Fusion Radiology Limited

Fusion Radiology

Inspection report

70 Trent Road
Luton
LU3 1TA
Tel: 01582249216

Date of inspection visit: 16 June 2021
Date of publication: 11/08/2021

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

Our rating of this location improved. We rated it as good because:

- The service had enough staff to provide a safe service. Staff had training in key skills, understood how to identify abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- The provider had systems to ensure reporting radiologists who provided services had appropriate equipment installed.
- The registered manager monitored the effectiveness of the service and made sure clinical staff were competent. There were effective systems to act on urgent and emergency referrals. There were escalation processes for reporting radiologists in the event of a significant finding. Staff worked well together for the benefit of patients and had access to good information.
- Clients could access the service when they needed it and received the report within the agreed time frame.
- The registered manager ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities.

However:

- The administration staff did not have a mandatory or update training programme or schedule.
- Policies and procedures were not always reviewed and updated, in a timely manner.
- The service had systems for identifying risks, however, they were not always reviewed and updated, in a timely manner.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	We rated this service as good overall, as we found it good in safe and well led. We do not rate effective for diagnostic imaging services. Responsive was not rated due to the limited information available. Caring was not inspected during this inspection as it was a teleradiology service. The service did not see patients and patients did not visit the premises.

Summary of findings

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Summary of this inspection

Background to Fusion Radiology

Fusion Radiology is operated by Fusion Radiology Limited, providing teleradiology reporting services including computerised tomography (CT) and magnetic resonance imaging (MRI). The service also offers specialist dental cone-beam computed tomography (CBCT) reporting. CBCT is a specialist scan which is used when regular dental or facial x-rays are not sufficient. Teleradiology is the transmission of patients' radiological images between different locations to produce a primary report, expert second opinion or clinical review. The service has no direct contact with patients and does not provide direct patient care. The radiologists report on adult images.

The service is registered to carry out the following regulated activities:

• Diagnostic and screening procedures

The service has had a registered manager in post since May 2017.

Two radiologists and a part-time administrator were contracted to work for the service.

Track record on safety:

• Zero Never events.

• Zero serious injuries.

• Zero complaints.

The service has been inspected twice before, and the most recent inspection took place in March 2020, when we found that the service was not meeting all standards of quality and safety it was inspected against. We carried out this short notice announced inspection to follow up concerns from the previous inspection when we rated the location as inadequate.

How we carried out this inspection

During the inspection, we visited the office location. The service did not work directly with patients as it was a remote provider of reporting services. We spoke to the director of the service, who was also the registered manager. Following the inspection, we conducted telephone interviews with two of the reporting radiologists. During our inspection, we reviewed records appropriate to a teleradiology service which included policies and audits.

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.

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust 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:

We told the service that it must take action to bring services into line with legal requirements. This action related to diagnostic imaging services.

- The provider must ensure effective systems and processes to review and update policies and procedures, in line with national guidance, in a timely manner (Regulation 17, (1)(2)(a)(d)(f)).
- The service must ensure that there is an effective governance framework to monitor, review and update identified risks (Regulation 17, (1)(2)(a)(b)(f)).
- The service must ensure there are effective systems and processes to provide and monitor a training schedule for all staff (Regulation 17,1(1)(2)(a).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	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 imaging

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

Are Diagnostic imaging safe?

Good

Our rating of safe improved. We rated it as good.

Mandatory training

The service did not make sure all staff completed mandatory training in key skills.

The registered manager monitored mandatory training as part of the radiologists annual appraisal. The registered manager informed us that they requested the radiologists to provide them with evidence of training compliance from their substantive roles in the NHS. During the inspection we saw that the radiologists had provided this information and that the registered manager had oversight of it.

The registered manager informed us that the radiologists were provided with picture archiving and communication system (PACS) training. PACS is a medical imaging technology system which allows organisation to securely store and digitally transmit electronic images and clinical-relevant reports. The Registered manager could remotely access the radiologists system to offer support and update training as required.

There was an induction programme for the part time administrator which included training in the following areas; information governance, secure transfer and the receipt of information, guidelines on the use of computer systems, emergency and business continuity response arrangements. We saw a training record which showed compliance with all identified training. However, the providers provision, frequency and monitoring of training for the administration staff was unclear as they did not have a mandatory training schedule.

The registered manager provided a record and certificates to show his ongoing training including record keeping and health and safety.

Safeguarding

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

The provider ensured all staff, including radiologists and administration staff working on zero-hour contracts, remained up to date with the principles of safeguarding.

Good

Diagnostic imaging

The safeguarding policy was version controlled and in date and identified the registered manager as the designated person with responsibility for safeguarding issues. This was an improvement on the last inspection.

All reporting radiologists and senior staff had safeguarding adults level two training, in line with the *Royal College of Nursing intercollegiate document* on safeguarding.

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

We were provided with evidence of safeguarding training completion for the radiologists and the registered manager.

Cleanliness, infection control and hygiene

Not applicable in these services

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

The office location was set up to allow social distancing between workstations, had alcohol hand gel available on entry, hand washing facilities and opening windows to allow ventilation.

The registered manager had completed a comprehensive Covid 19 risk assessment.

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.

The service provided the radiologists with a computer and a single screen reporting monitor.

Processes were in place to ensure that the equipment used by the service was safe for use. There was evidence that the equipment was suitable for its purpose and properly maintained. We saw evidence the service ran a remote quality assurance (QA) programme on all monitors annually. This included a pattern test, greyscale and luminescence test. Any issues with the monitors were escalated and if a monitor failed the QA testing the radiologists did not continue to report until compliant. The service had a warranty agreement with the monitor supplier.

The service had records to verify electrical equipment had been routinely checked for safety. This related to both office and on loan equipment to the remote radiologists. We reviewed itemised electronic records of annual portable appliance testing (PAT). The service arranged for the radiologists equipment to be PAT tested at their home. This was an improvement on the last inspection.

The reporting radiologists using the equipment, provided by the service, had the training, competency and skills needed to correctly and safely use the equipment. There was evidence the reporting radiologists had undergone an induction process to familiarise them with the Fusion Radiology software including access to Picture Archive

Communication System (PACS) and Dragon (voice recognition application). We were provided with a training record which showed compliance with PACS training including how to manipulate and store images, issue a report and add an addendum and the voice recognition application. The radiologist we spoke with confirmed that they had training both in house with the registered manager and by the company who supplied the equipment.

Risk assessments were in place to ensure staff safety when using equipment. Display screen equipment risk assessments were completed by the reporting radiologists. We reviewed the completed electronic risk assessments which included pictorial guides to aid in the correct office set up.

The registered manager confirmed that the radiologists notified them via email or phone call of any faults with the equipment and repairs were carried out. The manager had a log of identified faults and actions taken.

Assessing and responding to patient risk

The service did not provide direct scanning or diagnostic services to patients. The service had a contract with an NHS hospital, private healthcare organisations and dental surgeries. This meant that compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 17). medical exposure of ionising radiation regulations was the responsibility of the referrer. The IRMER 2017 is a legislative framework intended to protect patients from the harm associated with ionising radiation

The service only provided the diagnostic report of patients' images and therefore only completed part of the medical pathway for the patient.

The service did not deal directly with patients regarding abnormalities or risk factors that may require additional support or intervention or changes to patient's care or treatment. Fusion Radiology did have a significant findings pathway to alert the referring provider of unexpected or significant discoveries from diagnostic reports. Unexpected, significant or urgent findings identified by the radiologist were notified to the registered manager who confirmed they forwarded the information to the appropriate referring provider by an e-mail and followed up with a telephone call with the referring clinician.

The service had an established process to request previous imaging or further relevant clinical history for the patient from the referrer if the reporting radiologist required further information prior to reporting the images.

The referrer could contact the reporting radiologist to discuss any report findings or queries when required, the contact was managed by the administration team.

Referrals were organised by the administration team. The service ensured reporting radiologists were only given referrals in modalities that they were qualified to report and within their field of expertise.

The service had a process for the secure transfer and review of images and where necessary, storage of patient data. The data transfer was password protected to maintain security and patient confidentiality. All staff were trained to ensure patient information was protected.

The service had a reporting query log. This was an internal document which enabled the service to monitor and follow up the administrative error of their referrers and the reporting error of the radiologists. The log had identified actions and/or outcomes.

The registered manager maintained oversight of referrals avoid delays in reporting.

Staffing

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

The reporting radiologists were not employed directly by the service. All radiologists worked under a mutually agreed contract. They carried out procedures that they would normally carry out within their substantive role.

The CBCT and dental reporting service is a niche speciality and the reporting radiologists were specialist dental and maxillofacial radiologists.

The number of radiologists the service had on their reporting panel was based on estimated volume of scans expected against each modality. The service currently had a panel of two radiologists due to a reduced workload since the pandemic.

The service had a rostering management system that ensured the radiologist's availability in advance. Work was allocated to the radiologists via a work list. If there was additional work than planned for, the registered manager reviewed the roster to look at the availability of the radiologists to ensure they could cover the reporting demand.

The working time directive policy states that Fusion radiology offers the radiologists the opportunity to report at times that do not conflict with their NHS work and the radiologists schedule their work for Fusion Radiology when they are rested and able to perform at a high standard.

The service did not use agency staff but had one member of staff on a zero hours contract to support their marketing and administration work.

Records

Records were kept secure and were only accessible to authorised staff, to maintain confidentiality. Records were clear, up-to-date and easily available to all staff providing the report.

Reporting radiologists had access to the same patient information as they would in the referring hospital or clinic and could request previous imaging or reports if required. They maintained the same standards regardless of whether an image was reported at Fusion radiology or at the referring hospital or clinic. The service had an established process to request further clinical information or images from the referrer. The radiologists we spoke to confirmed that this process was effective.

The service did not amend or alter the patient's clinical history. Images were sent for reporting and returned electronically by matching the referrer's and patient's identification.

The service had a data protection policy which assured confidentiality from initial enquiry to final review. All radiologists used a two-tier remote login system to access patient information and images to read and report scans. Generic logins were not permitted. Reports were stored in the 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.

Reports to the referrer were password protected and the password was sent independently to the images.

The reporting system included a facility for radiologists to attach an addendum. An addendum is a description of revisions made to an earlier signed report or record. The referrer would be informed by the registered manager if an addendum was added to a report.

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

Medicines

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

The service did not store or administer any medicines or controlled drugs.

Incidents

The service managed and recorded safety incidents. The registered manager investigated incidents, and lessons learnt were shared with the team.

There was a system and process in place to report, investigate, learn from and mitigate risks from incidents. Incidents were discussed at the radiology events and learning meeting (REALM), which were held three times a year. We reviewed the minutes of the last three REALM meetings, which had a formal structure and standard agenda items. The radiologist we spoke to confirmed that the registered manager updated on incidents at this meeting but that they also received updates by phone or email. This was an improvement from the last inspection.

Due to the reduced workload as a result of the pandemic there had not been any reported incidents from January to June 2021.

The version controlled and in date incident policy clearly defined incidents and the reporting process however, the role and responsibilities of a quality assurance manager were defined as well as those of the head of operation. At Fusion radiology the registered manager is responsible for both these roles and the policy should reflect this. The incident reporting form was clear and concise.

In the event of a discrepancy with a report identified by the referrer the service had a policy and process to investigate any discrepancy identified and if appropriate an addendum to the original report could be issued. A reporting discrepancy occurred when a retrospective review, or subsequent information about a patient outcome, led to an opinion different from that expressed in the original report. Areas identified included typographical errors, left and right sides used incorrectly.

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

Safety Thermometer (or equivalent)

Good

Diagnostic imaging

The service used safety monitoring results well. Staff collected safety information and managers used this to improve the service.

The service did not provide direct care to patients and did not have direct communication with patients. However, the provider had established a clinical auditing process that involved a second review of up to 10% of all reports. This was a system of internal peer review and any discrepancies identified were investigated in line with policy and discussed at the radiology events and learning meeting, previously described as the radiology discrepancy and learning meeting.

Are Diagnostic imaging effective?

Inspected but not rated

We currently do not rate effective for teleradiology services.

Evidence-based care and treatment

The service provided diagnostic reporting services based on national guidance

Policies and procedures were reviewed and updated, in line with national guidance, however this was not always carried out in a timely manner. At the time of our inspection, there was no evidence of a robust review process of policies and procedures in use, however, we did see a policy gap analysis process was in development.

Policies were referenced against national guidance to ensure they worked in line with legislation, standards and evidence-based guidance. During our inspection we reviewed 15 policies and procedures. However, four of these had exceeded their review date.

A policy review showed, in some cases, the policy was not specific to the procedure Fusion radiology would follow. For example, in the training policy, the roles and responsibilities that the registered manager would undertake, the policy stated that they are those of the HR manager.

The diagnostic reports follow the RCR *standards for interpretation and reporting of imaging investigations.* The quality and standard of the reports was confirmed by the radiologists we spoke with.

Nutrition and hydration

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

Pain relief

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

Patient outcomes

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

Good

Diagnostic imaging

The service had a key performance indicator (KPI) of 3-5 days for routine report turnaround time. At the time of inspection the service did not have any issues meeting this KPI. The service had in place an internal KPI to ensure they met the KPI of the external providers. We reviewed the report turnaround times for April 2021 and May 2021. 100% met this KPI with an average turnaround of 2.1 days in April, with two scans reported on the same day as allocation and 2.5 days in May.

The service monitored discrepancies as part of a quality assurance (QA) review, which staff used to detect significant discrepancies. The QA review could be triggered by the routine peer review audit or by the request of the referring client. This system effectively ensured discrepancies were identified and monitored to identify opportunities for learning. We saw evidence of a discrepancy process flow chart which the reporting radiologists were made aware of as part of the induction process.

The service had an audit schedule in place. The audit monitored the report structure, content, accuracy and quality of any advice given in the report, for instance, if further imaging requirements were essential. As a part of the audit process, the reporting radiologist issued an addendum when any discrepancy was highlighted by the auditor.

The service had a policy and process to investigate any discrepancy identified and as part of the discrepancy investigation process, radiologists were asked to complete personal reflection on discrepancies and adverse events. This requirement was documented in the minutes of the radiology events and learning meeting minutes.

In line with the RCR guidance, "*Standards for radiology events and learning meetings",* The REALM meeting ensured a culture of respectful sharing of knowledge with no blame or shame. This was an improvement on the last inspection.

The REALM meeting was also an opportunity for the radiologists to present interesting cases and for the registered manager to discuss other incidents. A review of the last three REALM minutes confirmed that it was a learning forum.

Competent staff

The service made sure reporting staff were competent for their roles.

All the radiologists that reported for the service were registered with the general medical council (GMC) or the general dental council (GDC).

Radiologists were not able to work unless they had completed an annual appraisal. The radiologists provided evidence of an external appraisal. The radiologists we spoke with confirmed that the registered manager annually requested a copy of their appraisal. This was an improvement on the last inspection.

Each radiologist was required to submit evidence of indemnity cover.

The registered manager reviewed each radiologist's license to practice annually. At the time of our inspection, the service demonstrated 100% compliance.

The service had a Disclosure and Barring Service (DBS) policy in place. There was evidence of DBS checks for staff employed by the service. This was an improvement on the last inspection.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Good

Diagnostic imaging

The registered manager gave all new staff a full induction tailored to their role before they started work.

The registered manager made sure staff attended the radiology events and learning meetings or had access to full notes when they could not attend.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The radiologists we spoke to the registered manager offered update training as necessary.

The registered manager made sure staff received any specialist training for their role.

Multidisciplinary working

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

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

Reporting radiologists would follow up their written report with a phone call or email to the registered manager if any concerns or issues were identified. The radiologists we spoke with told us that all communication to the referring clinicians went through the registered manager, but the registered manager could arrange direct communication between the radiologist and referrer if necessary.

Seven-day services

The service did not provide a seven-day teleradiology service

The administration of the service worked Monday to Friday 9am to 5pm. However, the radiologists we spoke with confirmed they often worked evenings and weekends which fitted in with their substantive roles.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The service did not see patients directly therefore consent was initiated at the referring hospital or clinic.

Are Diagnostic imaging responsive?

Insufficient evidence to rate

We inspected this key question but have not rated it.

Service delivery to meet the needs of local people

Good

Diagnostic imaging

The service did not see patients and patients did not visit the premises due to the nature of the service provided. However, they reported images on behalf of a referring provider. They ensured that the service they delivered met the needs of the referrer using the service. The administration service worked Monday to Friday 9am to 5pm. However, the radiologists often worked weekends and evenings which fitted in with their substantive roles.

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

Meeting people's individual needs

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

Access and flow

Clients could access the service when they needed it as outlined in their individual contract.

The service did not deal directly with patients and was not involved in making care and treatment decisions. The service provided a panel of radiologists that provided a report to support the diagnosis and ultimately treatment and care of the patient in a timely manner.

Although routine report turnaround time was three to five working days, the registered manager informed us urgent reports could be reported within 12-24 hours. The provider had in place internal an KPI to ensure they met the needs of the external providers. The service was flexible to meet increased demands of external providers.

The registered manager monitored and compared the reporting activity list. They reviewed the patient image list with the reported examination list daily and took action on unreported examinations to avoid breaches in turnaround time.

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

Learning from complaints and concerns

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

The service had procedures in place regarding complaints, comments and suggestions.

The service had a general complaints policy. The registered manager was responsible for the complaints policy. The complaints policy included a timeline to respond within 10 working days. The registered manager informed us the aim was to respond in five working days. The service had put in place an internal KPI to ensure they met the needs of external providers.

There was also a policy for workflow issues where the complaint would be forwarded to the reporting radiologist to investigate. The registered manager would retain oversight of the complaint.

Good

Diagnostic imaging

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

The registered manager told us that if complaints or concerns were raised the issue would be discussed with the party concerned, the issue identified and action taken to resolve it.

Are Diagnostic imaging well-led?

Good

Our rating of well-led improved. We rated it as good.

Leadership

The service manager had some skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable for the staff.

The service director, who was also the registered manager, ran the day to day business and most administrative duties for the service. The registered manager had ensured that there was a fully trained administration assistant to maintain the continuity of the service if absent.

The registered manager was available to be contacted by telephone and e-mail at all hours on a day to day basis, if the radiologists required support or help.

The radiologists we spoke with said that the registered manager communicated with them via phone or email and was always approachable, efficient and provided support when needed.

The registered manager understood the challenges to quality and sustainability. The registered manager had streamlined the service due to the reduced workload caused by the pandemic but had maintained the quality audit schedule and report turnaround times. The registered manager had used the time to develop the marketing of the service to facilitate the future growth of the service.

Vision and strategy

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

Fusion Radiology Limited's overall objective was to deliver the highest quality of service to people who use services. We reviewed the mission statement document which included a KPI to measure success and the service strategy document which included the overall strategy and the marketing strategy. These documents were due for review in September 2021. The radiologist we spoke with was aware of the service vision. This was an improvement on the last inspection.

The service followed the SMART approach (Specific, Measurable, Achievable, Realistic, Timeframe) to clarify the steps needed to achieve the aims and objectives. This was due for review in September 2021.

Culture

Good

Diagnostic imaging

The registered manager of the service 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.

The radiologist we spoke with praised the registered manager and felt supported to raise concerns. They told us that the registered manager was open and approachable.

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

The service had an online forum where radiologists could post interesting cases or discussion topics to ensure staff working remotely could interact with each other.

The service had systems and processes to confirm and review the radiologist's annual appraisal. This enabled the registered manager to have oversight of the competencies of the reporting radiologists.

Governance

The registered manager did not always operate effective governance processes, throughout the service. However, staff were clear about their roles and accountabilities and had opportunities to meet, discuss and learn from the performance of the service.

The registered manager was the designated quality and governance manager. The roles and responsibilities were clearly defined and contributed to consistent practice.

The service audited all discrepancies, turnaround times, declined scans, incidents and complaints as part of the governance process.

The business continuity plan details preventative and recovery controls to maintain service levels with the minimum of down time in the event of system failure. This was due for review in September 2021.

The radiologists we spoke with were clear about their roles and understood who they were accountable for and to whom.

The systems in place to monitor contracted staff's training, appraisals, indemnity insurance and revalidation were effective. On inspection we saw an electronic record of monitoring. The radiologists we spoke to confirmed the registered manager had oversight of the system.

The service had systems and processes to confirm and review the radiologist's General Medical Council (GMC) qualification and revalidation and the general dental council (GDC) qualification and 5 year continuing professional development (CPD) cycle. The radiologists we spoke to confirmed that they were required to provide this evidence to the registered manager.

Records reviewed were complete and there was evidence of Disclosure and Barring Service (DBS) checks and safeguarding training completion for staff employed by the service.

The REALM meeting provided the opportunity for all staff to remotely meet, discuss interesting cases, learn from incidents and discrepancies and receive service updates.

We found gaps in the oversight for scheduling and recording mandatory training for the administration staff.

Policies and procedures were reviewed and updated, in line with national guidance, however this was not always carried out in a timely manner.

Managing risks, issues and performance

The registered manager 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.

Clinical governance systems were focused on identifying and managing risk and performance. The service had a comprehensive peer review programme as part of this structure, which involved internal quality checks on up to 10% of radiology reports each month.

The service had processes to manage and widely share learning from adverse events, incidents, discrepancies or errors that might occur. The radiology events and learning meetings were held three times a year, all staff were encouraged to attend and the minutes were available for staff who were not available. The registered manager based the risk management and discrepancy review system on Royal College of Radiologists (RCR) guidance. For example, the registered manager engaged with clients and radiologists where discrepancies arose to foster a culture of continuous learning and improvement. This was an improvement on the last inspection.

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

The service reported on turnaround rates and query and discrepancy reports. The service had put processes to assess the data and include any actions and outcomes.

The service had a business continuity plan which looked at the effects of disruption on services, systems and business processes caused by service interruptions and failures. The plan detailed the arrangements which covered three main business areas which included; service continuity, information management and technology and major incidents. The plan ensured the service could continue to operate its core service at a minimum pre-determined level.

There was a service level agreement with a third-party company to provide hardware and software infrastructure support, which were available Monday to Friday 9am to 6pm. The radiologists we spoke with confirmed this support was available.

The registered manager told us that the service had appropriate insurance in place to cover all relevant insurable risks to ensure it was protected from financial loss, equipment failure or malfunction.

Risks were identified in various policy and procedure documents. Policies and procedures were reviewed and updated, however, this was not always carried out in a timely manner. We saw evidence of risks identified including business impact risk analysis, information security safeguards, office environment and business continuity. Risks identified had impact, actions and responsibility stated. The service did not have an overarching risk register, however, the provider had established and identified risks.

Managing information

The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The registered manager was the designated information security manager and data protection officer. This gave staff a single point of contact for escalation. This structure ensured standards were effective and consistent.

The service was compliant with the "*General Data Protection Regulations (GDPR) 2016/679".*

We saw evidence of a GDPR policy, which was last reviewed in January 2021.

Information governance (IG) is the way organisations 'process' or handle information. It covers personal information relating to patients/service users, employees and corporate information. 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.

The nature of the service meant most key risks related to information security and data protection. Risk management systems were demonstrably focused on this area. The business impact risk assessment detailed risks including casual access, data disposal, unauthorised access and physical security of the premises. The assessment was carried out in December 2020 and still had overdue actions without a review date.

The service had established protocols for dealing with missing information in scan referrals. The registered manager contacted the referring client and ensured the information was provided. This ensured radiologists completed reports only when they had enough information to do so accurately and safely. The Fusion Radiology reporting workflow flow diagram clearly demonstrated this process.

Unexpected, significant or urgent findings identified by the radiologist were notified to the registered manager who confirmed they forwarded the information to the appropriate client by an e-mail and followed up with a telephone call with the referring clinician.

The staff declaration form required sign off that they had read policies including information governance policy, secure transfer and receipt of information, guidelines on identifying and reporting information incidents and emergency and business continuity response arrangements.

Appropriate access and security safeguards protected the provider's radiology information system and picture archiving and communication system.

Engagement

The service engaged well with external organisations and had a process in place to receive feedback.

Good

Diagnostic imaging

The provider had developed a referrer feedback process that enabled each referrer to feedback on discrepancies and to provide more general feedback. On inspection we saw evidence of a telephone log for incidents and feedback.

The registered manager told us that they communicated regularly with their clients to discuss any concerns.

The service had an online forum as a platform for reporting radiologists to share ideas, concerns or learning.

Learning, continuous improvement and innovation

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

The radiology events and learning meeting had a structured agenda which allowed the whole team to share from learning from events and incidents, present interesting cases or good spots, offer ongoing training and discuss new innovations or techniques.

The radiologists we spoke to confirmed that the REALM meeting did allow open discussion on discrepancies, incidents and service updates but also had a strong focus on learning and development. One of the radiologist's explained that the reports could have images embedded into them and best practice had been developed to satisfy the referring provider's needs.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider must ensure effective systems and processes to review and update policies and procedures, in line with national guidance, in a timely manner (Regulation 17, (1)(2)(a)(d)(f)). The service must ensure that there is an effective governance framework to monitor, review and update identified risks (Regulation 17, (1)(2)(a)(b)(f)). The service must ensure there are effective systems and processes to provide and monitor a training schedule for all staff (Regulation 17,1(1)(2)(a).