Wessex Healthcare Diagnostics LLP

# Wessex Healthcare Diagnostics

**Inspection report**

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

| | |
|---|---|
| Overall rating for this location | Good |
| Are services safe? | Good |
| Are services effective? | Inspected but not rated |
| Are services responsive to people's needs? | Insufficient evidence to rate |
| Are services well-led? | Good |

# Summary of findings

## Overall summary

This is the first inspection of this service. We rated it as good because:

Contracted reporters had training in key skills, understood how to identify abuse, and managed safety well.

The service undertook some audits and used the results to improve the service.

Referring organisations could access the service when they needed it.

There were effective escalation processes for unexpected and significant findings.

Staff and contracted reporters worked well together for the benefit of patients and had access to good information.

The leadership, governance and culture were used to drive and improve the delivery of the service.

Staff understood the service's vision and values, and how to apply them in their work.

Staff were proud of the organisation as a place to work and spoke highly of the culture.

Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities.

However:

There was no evidence consideration had been given to the level of DBS staff DBS checks required for staff.

There was not always oversight of data security standards for staff working from home.

Risk assessments for staff use of IT equipment had not been undertaken.

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|---|---|
| **Diagnostic and screening services** | Good  | This is the first inspection of this service. We rated it as good because:<br>Contracted reporters had training in key skills, understood how to identify abuse, and managed safety well.<br>The service undertook some audits and used the results to improve the service.<br>Referring organisations could access the service when they needed it.<br>There were effective escalation processes for unexpected and significant findings.<br>Staff and contracted reporters worked well together for the benefit of patients and had access to good information.<br>The leadership, governance and culture were used to drive and improve the delivery of the service.<br>Staff understood the service's vision and values, and how to apply them in their work.<br>Staff were proud of the organisation as a place to work and spoke highly of the culture.<br>Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities.<br>However:<br>There was no evidence consideration had been given to the level of DBS staff DBS checks required for staff.<br>There was not always oversight of data security standards for staff working from home.<br>Risk assessments for staff use of IT equipment had not been undertaken. |

# Summary of findings

## Contents

# Summary of this inspection

## Background to Wessex Healthcare Diagnostics

Wessex Healthcare Diagnostics is a Limited Liability Partnership (LLP) of Consultant Radiologists providing a remote teleradiology reporting service for the NHS. An LLP is a business arrangement commonly used in professional practice, in which each owner (partner) is not legally responsible for another's misconduct or negligence.

The regulated activities are managed and carried out in reporting staff's own homes.

The service is electronically sent CT scans, MRI scans and X-rays and provide interpretation on those imaging examinations in the form of electronic radiology reports. Teleradiology is the transmission and display of radiological images, such as CT scans and X-rays, in a location independent of the location the patient is imaged. It allows specialist doctors (radiologists) and reporting radiographers to provide an expert and timely report to allow clinicians to decide on the best treatment for their patients. Radiologists will be referred to as reporting staff throughout this report. The NHS trust the service has a contract with, will be referred to throughout this report as the contracted to NHS trust.

The service has no direct contact with patients and does not provide direct patient care. The service reports on both images of adults and children.

This is the first time we have inspected this service. We inspected the service using the teleradiology framework.

This service was registered by CQC on 22 June 2020.

The service is registered to carry out the following regulated activities: Diagnostic and screening procedures.

The service has a registered manager in post.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out a short notice inspection on 13 September 2022. During the inspection we visited the registered office location and met with the registered manager.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

## Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

**Action the service MUST take to improve**:

**Action the service SHOULD take to improve:**

# Summary of this inspection

The service should ensure they have a robust process for complete and satisfactory DBS checks for staff. (Regulation 4)

The service should have oversight of staff working hours

The service should ensure they have robust processes to provide assurance that the revalidation of general medical council (GMC) registration for reporting staff is clearly documented. (Regulation 4)

The service should ensure they have assurance on the effectiveness of their service from clinical audits carried out by the contracted to NHS trust. (Regulation 17)

The service should consider having oversight data security standards for staff working from home

The service should consider risk assessments for use of IT equipment for staff

# Our findings

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| **Diagnostic and screening services** | Good | Inspected but not rated | Not inspected | Insufficient evidence to rate | Good | Good |
| **Overall** | Good | Inspected but not rated | Not inspected | Insufficient evidence to rate | Good | Good |

Good

# Diagnostic and screening services

| | |
|---|---|
| Safe | Good |
| Effective | Inspected but not rated |
| Responsive | Insufficient evidence to rate |
| Well-led | Good |

## Are Diagnostic and screening services safe?

Good

The service did not have a previous rating. We rated it as good.

### Mandatory training

**Most staff were up to date with mandatory training in key skills.**

Staff received and kept up-to-date with their mandatory training. All staff were employed by the NHS trust the service was contracted to. The NHS trust provided staff with all mandatory training. Mandatory training compliance information was shared with the service to allow the registered manager to have oversight of staff training compliance and needs. Records showed that overall, 98% of reporting staff had completed all required courses.

### Safeguarding

**Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.**

All staff were trained to the appropriate level of safeguarding to their role and this followed the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff guidance.

Staff knew how to raise any concerns from images they reviewed and would liaise with the relevant adult or children safeguarding contact at the NHS trust to communicate those concerns.

Staff received training specific for their role on how to recognise and report abuse.

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

Staff knew how to access information on safeguarding and who to contact if they needed advice or support if they had concerns. Staff told us that any safeguarding concerns relating to a patient would follow the same process as that of the contracted to trust.

### Cleanliness, infection control and hygiene

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

Good

# Diagnostic and screening services

## Environment and equipment

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

Reporting staff had information technology (IT) equipment supplied by the contracted to NHS trust The NHS trust serviced, maintained, provided support and renewed this IT equipment. The equipment was in line with guidelines from the Royal College of Radiologists for diagnostic display devices. Quality assurance checks of display devices were automated and occurred on a weekly basis. Non reporting staff used their own equipment, which was compliant with NHS security standards.

Staff had separate logins and passwords to systems for work undertaken under Wessex Healthcare Diagnostics which provided an electronic audit trail of any reporting undertaken by the provider.

The service did not carry our risk assessments for the use of visual display units or workstation set up for their staff.

## Assessing and responding to patient risk

**Reporting staff identified and acted upon risks when reviewing patient scans.**

The service did not provide direct scanning or diagnostic services to patients. The service had a contract with an NHS trust and only completed part of the clinical pathway for the patient.

Referrals were triaged by the service's administrative team using a code system developed by the service, that assisted them to assign scans according to the reviewers knowledge, skill and availability. Any scans deemed inappropriate for review by the service, were returned to the referrer with an explanation of their return. These returns were documented by the administration staff.

The service followed the contracted to trust's escalation policy which outlined how reporting staff could discuss or escalate any report findings or queries when required. The service did not have a separate urgent and unexpected finding process and policy but followed the contracted to trust's policy. Staff would telephone the trust with urgent findings, documented those findings in the report which created an automated alert in the *Radiology* Information System (RIS) for the referring clinician to see.

The service had access to the contracted to NHS trust's picture archiving system (PACS) and electronic patient records (EPR) software systems where medical images were stored and shared. This meant reporting staff had access to previous images and patients' relevant medical history, to add in the reporting process. The service was able to monitor who had reviewed which images by tracking the computer access.

The service had a system where they kept a record of any administrative errors of their referees and an internal process to discuss concerns and any feedback for improvement to the contracted to trust. Reporting and admin staff would inform the registered manager of any issues, and they would escalate those issues to the contracted to NHS trust.

Good

# Diagnostic and screening services

## Staffing

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

All staff employed by the service had to hold contracts with the NHS trust the service was contracted with. The service comprised of 24 consultant radiologists, who were all partners of the service and undertook reporting work, supported by 2 administrative staff. Staff undertook work for Wessex Healthcare Diagnostics LLP outside of their substantive roles and contracted hours with the NHS trust.

All reporting staff worked as a limited liability partnership and had expected and agreed behaviour standards to adhere to.

Work was allocated to the contracted reporters by the administration staff and according to the reporting staff's speciality and skill. Scans were allocated specific codes to reporting staff's specialities which allowed administration staff to allocate appropriate scans to each reporting staff's speciality. The service had a good skill mix of reporting staff.

The service had a system that showed the contracted reporters availability in advance which helped to manage workloads. There was an informal process for addressing any issues or concerns and a reliance on staff to manage their working hours and discuss any issues with the registered manager. However, there was not a system to have robust oversight of staff's working hours to ensure quality and performance was not affected.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing the report.**

The service had a data protection policy which assured confidentiality from initial referral to final report. All reporting staff used a 2-tier remote login system to access patient information, images and report scans. IT systems were secure and were password protected. Reports were stored in the contracted to trust's picture archiving and communication system (PACS) system. PACS is a medical imaging technology system to securely store and digitally transmit electronic images and clinically relevant reports. However, the service did not have oversight of employees equipment and data security checks, as per their own policy.

The manager told us the service did not have their own policy for use of images or retention periods but followed the contracted to trust's policies and processes.

The service maintained records which complied with The Royal College of Radiologist standard 1 which states, "there should be clear and transparent systems in place for rapid, secure transfer and review of images and, where necessary, storage of patient data". There was a system for the review of images and where necessary a policy for storage of patient data. Reporting staff could only access images assigned to them.

The reporting system included a facility for contracted reporters to attach an addendum. An addendum is a description of revisions made to an earlier signed report or record. There was a clear process and audit trail if an addendum was added to a report. All reports were transmitted back to the contracted to trust's radiology information system securely. The results and reports were communicated and integrated into the referring radiology IT systems in a timely manner.

Good

# Diagnostic and screening services

There were no paper records in use in the service, all records were electronic, password protected and stored securely. Any data transfer was encrypted to maintain security and patient confidentiality. Operational staff and contracted reporters were trained to ensure patient information was protected.

### Medicines

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

### Incidents

**Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.**

Staff knew what incidents to report and how to report them. Staff told us they were aware of how to raise concerns and report incidents and near misses. As part of the contractual arrangements this included complying with trust policies in relating to accidents and incidents and their investigation.

There was an internal process in the service for identifying incidents and a process for managers and reporting staff to discuss and learn from incidents. There was a shared responsibility for incident management with the trust the service worked for. The manager stated they were assured the trust would notify them of any incidents they were involved with, however there had been no serious incidents reported.

Managers attended the contracted to trusts radiology events and learning meetings (REALM) regularly and shared learning from incidents with staff.

## Are Diagnostic and screening services effective?

Inspected but not rated

**We currently do not rate effective for teleradiology services.**

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

The service followed the relevant policies and procedures of the trust for whom they worked. These policies were available to all staff via electronic access. This was in accordance with their contractual agreement. Updates to policies, national guidance and best practice were shared through team meetings and or electronic communication.

The service provided diagnostic reporting services based on national guidance.

Diagnostic reports followed the Royal College of Radiologist standards for interpretation and reporting of imaging and investigations. These standards cover data transfer, reporting, communication of results and quality assurance. Managers told us they had carried out a spot audit of performance and detected that 3 staff had not used an aspect of the reporting system as effectively as they could. Managers discussed the issue with the staff, then carried out further spot audits which showed performance had improved. All findings were shared with all staff.

Good

# Diagnostic and screening services

All reporting staff at the service attended the radiology events and learning meetings (REALM) at the contracted to NHS trust. REALM meetings discuss any discrepancies to radiology findings and reports and provide a learning opportunity for all radiology staff.

Clinical audits of the service were carried out by the contracted to NHS trust. It was not clear from the evidence the service provided, as to if and how the findings from clinical audits were shared with Wessex Healthcare Diagnostics. It was therefore unclear how the service knew they were providing an effective service.

### Nutrition and hydration

**Due to the nature of the service, this key line of enquiry was not inspected as it was not applicable to the service.**

### Pain relief

Due to the nature of the service, this key line of enquiry was not inspected as it was not applicable to the service.

### Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Managers did not always monitor the effectiveness of reporting.**

The service performed well in meeting the set key performance indicators (turnaround times for reports) for reviewing and reporting on scans. The service monitored their performance on reporting for 3 day turnaround times, and from May 2021 to May 2022 were between 99.1% to 100% and for their 5 day turnaround was between 99.8% and 100%.

The service did not have an active monitoring of the speed of reporting, but if concerns were raised by the contracted to NHS trust, the service could conduct an audit trail on the RIS system, to ascertain the time of day the report was written and how long it took to write. Managers told us any issues or concerns raised would be used as learning and practice improvement. However, this was not actively monitored by the service.

Any reporting discrepancies were fed-back to the reporting consultant and to the referring organisation. Discrepancy reports were considered at monthly clinical governance meetings hosted at the contracted to trust and we reviewed meeting minutes which confirmed this. Where themes in discrepancy report errors amongst individuals were identified, the trust and Wessex Healthcare Diagnostics (WHD) registered manager would discuss these and share any learning between teams. This system ensured discrepancies and learning opportunities were identified.

The service used a “right scan-right patient” viewing protocol, which ensured patient scans were set up on specific sides of scan viewing screens, to enable staff to correctly correlate the correct scans to the correct patients. This process was aligned to the contracted to NHS trusts process.

Peer reviews of scans were not carried out and this also aligned to the contracted to NHS trusts process. However, The Royal College of Radiology (RCR) peer review guidance on the principles of peer reviews states that, “*Individual poor performance by radiologists is likely to be acted on much sooner by individuals or colleagues through daily constructive electronic peer feedback* ”. Managers told us they hope to build this aspect into future processes to align to the RCR guidance but was not yet in place.

### Competent staff

**The service made sure staff were competent for their roles. Managers had oversight of staff appraisals, work performance and supervision, to enable them to provide support and development.**

Good

# Diagnostic and screening services

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of the service. Managers gave all new staff a full induction tailored to their role before they started work.

Managers had oversight of staff's yearly appraisals from their substantive posts, as staff shared these with managers, which allowed discussion of any training or development needs. Evidenced reviewed showed one staff member's appraisal remained outstanding and one staff member's was on hold due to extended leave. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff had an induction to the service before they started work.

There was an induction for administration staff, supported by the previous administration staff member in post.The service had provided some supplementary training on the Radiology Information System (RIS), for staff not familiar with this system. The RIS system is *a networked software system for managing medical imagery and associated data.*

Managers told us they did not have the responsibility for ensuring the revalidation of general medical council (GMC) membership for reporting staff, as this was the responsibility of the contracted to NHS trust and did not keep formal records of validation but did have some oversight from appraisal information given by staff.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Meeting minutes were seen and showed any absent staff members were documented and meeting minutes were shared with them. Any staff who couldn't attend in person meetings, would attend by virtual means.

Managers made sure staff received any supplementary or additional specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve. Spot audits had been used to identify performance and had identified some issues with reporting staff not always utilising image viewing systems to maximise their use. This was address by the manager of the staff and a later spot audit carried out demonstrated improved performance.

### Multidisciplinary working

**Staff worked together and supported each other as a team to provide good care.**

The service had good communication and joint working arrangements with the trust and this followed the Royal College of Radiology guidance on standards for the provision of teleradiology services.

Communication within the service was carried out virtually either by telephone, email or secure social applications and staff reported being able to speak to whoever they needed to easily.

### Seven-day services

The service provided a 7 day service with varied operational hours, but not a 24 hours service.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Due to the nature of the service this line of enquiry is not relevant to this service.

## Are Diagnostic and screening services responsive?

Good

# Diagnostic and screening services

Insufficient evidence to rate

The service did not have a previous rating. There was insufficient evidence to rate Responsive.

## Service delivery to meet the needs of local people

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

The service provided tendered contract work to an NHS trust. Teleradiology enabled reporters to provide the services remotely, thereby facilitating the rapid availability of trained specialists outside NHS trust operational hours. This minimised delays in reporting of images and treatment for patients.

The provider shared their performance figures with the contracted NHS trust for any required discussion or future planning needs.

The service provided hospital radiology departments with independent support to address capacity issues in predominantly non-urgent reporting pathways.

## Meeting people's individual needs

**Due to the nature of the service, this key line of enquiry was not inspected as it was not applicable to the service.**

## Access and flow

No patients were imaged on the provider's premises.

The service provided their staff capacity to the contracted to NHS trust, and the trust sent the service images to be reported on. Administration staff would then allocate the scans to the specific specialisms of the reporting staff. Once reports were completed, they were sent through to the trusts picture archiving system (PACS), radiology information system (RIS) and integrated clinical environment system (ICE), where the initial referring clinician could access the reports.

Staff were provided with access to picture archiving and communication system (PACS) training from their substantive posts in the NHS. PACS is a medical imaging technology system which allows organisation to securely store and digitally transmit electronic images and clinical-relevant reports. Images were accessed by contracted reporters through separate log ins to their NHS contracted roles. The contracted reporters reviewed the images and the patient's clinical history and created a report detailing what the images showed. The report was then sent back to the referring clinician to inform patient treatment within agreed timescales.

The provider's IT platform had shared access the requesting hospitals radiological information system so they could review previous reports and images which saved time. Information provided demonstrated the service met the expected reporting times

Good

# Diagnostic and screening services

### Learning from complaints and concerns

The provider had a complaints handling policy which set out the principles and process that enabled clients to give feedback or make formal complaints about any aspect of the service supplied by the provider. The service did not have any direct patient contact and any complaint received by the contract to trust would be managed by the trust. If the complaint related to the providers service, the trust would liaise with the provider.

The service stated they have not had any complaints lodged since they began.

## Are Diagnostic and screening services well-led?

Good

The service did not have a previous rating. We rated it as good.

### Leadership

**Leaders generally had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**

The registered manager of the service was also the chairman of the service and a consultant radiologist. The service had a small board of 3 members The service has a small board membership consisting of the registered manager, treasurer and company secretary, who had experience in finance, IT and management. They understood the challenges in the wider healthcare system and how their service could help improve access to timely reporting of scans. The board discussed risks to the service provision. There were quarterly meetings with the board and the minutes of the meetings were cascaded to staff electronically. There was a risk register and evidence of identified risks to the service along with risk reduction mitigations were documented.

Senior leaders understood the challenges the service was facing with regards to meeting all their contractual turnaround times and evidenced they had performed well in meeting them.

Leaders and the team met regularly both face to face and via virtual platforms to maintain good working relationships, share learning and ensure effective lines of communication. Leaders had succession plans, should any member of the board or partnership leave the service. Meetings were held quarterly to identify expansion, collaboration and contractual opportunities.

Leaders had good communication with their contracted to NHS trust and had bi- monthly service review meetings with them to discuss any issues or requirements.

The service had a clear management structure with defined roles and responsibilities. Staff we spoke with knew who leads of services were, how to contact them and how to escalate matters when needed.

### Vision and Strategy

**The service had a vision, strategy and values for what it wanted to achieve.**

The providers mission was to provide “a high quality service with the best staff working within the service, delivering seamless care for patients”.

Good

# Diagnostic and screening services

The providers vision was to create a service that served other NHS trusts to provide an integrated and seamless service for patients across a wider region.

## Culture

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

Reporting and administration staff felt respected, supported and valued. The culture encouraged openness and honesty at all levels. Staff were encouraged to provide feedback and raise concerns without fear of reprisal and knew their concerns would be taken seriously. All staff knew who they could contact to raise any concerns or discuss any operational issues. The service had a behavioural standards document which all staff were expected to adhere to.

The registered manager described a supportive culture in which mistakes or discrepancies were used as opportunities for learning.

Operational staff we spoke with were positive about the senior leaders, stating they were available and approachable. Leaders and the team met quarterly using virtual media, to maintain good working relationships, share learning and ensure effective lines of communication. Minutes and recordings of these meetings were shared electronically to all attendees and those who may have been absent from the meeting.

Staff worked in collaboration with each other as part of a team to ensure their part of a patient journey was as smooth as possible

## Governance

**Leaders did not always operate effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service**.

The board met quarterly to discuss service provisions and needs. Minutes were shared with staff to ensure they had any input required on changes to the service needs.

The service had quarterly meetings with all staff and agenda items varied but covered service strategies, service vision, IT arrangements, reporting capacity, unreported scans, poll results for items voted on by staff and finances. Meetings were recorded and circulated to all staff.

The manager told us the board met on an ad hoc basis approximately every 3 weeks but did not provide us with evidence of their meeting minutes.

All staff were aware of who to contact within the reporting service to discuss any concerns, issues and service objectives. There was a clear framework of roles, responsibilities and accountabilities within the reporting service to ensure the leaders and all staff interact and work effectively together.

The manager provided evidence of the meeting schedule with the contracted to NHS trust for their 2 monthly service review meetings but did not provide evidence of meeting minutes.

Leaders had an over reliance on the governance structures of their contracted to NHS trust and did not always see themselves as a separate regulated service. For example, leaders did not carry out their own DBS checks on employees but relied on the contracted to NHS trusts checks. Therefore leaders did not have robust processes and oversight of DBS (Disclosure and Barring Service) checks or carry out their own risk assessments relating to the suitability of employees, but relied on the NHS trust to have done this.

The service did not always have policies of their own but were closely aligned to and followed the contracted to NHS trusts policies.

Leaders did not have oversight of staff working hours, so could not be assured staff were not overworking and any impact that may have on quality of service provision. Leaders instead relied on staff to manage their own working hours, and that staff were adhering to the providers behavioural standards.

### Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

There was a clear and effective process for identifying, recording and managing risk supported by a risk management policy. We reviewed the clinical risk register which showed each risk had an assigned owner. All risks had control measures in place to help reduce any risk and review dates.

The service audited turnaround times as part of their contracted agreement and presented these to the contracted to NHS trust at regular meetings. There was a system and process in place to raise any concerns with inappropriate or missing scans sent to the service from the contracted to NHS trust. This was identified by administration staff, who would liaise with the manager or other board members, and then liaise with the contracted to trust.

Leaders had carried out random spot check audits on reporting staff which had highlighted areas for further training, which was then implemented. Spot check audits were re run and the improved performance was shared with staff.

However, clinical audits were carried out by the contracted to NHS trust. We were not provided with evidence of the service review meetings held with the trust, so cannot be assured as to the process of service improvement for Wessex Healthcare Diagnostics.

Leaders did not have oversight of staff working hours, so could not be assured staff were not overworking and any impact that may have on quality of service provision. Leaders instead relied on staff to manage their own working hours, and that staff were adhering to the providers behavioural standards.

The service had a business continuity plan in place should their IT infrastructure fail.

### Information Management

**The service collected reliable data and analysed it. The information systems were integrated and secure.**

The providers IT system enabled the secure electronic transmission of radiological patient images from one location to another, for the purposes of diagnostic interpretation and reporting by qualified radiologist experts.

The data protection policy referred to current legislation outlining everyone's responsibility and procedures to follow to keep personal data safe. The service was compliant with the "General Data Protection Regulations(GDPR) 2016/679". All transfer of data was encrypted or on a secure network between the referrer and service. Referring clinicians received reports by a secure system which ensured that all data was encrypted.

Appropriate access and security safeguards protected the provider's radiology information system and picture archiving and communication system. The service did not have its own retention policy but told us they followed the contracted to NHS trust's policy.

There was not a clear system or process for the monitoring or reporting of performance, but the service had carried out spot audit performance checks which had highlighted some issues. These were promptly address by managers and staff supported to improve.

However, there was no system or process in place to validate or ensure the confidentiality of identifiable data on staff IT equipment was meeting data security standards.

### Engagement

**Leaders and staff actively and openly engaged with staff and external organisations and had a process in place to receive feedback**.

There was strong collaboration, team-working and support between the service and contracted to NHS trust, improving the quality and sustainability of the service

Staff used closed social media groups to communicate with each other and message groups included the senior leaders. This was for communication only and did not include patient identifiable information.

The meetings provided an opportunity for managers to present new information, learning, updates on performance and progress against the strategy. In addition, they provided all staff and opportunity to contribute to the conversation.

Operational staff and contracted reporters used closed social media groups to communicate with each other and message groups included the senior leaders. This was for communication only and did not include patient identifiable information.

Leaders provided forums for staff discussion and held regular meetings with staff and the contracted to NHS trust.

### Learning, continuous improvement and innovation

Managers used internal audit results to improve service and staff performance. Leaders told us they had been working towards a framework from an external organisation for better integrated services and had now been accepted onto that framework.

The service used data generated by the quality assurance process to facilitate quality improvement. Review of discrepancies by reporting staff involved reflective practice and learning.

The service had developed their own website to display the staffing capacity and availability, so that internal staff and the contracted to NHS trust could have an overview of reporting staff availability for providing scan reports.