degree qualifications.

We also continue to support staff that wish to complete non-clinical apprenticeships, such as Business Administrator, Team Leader, Department Manager and Senior Leader MBAs from Level 3-7 and we also have a number of clinicians studying Post Graduate Certifications in Advanced Practice.

For our PET-CT services AML technical staff members carrying out the service include qualified Nuclear Medicine Technologists, Radiographers and Assistant Practitioners, and will be in possession of one of the following qualifications:

- ▶ Certificate or Diploma endorsed by the College of Radiographers
- ▶ BSc / BSc (Hons) in Nuclear Medicine, Therapeutic or Diagnostic Radiography / Radiotherapy



## | Health & Safety

At AML we are committed to the Health and Safety of our workforce, patients who use our services and all third parties involved in service provision. A comprehensive Health and Safety management framework is in place which includes:

- ▶ Appointed personnel as subject matter experts
- ▶ Policy
- ▶ Training
- ▶ Guidance
- ▶ Audit; and
- ▶ Governance through the Health & Safety Committee.

Significant actions have been taken to further improve our management of Health and Safety responsibilities in the last 12 months:

- ▶ AML gained ISO14001 Environmental Management accreditation in September 2024, which includes a regular environmental assurance report being submitted to the Health & Safety Committee.

- ▶ The internal monthly Health & Safety audit for our scanning sites was further developed and we have monitored improved understanding and compliance across the business.
- ▶ The management of our facilities has become more effective through improved measurement and organisation of planned maintenance activities on our operational sites.

Finally, the continuous improvement of Health & Safety within AML has continued through the past twelve months, by continually reviewing our working environments, people and processes, and taking actions as we find opportunities for improvement. Overall, this approach has ensured a continued evolution of improvements to our Health & Safety Management System.

There were five RIDDOR reportable incidents in 2024-25 which we investigated, and appropriate actions were taken in response to the learnings from those incidents, including the dissemination of lessons learned across the company.

### Incidents & Investigations

AML continued to support a just culture for the reporting and management of incidents, supported by the RLDATIX risk management system. Incident reporting continued to be introduced at the corporate induction day and staff reported any event that they felt had or could have a potential impact on patients, staff and other areas of the business including 'Near Misses'.

AML has transitioned across to the Patient Safety Incident Response Framework and local sites are encouraged to undertake Rapid Reviews and Hot Debriefs in response to minor incidents. Managers have completed Safety Engineering Initiative for Patient Safety (SEIPS) training and have completed Patient Safety Incident Investigations for moderate to severe incidents using the SEIPS framework.

Outcomes and actions have been focused on identifying process and systems issues where improvements can be made. The Quality and Risk team have continued to support the process and have provided regular updates to the Clinical Governance Committee, the UK Board and others as appropriate.

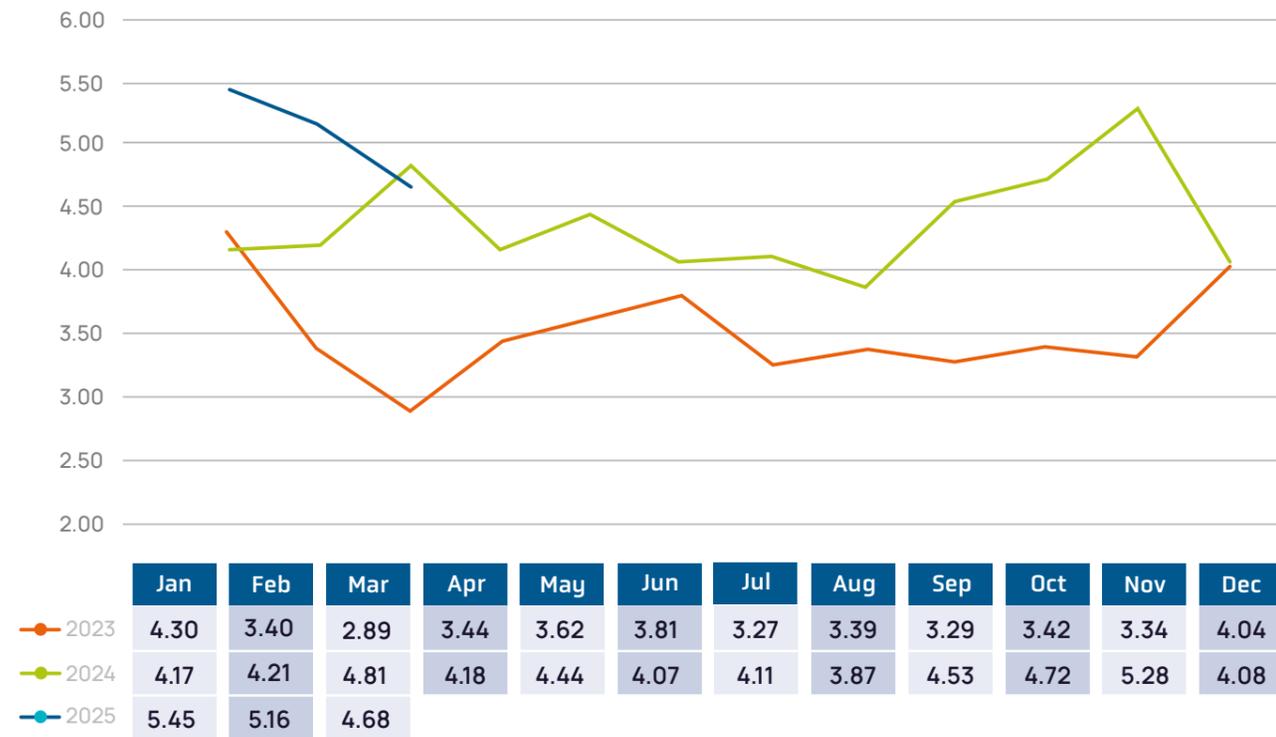
The Quality and Risk team have continued to review all reported incidents monthly to ensure all incidents, near misses and accidents have been accurately reported with appropriate actions being taken. Regular incident calls have been supported for operations to scope any investigations required and to ensure learning is shared across operational teams.

Lessons learned continue to be shared to all staff via a bi-monthly communication bulletin 'Risky Business'.



### Reported Incidents per 1000 Scans

Review of total incidents per 1000 patients scanned, demonstrates a continued robust level of reporting of incidents and near misses in 2024-25 as demonstrated in the diagram below.



### Serious Incidents

There was one incident reported as serious during the year: A patient with established bone secondaries attended for a PET-CT imaging on a mobile scanner. The patient started to climb the stairs to the scanner and heard a sound and was then unable to move. The patient was transferred to A&E where a leg fracture was identified. The incident was investigated and confirmed that the site did have a call bell at the bottom of the steps for patients to call for assistance with the option to be brought up to the scanner via a lift. Following the incident the signage for the call bell has been updated to encourage its use.

### Learning from Deaths

There was one death of a patient whilst in AML's care in 2024-2025 during the imaging pathway. The patient attended for PET-CT imaging and collapsed in the waiting room from a cardiac event prior to any clinical intervention being undertaken. The centre commenced resuscitation immediately and the host site resuscitation team attended within a couple of minutes. Despite every effort being made the resuscitation was unsuccessful. A full investigation took place after the event with input from the family. The AML team were commended for the swift response.



## | Are Services Effective?

### Policies & Procedures

At AML we annually review our policy and procedure infrastructure in support of a rolling programme of review and continuous improvement.

During 2024-25 we continued to review our policies and procedures to ensure they are reflective of legislation, regulation and best practice. Documents have been reviewed by the relevant committees, updated and reissued as necessary, or at least every three years. Quarterly policy and procedure audits have been undertaken to ensure documents are in date and reviewed as required.

All procedural documents were stored and made available to all staff via AML's SharePoint Document Library which is managed to ensure version control. All documents have assigned authors and executive sponsors, with subject matter expertise sourced externally where applicable.

### Quality Assurance Reviews

Our Quality Assurance Review (QAR) Framework which is a key mechanism for audit and monitoring of services, continued during 2024-25. The process included a self-assessment of requirements reflective of national guidance and best practice in support of patients and staff. Site visits were undertaken by the Quality and Risk team, of all static units, including a selection of mobile units to assess services and practice in compliance with policy and procedure.

Static units were reviewed annually as a minimum with additional visits being undertaken following any internal alert due to any isolated serious, clinical incident, a series of non-serious clinical incidents or a complaint from a patient or customer, or a request from a clinical area for audit of their service. 56 QAR visits were undertaken at static sites, and 43 at mobile sites during 2024-25. Full reports following the QAR were produced and sent to the Registered Manager, relevant Head of Region and relevant Quality and Risk Manager.

Action plans were developed and implemented in response to the findings. The completion of actions has been tracked, with reporting to Operations and the Board on a monthly basis.

	Description	Example
1	Un-interpretable	All sequences moved on; no diagnostic images available, wrong area imaged.
2	Severe Artefacts	Most sequences have artefacts, limited report possible.
3	Considerable Artefacts	One or more sequences have artefacts with considerable impact on the diagnostic value of the images.
4	Sub-optimal	Minor artefact, no impact on diagnostic value.
5	Perfect	Images have no artefacts.

### Quality Standards for Imaging (QSI)

AML has committed to demonstrating achievement of the Quality Standards for Imaging and retained the accreditation in 2024-25.

During 2024-25, documents were submitted to UKAS for further assessment. Following document reviews and site visits, several recommendations were received and actioned. There were approximately 20 sites visited in 2024.

### Clinical Audit Outcomes and Improvement Cycle

At AML we support a radiological reporting audit in all our imaging modalities including reports provided to us by third party reporting companies. All audits are undertaken using randomised case selection. The audit process follows the recommendations of the Royal College of Radiologists, and we focus on three areas:

- ▶ **Clinical Opinion of the Report:** An assessment of the clinical component of the report to assess its accuracy and its appropriateness for the referrer.
- ▶ **Report Language:** An assessment of the language used in the report; and
- ▶ **Image Quality:** An assessment of the image quality.



### Image Quality

Radiology clinical audit is an integral part of the quality cycle within AML the includes external audit by our reporters and internal audit processes.

The image quality results demonstrate that over 91.3% of our images fell into Grade 4 & 5 descriptors, being of good diagnostic value during 2024-25. This demonstrated continued high-quality service provision.

### Reporter Audits (PET-CT)

A 10% sample of reports are evaluated, a number of elements of scoring descriptors are considered:

- 1 Un-interpretable**  
The report is of such a poor quality that it is un-interpretable or there is a high probability of a clinical risk to a patient due to a severe ambiguity in the report.
- 2 Significant ambiguity**  
Significant errors that leave the reader unclear what the report is intending to communicate, or the ambiguity is such that there is the potential for clinical risk to the patient.
- 3 Ambiguity in report - adequate**  
Ambiguity that makes the report less clear although adequate for purpose.
- 4 Minor language discrepancies**  
Minor errors with no impact on interpretative value of the report.
- 5 Perfect**  
No language errors.

13,071 cases were audited in 2024-25. Over 91.3% of cases were scored in the Grade 4 or 5 category. Grade 1 discrepancy errors were identified in 0.03% cases. Grade 2 discrepancy errors were identified in 0.72 % of cases.

For Grade 1 & Grade 2 cases, the reporter was contacted within 24hrs. All these cases were further reviewed, and appropriate additional information provided to the referring clinicians. Addenda to the original reports were issued as required.

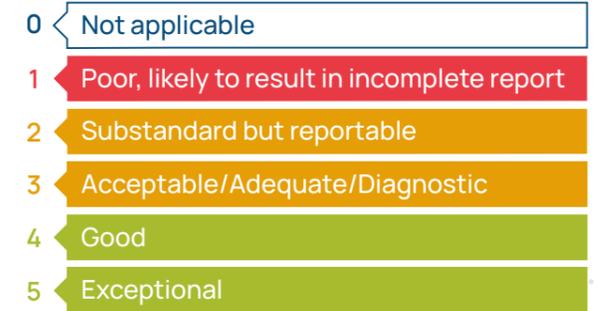
Auditor feedback, including commentary across all grading levels, was shared directly with reporting staff. This forms part of our continuous improvement approach to support professional development, promote learning, and maintain high reporting standards.

### Image Quality Audit - Internal

At AML, image quality audits are a vital component of our continuous optimisation process, playing a key role in ensuring that all diagnostic imaging meets the highest clinical standards. These audits are not only essential for maintaining image clarity and diagnostic accuracy but also for supporting patient safety and improving overall service delivery. By systematically reviewing and evaluating imaging performance across our CT, MRI, and X-ray modalities, we are able to identify opportunities for refinement, uphold best practices, and drive ongoing improvements in both technology use and radiographic technique.

Our team of highly experienced professionals perform regular and comprehensive image quality audits across both our static and mobile locations. This ensures that all CT, MRI, and X-ray services consistently meet the highest standards of diagnostic accuracy and patient safety.

Examinations are graded as:



For both CT and X-ray examinations, an 'Overall Diagnostic Value' score is assigned to each scan to evaluate image quality. A random sample of 3% to 10% of all examinations is regularly audited to ensure objective and representative quality assessment. Across AML's CT and X-ray services, the average diagnostic value consistently exceeds a score of 4, highlighting our commitment to high diagnostic standards. Furthermore, over 98% of MRI examinations are rated above level 3, reinforcing the consistent excellence of our imaging quality across all modalities.

Report Accuracy Audit Outcomes for 12 months April – March

Year	Grade	1	2	3	4	5
2019 - 20	%	0.01%	0.33%	8.89%	22.83%	67.94%
2020 - 21	%	0.00%	0.40%	6.92%	22.69%	69.99%
2021 - 22	%	0.00%	0.38%	6.72%	23.90%	69.00%
2022 - 23	%	0.01%	0.57%	8.51%	30.15%	60.76%
2023 - 24	%	0.00%	0.78%	8.25%	30.64%	60.33%
2024 - 25	%	0.03%	0.68%	8.38%	30.29%	60.62%

The audit outcomes reflect the ongoing onboarding of new reporters and their learning and development. Where Grade 1 and 2 discrepancies have been identified, we have reviewed the reporter's overall practice and provided support and coaching where improvement is required.



# Imaging Equipment

At AML we strive to refresh our imaging infrastructure, ensuring we deliver the highest possible standard of patient care. The company updated its infrastructure either through the acquisition, new build or upgrading of scanners.

We have continued with the planned investment to significantly improve the physical infrastructure for delivery of high-quality imaging services across all areas, with investment in our PET-CT, MRI and CT portfolio including the delivery of a number of new systems and the addition of new technology into existing systems to ensure we are providing services with the most current capabilities to support positive outcomes. This investment continues with delivery of further assets across our estate including PET-CT, MRI, CT and X-ray.

## Productivity

With such significant investment required to establish diagnostic imaging services, it is essential that imaging equipment is maintained and operated to ensure the maximum level of productivity for the provision of an effective clinical service.

We seek to make the most use of our assets to reduce the cost per patient, so that we can offer our customers value for money. To do this, we must maximise the number of patients we are able to see, while not compromising on patient care.

Developing innovative solutions for scanning is a priority, including use of advanced protocols, new staffing models or equipment advancement to benefit the patients experience throughout the diagnostic pathway.

At AML we are committed to investing in the latest technology to deliver the highest quality diagnostic images to ensure the patient receives the quickest diagnosis and highest level of care. We have developed strong operational partnerships with equipment manufacturers and market leading experts in the maintenance of the clinical equipment, which helps to deliver scanner uptime in excess of 98%.

Efficient deployment of staffing is a critical aspect of an effective workforce plan and AML has a dedicated and highly experienced team who deploy our workforce nationally to ensure the right people are available to deliver high-quality service at each location.

AML has developed advanced in-house business intelligence analytics and reporting which coupled with the systems and technology utilised in our facilities ensures that areas of opportunity are quickly identified, allowing processes to be reviewed and improved.

Our longstanding contractual relationship with OEMs also means that AML has access to other advanced software providing actionable insights into our operations.

AML has experience in deploying staff on a nationwide basis to support not only our mobile business but also the peaks in demand of our long-term partnerships. We have appropriate staffing relationships to ensure this can be done as well as national workforce deployment teams using bespoke software to assist in ensuring that we are able to respond to local demand.

Average Receipt of Referral to Report Publish Turn-Around (Days) Years run 1st April to 31st March

Modality	2021-22	2022-23	2023-24	2024-25
CT	12.8	13.9	14.4	12.6
MRI	20.1	17.9	19.1	15.1
OTHER	3.6	3.8	3.5	4.3
PET-CT	4.1	4.3	4.4	4.3

Average Scans/Hour Years run 1st April to 31st March

Modality	2021-22	2022-23	2023-24	2024-25
CT	2.9	2.94	3.69	4.08
MRI	1.61	1.68	1.76	1.82
OTHER	2.19	2.26	2.55	2.35
PET-CT	1.21	1.28	1.27	1.34



# | Are Services Caring?

## Patient Experience

We are committed to providing a high-quality service to all our patients. It is a fundamental requirement of the Care Quality Commission framework that all service users are offered the opportunity to provide feedback on the services they receive. In order to deliver consistent levels of patient-centric care and continue to develop our services we aim to make sure that all patients are provided equal opportunity to provide feedback on their experience.

Patient Experience Surveys are available at all our AML facilities and patients are also e-mailed with a link to complete the survey.

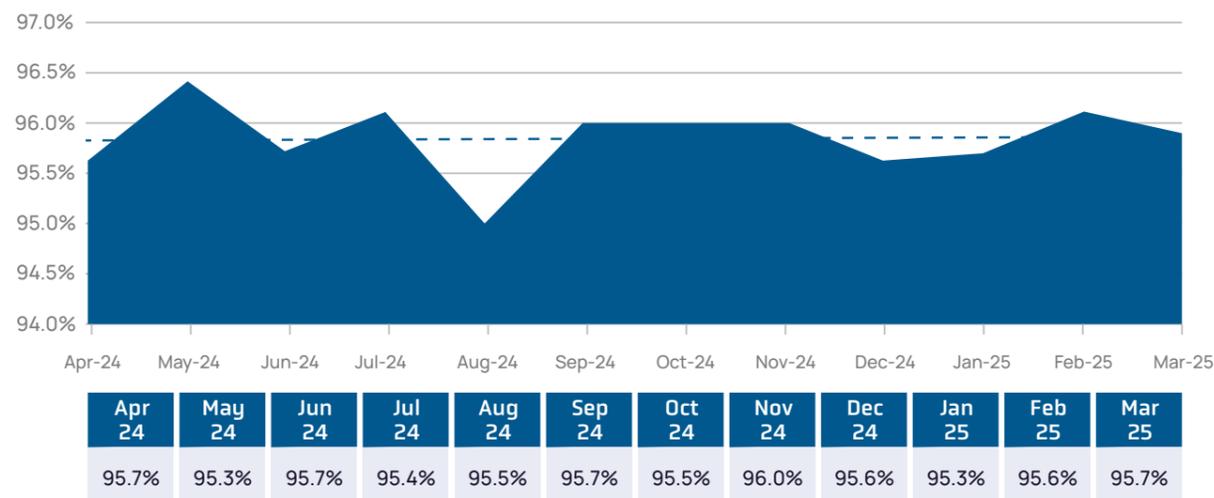
During 2024-25, we received completed Patient Experience Questionnaires from c. 80,000 patients attending our services. On average 97% of these patients were either satisfied or very satisfied with the service received. 96% of patients would recommend AML to their family or friends.

## Patient Satisfaction - Monthly Comparison

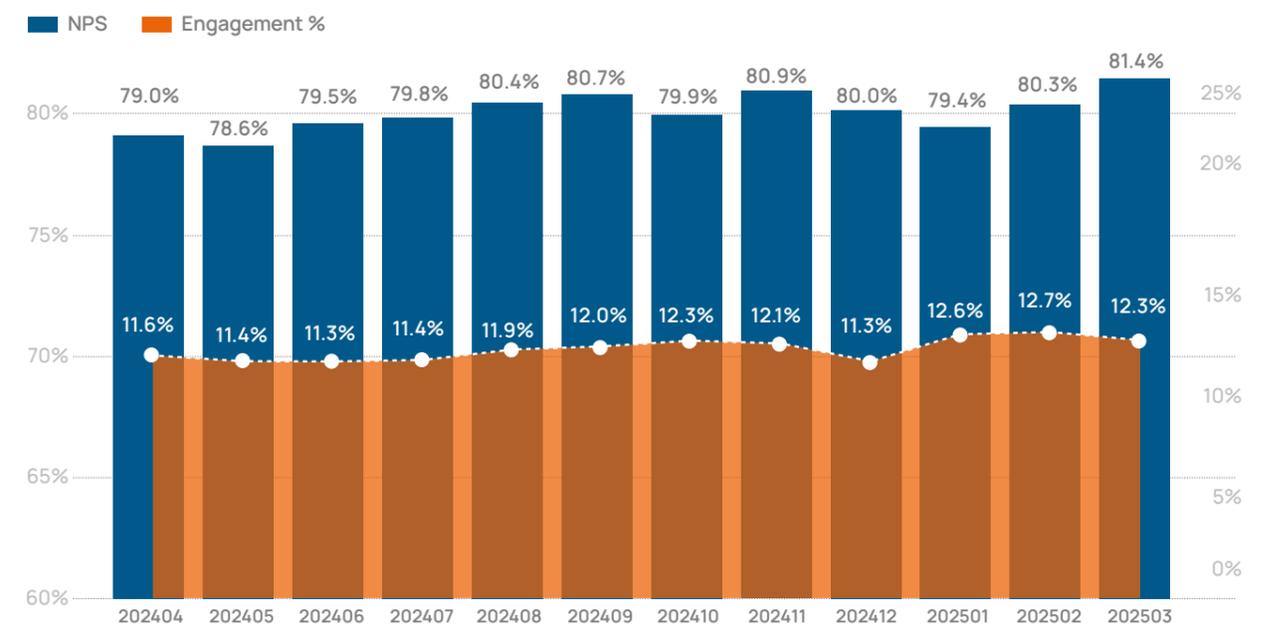
We continue to use the Net Promoter score (NPS) to better understand our customer experience and to drive excellence. This takes into consideration the number of patients who are very satisfied compared to those who were dissatisfied, giving an overall rating.

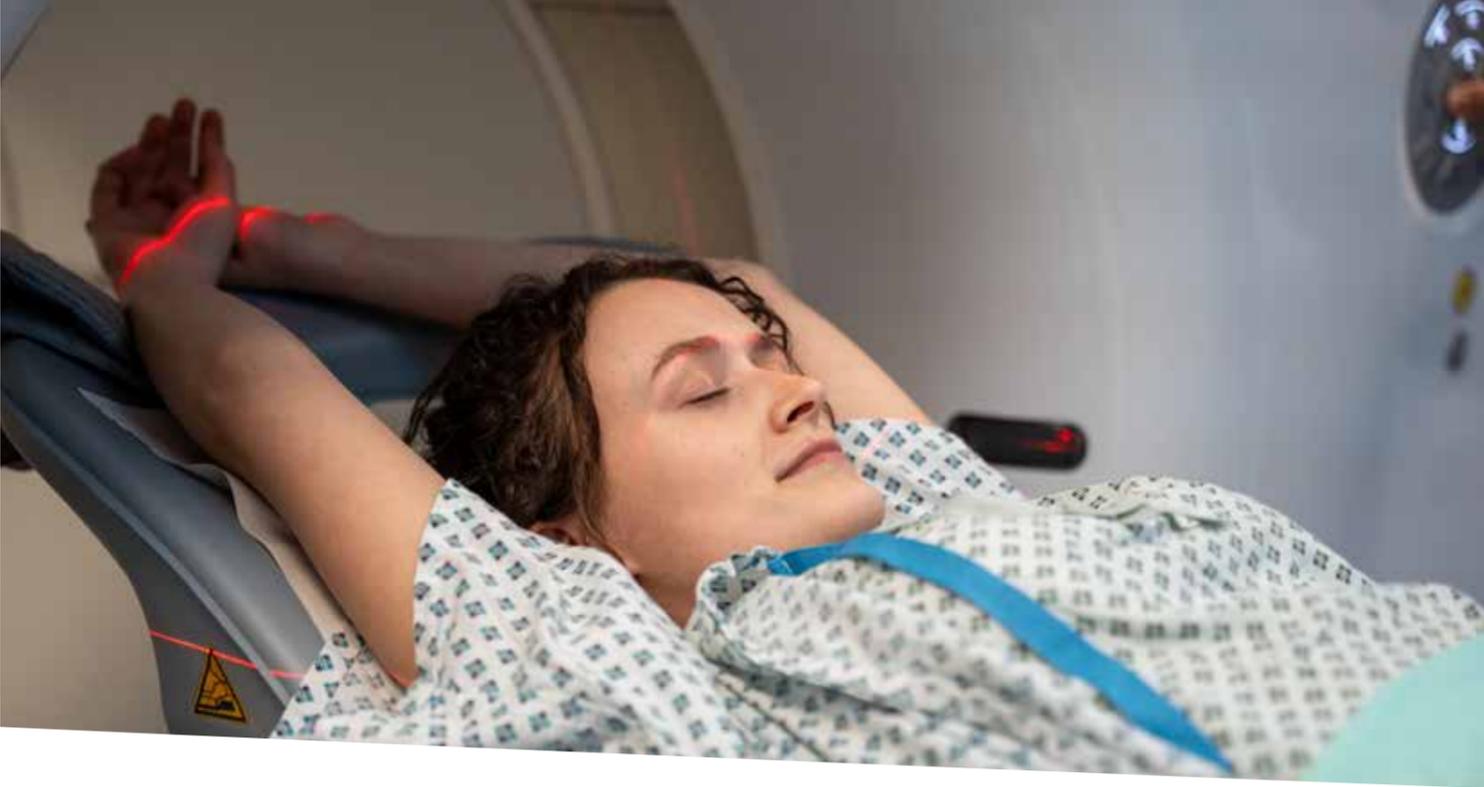
This encourages our teams to strive to deliver excellent care to our patients, not just satisfactory care. The Net Promoter score remains steady within expected range, with an average of 80.6%, which continues to demonstrate that our patients are satisfied with the care they receive.

## Friends and Family Score April 2024 - March 2025



## AML Quality Management Systems





### Patient Complaints

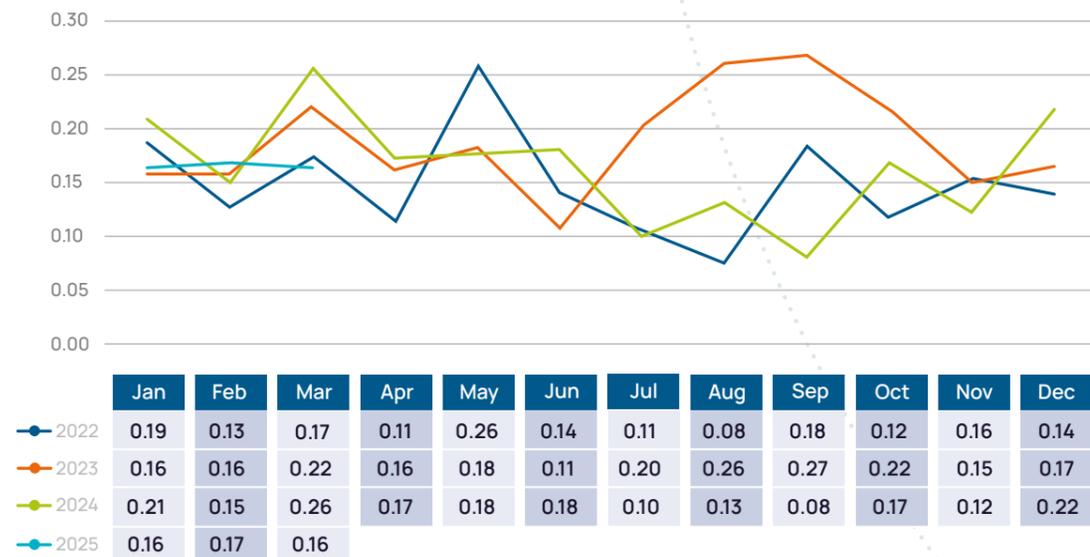
Concerns or complaints raised by patients are a valuable aid to maintaining and developing a consistently high standard of service. Complaints can, and often do, result in areas of learning which lead to service improvements. Complaint resolution is a high priority at both operational and governance levels of our business.

All complaints were acknowledged within two working days of receipt, and we aimed to provide a response to all complaints within 20 working days. In a few cases where this was not possible, we have informed the complainant of the reason for the delay and advised when a response will be provided. All concerns and complaints were addressed in accordance with policy and procedure and 93% of complaints received were investigated and resolution achieved with the complainant at the point of initial letter.

Escalation of complaints to a high level outside of the company is supported by the Public Health Service Ombudsman and Independent Sector Complaints Arbitration (ISCAS). There was one complaint escalated to ISCAS as level 3 by the patient during 2024-25. This complaint related to a request from reimbursement for additional travel to collect images. ISCAS found in favour of the patient and the patient was reimbursed. AML have reviewed its complaints process in relation to the provision of images on CDs in response to this finding.

The main issues raised by service users through complaints in 2024-25 related to issues around communication by staff. This was in relation to appointments, what to expect or how to receive imaging results. Personal training has been provided to individuals where there were opportunities for improved communications.

### Patient Complaints per 1000 Scans



## Are Services Responsive to People's Needs?

### Diagnostic Imaging Services

As a dedicated partner to the NHS, AML continued to increase scanning capacity across the whole country to assist with unprecedented backlog of patients in part due to the increase in complex imaging.

We are dedicated to diagnostics, so continue to invest in new static facilities including Community Diagnostic Centres like Taunton, South Tyneside & Sunderland, and Oldham (Northern Care Alliance); and have increased our fleet of mobile and relocatable scanners throughout the year, thus providing the health sector with considerable additional scanning capacity.

We continue to invest in new technologies, increasing the number of digital PET-CT facilities in the UK; and manage all facilities and units via an agile, flexible and sustainable workforce, so we can regularly offer extended scanning days across our sites to support the NHS and independent customers, with the routine operation of a seven-day service.

### Radiopharmacy Services

The demand for all 18F labelled radiopharmaceuticals produced by AML Radiopharmacy increased again in 2024-25 by 12.3% compared to the previous reporting period. The demand for our primary radioactive tracer (18F-FDG) increased by 11.2% during this time.

The supply of our other radioactive tracers (Neuraceq, FEC, NaF & PSMA-1007) has increased by 100.2% during this period. This has primarily been caused by the introduction of 18F-PSMA-1007 from March 2023 and it being available for supply five days per week. This has offset a further reduction in the amount of 18F-FEC that has been supplied in this period (52.7%).

The supply of 18F-NaF increased by 32.4%. The demand for Neuraceq also grew by 46.9% in this period. No MHRA inspections have been performed during this period.



## Clinical Research

AML aids clinical advancements by contributing to various research projects across the UK and Europe. Our role primarily involves providing diagnostic imaging and/or radioisotopes for trials to multiple external partners. We have a vast research network consisting of prominent clinicians and NHS organisations; we align with NIHR, MRC and BNMS research projects, as well as supporting academic and commercial institutions. Through this network, we share our expertise and resources to deliver additional services, including a distributed research network. Additionally, we offer several isotopes, including Zirconium-89, Neuraceq, Amyvid, and Tau radioligands, some of which are only currently available for research. And we continue to expand our digital PET-CT scanner fleet to continue to push the boundaries of digital imaging ever further, including one installed in a Community Diagnostic Centre.

By synergising our research activities with Life-MI, a trusted partner, we offer extensive support for multiple research initiatives and supply diagnostic imaging and/or radioisotopes for clinical trials. Moreover, we have been proud to be associated with several NCIMI/Innovate UK's grant projects that have just reached conclusion, some leading to publication in peer-reviewed journals and at international radiology conferences.

The various partnerships allow expertise and resource sharing, helping to deliver supplementary services such as a distributed network and implementing Artificial Intelligence in all aspects of the patient imaging pathway; including a first-in-world project of operational AI with GE HealthCare across multiple sites across the UK, helping ensure our operations are optimised for maximum efficiency, with a focus on minimising costs, optimising staff deployment and reducing energy consumption (so called, patient-kilowatt-hours) across our entire network, allowing staff to focus more on the patient and less on tasks.

## | Are Services Well Led?

### Senior Executive Team

We have reviewed our senior executive team composition during the year in line with the 'Fit and Proper Persons' requirements set out in legislation. A framework remains in place to support the 'Fit and Proper' checks.

### Senior Management Team

The operational senior management structure changed towards the later part of the reporting period with the appointment of a northern and southern Chief Commercial and Operating Officer to replace the outgoing Chief Operating Officer. The structure has enabled the ongoing delivery of effective care which has been responsive to the needs of local populations and NHS England centrally.

The management team have continued to develop an operational and governance focused communication arrangement which allows for regular and effective communication; continuous improvement, peer learning, agile decision making; and the development of safe and appropriate policies and practice.

### Employee Representation

AML recognised that many of our clinical colleagues are members of the Society of Radiographers, however, we must have an engagement and communication framework which reaches members of the Society of Radiographers as well as non-members.

AML operates a single Employee Forum made up of both employees, elected representatives and Society of Radiographer representatives. Engagement with the Employee Forum members is organised on multiple levels to ensure a comprehensive and collaborative approach.

The full Employee Forum met twice during 2024-25, with attendance from the UK Managing Director, HR Director and Chief Operations Officer. This is central to our communications and consultation process, creating open channels of two-way communication to keep in touch with employees' views.



**Regular agenda items at the meeting included:**

Business performance, working methods, quality, training, equipment upgrades, welfare, health, safety and environment issues, sports and social activities, resource levels and employee benefits. Representatives are encouraged to speak with their colleagues and gather feedback on any issues or further information prior to meetings.

In addition, regional forum meetings were held on a quarterly basis with senior managers from the respective operational teams. This allowed for regular dialogue and discussion on the topics relevant to specific groups of employees.

Due to several representatives reaching their term of office, re-elections took place for a number of seats on the employee forum, bringing new voices and ideas from various areas of the business.

Representatives also participated in other governance forums and committees such as the Pension Governance Committee and Health & Safety Committee.

In support of AML's 'Your Wellbeing Matters' framework, a network of Wellbeing Champions has been introduced to the company. Their role is ultimately focused on promoting a workplace culture which supports positive mental health and to destigmatise the complex dynamics of mental ill health.

The Wellbeing Champions:

- 1 Are volunteers from all areas of the organisation trained as accredited Mental Health First Responders as well as being knowledgeable on positive mental health practices and resources available to colleagues. The Wellbeing Champions act as a role model for promoting positive health and wellbeing practice within AML.
- 2 Collaborate with the wellbeing lead for delivering the health and wellbeing strategy within AML and providing support.
- 3 Listen to colleagues.
- 4 Signpost colleagues to the wellbeing support that is available within AML and externally.
- 5 Encourage colleagues to take breaks and to look after themselves, for example: hydration, rest, exercise.
- 6 Make sure that colleagues are taking time to reflect and be aware of their physical and mental health.

**Freedom to Speak Up Framework**

AML is compliant with the recommendations from the Francis Review to implement a culture which encourages and supports people to speak up and raise concerns they may have.

Our HR Director is appointed as the Freedom to Speak up Guardian (FSUG), responsible for the Freedom to Speak Up culture and framework within the organisation.

The FSUG is accountable to the Integrated Governance and Risk Board and provides assurance through twice yearly statements. They are supported by a network of Freedom to Speak up Champions who are nominated employees whose substantive role is not part of the management structure.

The Freedom to Speak Up Champions act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the UK Managing Director, or if necessary, outside the organisation.

The actions of the company's leaders are critical to achieving an open culture. The UK Managing Director frequently reminds colleagues of the Speak Up avenues available to employees in regular communications to all employees.

This gives staff the confidence to come forward and raise their ideas, issues and concerns.

**Investors in People**

Further to our Investors in People Gold accreditation, which externally verifies and recognises the many initiatives, processes and plans the company has in place, AML continue to follow the recommendations in the assessment report to further strengthen our employee offering.

New leadership development programmes and continued access to clinical development, apprenticeships and further education has provided new opportunities for all of our teams to further develop.

In Molecular Imaging, our teams continue to access high-quality training via our dedicated Training Academy in order to maintain compliance, business and leadership skills.



## | Employee Engagement

Employee engagement is measured through several surveys including an annual Experience@Work survey (distributed to all UK colleagues) which is conducted by an independent organisation to ensure confidentiality.

In response to the survey, action plans were developed and progress against the plans is measured on a regular basis. The survey was completed in October 2024.

66% of the team participated which gave a rounded view and confidence in the validity of the feedback. We received 1,607 comments in total to the three free text questions, which added valuable insight into the scored feedback captured elsewhere in the survey.

The survey showed an overall engagement score of 64%. The 'engagement score' reflected the measure of satisfaction employees have in their role combined with the confidence they have in our services and their likelihood to advocate both.

We asked for feedback about experience across eight core areas and the feedback from the vast majority of staff was positive. The overall feelings about the company and alignment with the company's purpose and values was strong across all teams.

People reported a largely positive experience in the company in the following areas:

- ▶ 92% of colleagues would recommend our services to friends or family if they needed care
- ▶ 87% believe the company has clearly communicated standards, values and expected behaviours
- ▶ 92% believe AML embraces diversity among colleagues
- ▶ 87% of colleagues have developed and improved their skills and knowledge at AML
- ▶ 86% of colleagues believe their job makes good use of their skills and abilities
- ▶ 87% feel included and have a sense of belonging in their team
- ▶ 92% positively recognised an inclusive culture within AML which embraces and values the diversity of skills, experience and perspective we individually bring to the organisation.

### Equality

At AML we are committed to ensuring that recruitment practices promote equality of opportunity in line with the 2010 Equality Act. We treat all applicants fairly and equally regardless of their sex, sexual orientation, marital status, race, colour, nationality, ethnic or national origin, religion, age, disability and union membership status. We ensure that no requirement or condition is imposed without justification, which could disadvantage an individual on any of the above grounds.

Each year we publish an annual Gender Pay Report and action plan. Our Gender Pay Reports are available to view on our UK corporate website:

[alliancemedical.co.uk/about-us-governance](https://alliancemedical.co.uk/about-us-governance)

AML recognises the value of a diverse workforce in providing quality healthcare. The information available shows a diverse mix of age, skill and ability. Diversity is a strength in our clinical team, with ethnic minority colleagues having high representation at both new-in-career and senior clinician levels. During 2024 AML has continued to focus on the Equality, Diversity and Inclusion (ED&I) action plan and seen improved representation of women on the UK Board and ethnic minorities in management positions.

### Recognition Framework

The Recognition Framework provides guidance on how employees can be recognised for their contribution, on an ad hoc basis under the #AllianceHeroes scheme.

There are occasions when individuals go above and beyond their normal duties or make an exceptional contribution to the success of AML in line with the company values.

Managers are encouraged to develop a culture within their team or department which fosters effective communication and recognition of employees for their worthwhile contributions. Often, a simple but sincere "Thank You" is what people value. But it is also important to recognise that each person is different and that the contributions they make should be recognised and rewarded in a way that is meaningful to them as individuals.

The reward framework supplements the pay framework and is available to all employees. It is focused on three core themes; financial; family & health benefits. We also operate a wellbeing program "Your Wellbeing Matters", which includes an external employee assistance programme in conjunction with generous sick pay and life assurance benefits to support colleagues during difficult personal issues or in the event of ill health. We have extended this framework with the introduction of additional services including access to virtual GP and Physiotherapy services for employees and their families.

The provision of a 'Friends & Family' diagnostic imaging benefit continues to be a popular and valuable benefit, particularly in light of current waiting list pressures in the NHS.



# REDUCE OUR USE.

## OUR JOURNEY TO LOWER EMISSIONS.



## Environment

At AML, we recognise the serious threat imposed by climate change and the urgent need for meaningful action and acknowledge that we have an important role to play in promoting a net-zero emissions future.

Environmental targets have been agreed and the UK business has made a commitment to achieve Net Zero by 2035 for the emissions that the UK business controls directly and to reach Net Zero by 2045 for the emissions it can influence. The UK business has also developed a Carbon Reduction Plan committing to a 30% reduction in Carbon Emissions by FY25/26 and has submitted its first Evergreen Assessment to NHS Supply Chain.

Our senior managers are focused on reducing our carbon emissions and improving our recycling and waste streams in accordance with the UK government's new Simpler Recycling guidance in the workplace. AML continues to work closely with our customers and suppliers to align our environmental goals and encourage positive environmental practices through sharing of ideas.

We recognise that scanning equipment utilises considerable energy and have identified several areas where efficiencies and savings can be made. In particular, the UK business continues to purchase 100% renewable energy for its directly controllable sites.

Investment has been made into energy data loggers, enabling direct reporting on a range of data, and has been piloted at our Turner Diagnostic Centre site in Colchester. Year on year energy savings are already being realised through performance optimisation of the air handling units, implementation of a Thyristor Control on the hot water supply, and general performance enhancements to the BMS – all as part of a 5 year energy savings plan, with the expectation that such savings can be replicated across other AML sites.

As of March 2025, there are now 119 electric plug-in vehicles on the AML fleet, which represents 36% of the overall car fleet.

Car park lighting at our Taunton Diagnostic Centre site has recently been converted to LED.

Successful trials of a more efficient battery generator that could be used at a number of mobile scanning sites is expected to achieve a 30% fuel saving on existing flybrid generators if deployed.

AML has for the first time submitted its ESOS Action Tracker, to be published by the Environment Agency in due course and followed by annual progress updates.

The UK business continues to participate in a Cycle to Work Scheme that is available to all its employees and our Pension provider allows employees to have flexibility to choose where pension funds are invested including ESG related funds, with 75% of default funds invested in ESG recognised funds.

AML has established an Environment Working Group, led by a UK Senior Leadership Representative and supported by colleagues from across our business to improve measurement of our carbon emissions and review initiatives to reduce, including:

- ▶ Managerial review and assessment of existing energy suppliers;
- ▶ Engaging with Landlords to review and consider the implementation of meters and other devices to record and monitor energy use;

- ▶ Increasing electric and hybrid vehicles into Alliance's car fleet;
- ▶ Introducing lower carbon emission alternatives, as exemplified by the roll out of flywheel technology on generators;
- ▶ Reviewing existing buildings opportunities such as implementing LED lighting replacement and gas boiler replacement schedules;
- ▶ Ensuring the development and build of low carbon diagnostic facilities, to deliver the most energy efficient premises as exemplified by our PET-CT new build in Guildford with an A energy rating;
- ▶ Investigating opportunities to invest in self-generated energy solutions such as solar panels;
- ▶ Engaging our workforce and wider communities in our commitment to the environment;
- ▶ Working with our supply chain partners to review their approaches to carbon reduction and sustainability.

For our business, key areas of focus remain on energy usage at our static sites, our fleet of mobile imaging units and our Radiopharmacy facilities.

## Every small change makes a **BIG** difference!



## Transport Logistics

AML operated a fleet of around 50 mobile diagnostic imaging units and 10 MRI relocatables providing imaging services to over 80 locations throughout the UK.

The central logistics team aims to schedule mobile imaging services to minimise the number of mobile scanner moves per month. They also, where possible, coordinate customer demand to minimise average mobile scanner distance travelled per month.

Multiple policies operate that are designed to minimise the environmental impact of our operations. Our pricing policy for mobile diagnostic imaging services offers a reduced price to customers who book for consecutive days. This encourages a reduction in environmental impact.

Local overnight accommodation is available for all mobile imaging staff who are required to work more than two hours' drive from their home. This policy mitigates health and safety risks whilst also reducing environmental impact.

The Resource Planning system used ensures the Safe Staffing Policy is applied and that staff members closest to the mobile service with the correct skill are deployed first to reduce travel time.

We have worked closely with commissioners over the years to transition services into modular or static units to reduce the number of mobile services operated and to improve patient experience.

## Quality Improvement Achievements 2024-2025

### Quality Improvement Goal 1: New AGFA RIS & PACS

AML UK has an ambition to retain its position as the primary provider of PET-CT molecular imaging, accelerate its presence in the diagnostic imaging market, and explore new service provision opportunities across both the public and private healthcare markets.

To achieve this our diagnostic imaging system technology infrastructure will be modernised allowing us to set a new standard in respect of meeting stakeholder expectations. We will achieve this through the replacement of our existing RIS & PACS technology infrastructure with an integrated Future Unified Diagnostic Imaging System (FUDIS).

#### What was the problem

The clinical systems we use currently have served us well for a decade but technology has moved on significantly in that time and we need to make sure we are using the best technology available. Because our existing systems are dated we are constrained in our ability to deliver technology enabled continuous improvement in our services and to meet the expectations of patients and referrers.

#### What did we do and what are the benefits

The new systems we are implementing, comprising the AGFA Healthcare EI PACS solution coupled with the MIM advanced PET-CT viewer, Streets Heaver's CompuCare RIS and xWave's referrer portal, all managed and delivered by AGFA Healthcare will provide a technologically advanced, cloud-based solution that will allow us to:

- ▶ Improve the quality of patient interactions and the information they have access to through the self-service portal
- ▶ Give referrers the ability to refer directly into our clinical systems where HL7 integration isn't in place

- ▶ Further improve our processes, turnaround times and workflow monitoring by exploiting AI capabilities
- ▶ Balance workloads for all staff and ensure efficient, clear management of target Key Performance Indicators (KPIs)
- ▶ Support virtual, asynchronous Multi-Disciplinary Teams meetings through online access to images from anywhere to enable review and incorporation into care plans
- ▶ Ensure we can easily scale our service to reflect demand changes.

The new system is now ready and starting to be rolled out across our PET-CT sites and it will remain an improvement goal for next year.



### Quality Improvement Goal 2: Auto-Injector Trial in PET-CT

AML are committed to performing a Radio dispensing Auto-Injector trial across selected PET-CT sites, with the commitment to reduce occupational radiation exposure further for the clinical teams.

#### What was the problem?

Clinical staff involved in radiopharmaceutical preparation and injection are routinely exposed to ionising radiation. Despite adherence to existing safety protocols utilising manual dispensing techniques, there remained opportunities to further reduce occupational exposure, particularly in high-throughput PET-CT environments using automated technology.

#### What did we do?

Selected PET-CT sites have installed radiodispensing auto-dispenser/ injector systems. These systems automate the preparation and administration of radiopharmaceuticals, thereby reducing the need for direct handling. Radiation dose exposure has been reviewed for the staff involved in the audit, referencing historic readings utilising manual versus automated dispensing.

#### What are the benefits?

Early results are promising, with initial data showing an approximate 30% reduction in staff radiation exposure at trial sites. This supports our commitment to the ALARP principle and compliance with IRR requirements relating to dose restriction and personal dose monitoring.

#### Plans for further improvement?

Work is ongoing to evaluate additional auto-dispenser/ injector systems, assess long-term performance, and engage with multiple suppliers. The aim is to ensure that any wider adoption is underpinned by robust evidence, integration with current workflows, and a scalable model for service-wide implementation.

### Quality Improvement Goal 3: Booking Process Improvement

Continue to look at improving the way in which we provide our booking service to benefit the organisation, our staff and our patients.

#### What was the problem?

We had a lack of structure and processes in place to support this function, with fragmented teams.

#### What did we do and what were the benefits?

We embarked upon a programme of improving the way in which we provide our booking service, which involved us looking to enhance our booking's function, including standardisation to process, effective use of resource and consideration of latest technology.

We spent time looking at the structure of our teams which has led us to a more effective and efficient team and processes are now in place and are continually updated. Communication with both internal and external stakeholders are improved, and we now operate in a positive work environment.

The efficiency will be further enhanced with the introduction of the new RIS PACS technology and executive information system, MIDAS.



### Quality Improvement Goal 4: Transition to Adrenaline Ampoules

#### What was the problem?

Auto-injectors continue to be in short supply; AML are aware that continuing to use auto-injectors increases supply chain pressures meaning that patients are reliant on auto-injectors to manage their anaphylaxis could be affected.

#### What did we do?

12 senior clinical members of staff received intramuscular injection training from an independent clinical educator, this has been cascaded to all ILS trained members of staff across the whole business, trainers are based in identified regional training hubs across the business.

#### What are the benefits?

We have reduced the pressure on the supply chain by ceasing to use auto-injectors, the number of doses carried on each scanner has increased, making this safer for patients and staff, particularly at our facilities that are reliant on a 999 response. Staff have been developed and have gained an additional transferable clinical skill.

### Quality Improvement Goal 5: Enhanced accessibility through digital transformation of patient leaflets

As part of our commitment to improving patient experience and accessibility, we undertook a digital transformation of how patient information is shared. This work focused on modernising the format of our online patient leaflets to enhance usability, inclusivity, and responsiveness.

#### What did we do?

We transitioned all patient information leaflets from static, downloadable PDFs to dynamic web pages. The new format is more mobile-friendly, easier to navigate, and allows for real-time updates.

Additionally, the web pages are configured to automatically adapt to the user's browser language and regional settings, removing the need for manual translation.

#### What were the benefits?

Overall this has improved accessibility, our patients can now access vital healthcare information in their preferred language, supporting greater equity in care, and a reduction in health literacy barriers.

- ▶ **Faster updates:** Information can be revised and updated instantly without the need to reissue documents or incur a longer design process, ensuring content remains accurate and up-to-date.
- ▶ **Enhanced user experience:** Web-based leaflets are easier to read, navigate, and are optimised across devices.
- ▶ **Greater equity:** Language and country auto-detection helps break down barriers for non-English speakers and supports equitable access to care.



## Quality Improvement Goals 2025-2026

### Continued Implementation of AGFA and RIS Pacs

Continuing the work carried out in 2024-2025, move to implementation of the new system, termed MIDAS, across all our PET-CT sites.

### Grow Our Fleet of Digital PET-CT scanners

During the period we introduced two new PET-CT GE digital-ready mobile scanners into our fleet, equipped with the latest advancements in imaging technology.

These state-of-the-art units enable faster, high-quality scans, and significantly reduce patient waiting times whilst streamlining diagnostic pathways.

This expansion enhanced our capacity, improves patient access, and strengthens our commitment to delivering efficient, cutting-edge healthcare services.

Looking ahead, we're also preparing to welcome four new digital PET-CT mobile units by the end of 2025. The first of these will be the only digital mobile PET scanner currently operating across the UK, offering reduced scan times, increased capacity, and an improved patient experience and we hope to report on this in the 2025-2026 account.

### Referrer Engagement Events

We are committed to holding regular engagement events to connect with and support our referring clinicians. By sharing our expertise in diagnostic imaging and patient pathways, we aim to enable earlier and more accurate diagnoses, which is key to developing effective treatment plans. These events strengthen collaboration with our partners, improve care, and ultimately lead to better patient outcomes.



**Alliance  
Medical**

**Dedicated to Diagnostics**

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