

Vital Radiology Services Limited

# Vital Radiology Services

## 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?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

This was the first inspection for Vital Radiology Services. 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, acted on them and kept good 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.
- Managers monitored the effectiveness of the service and made sure 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 and had access to good information. Services were available seven days a week.
- Clients could access the service when they needed it and received the report within agreed timeframes.
- Leaders 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. The service engaged well with their clients and all staff were committed to improving services continually.

However:

- The service could not provide evidence electrical equipment had been routinely checked for safety. There was no annual portable appliance testing (PAT) programme in place. We raised this with the provider who told us they were planning to have a programme in place by the end of the month. Following our inspection, we received assurances an annual programme of PAT testing was in place.
- Although staff completed a visual display unit (VDU) risk assessment on initial set up when commencing employment, there was no annual/regular VDU risk assessment for staff thereafter. Following our inspection, we received assurances an annual programme of VDU assessments for staff was in place.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	<p>This is the first time we have rated this service. We rated it as good overall.</p> <p>We rated this service as good because it was safe, responsive and well led. We do not rate effective for diagnostic imaging services. 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.</p> <p>Please refer to overall summary above.</p>

# Summary of findings

## Contents

### Summary of this inspection

Background to Vital Radiology Services	5
Information about Vital Radiology Services	5

### Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

# Summary of this inspection

## Background to Vital Radiology Services

Vital Radiology Services is operated by Vital Radiology Services Limited, providing teleradiology reporting services. Teleradiology is the transmission of patients' radiological images between different locations to produce a primary report, expert second opinion or clinical review.

The service is led by a team of UK-based medical and healthcare professionals and teleradiology experts. Their service is focused around the analysis and interpretation of radiology scans including magnetic resonance imaging (MRI), computerised tomography (CT) scans, mammography, and plain-film X-Ray. Radiologists report on the images of both adults and children.

The service provides diagnostic imaging services on a remote basis, which meant patients did not attend the location and staff had no direct contact with patients. All patient care and contact was made by the referring NHS trust or private healthcare service responsible for their treatment. The service did not store or prescribe medicines and did not monitor patient symptoms such as pain or clinical presentations.

The service had a registered manager in post and was registered to carry out the following regulated activities:

- Diagnostic and screening procedures

Vital Radiology Services was registered in 2017 and had not been previously inspected.

## 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 operations and information technology (IT), who was also the nominated individual. Following the inspection, we conducted telephone interviews with three members of staff, including the medical director, the key accounts manager, and a reporting radiologist. During our inspection, we reviewed records appropriate to a teleradiology service which included policies and audits.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

We inspected the service using our comprehensive methodology using the CQC Teleradiology Framework. We carried out a short notice announced inspection on 2 November 2021.

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.

# Summary of this inspection

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

- The service should ensure that a programme for PAT testing equipment is maintained and up to date.
- The service should ensure staff complete regular VDU risk assessments.

# 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	Good	Good	Good
Overall	Good	Inspected but not rated	Not inspected	Good	Good	Good

# Diagnostic imaging

Safe	Good 
Effective	Inspected but not rated 
Responsive	Good 
Well-led	Good 

## Are Diagnostic imaging safe?

Good 

This is the first time we have rated this service. We rated it as good.

## Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Staff received and kept up to date with their mandatory training. The mandatory training programme was comprehensive provided through e-learning to staff who were permanently employed by the service. Topics included, but were not limited to, equality, diversity and inclusion; infection prevention control; mental health; basic life support; safeguarding; lone worker; and fire safety.

As of November 2021, the overall mandatory training completion rate was 100%.

Mandatory training for radiologists on zero-hour contracts was monitored through their annual appraisal. Radiologists were required to provide evidence of training compliance from their substantive roles in the NHS.

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.

Managers monitored mandatory training and alerted staff when they needed to update their training. This was readily achieved through colour coded reports that identified staff who were coming up for, or who had missed their training anniversary.

Staff within the service understood their responsibility to complete training and told us training was relevant to their roles.

## Safeguarding

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



# Diagnostic imaging

There were clear systems, processes and practices in place to ensure staff recognised and reported abuse that reflected legislation and local requirements. The safeguarding policy was version controlled and in date and identified the registered manager as the designated person with responsibility for safeguarding issues. The policy was accessible to all staff.

The provider ensured all staff, including radiologists working on zero-hour contracts, remained up to date with the principles of safeguarding. All reporting radiologists and senior staff had safeguarding adults and children level two training, in line with the Royal College of Nursing intercollegiate document on safeguarding.

We were provided with evidence of safeguarding training completion which showed 100% compliance.

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 safeguarding procedure.

Safety was promoted through recruitment procedures and employment checks. Staff had enhanced Disclosure and Barring Service (DBS) checks completed before they could work. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

There had been no safeguarding concerns reported to the CQC in the reporting period, from December 2020 to November 2021.

## 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 undertaken within the radiologist's remote location.

## Environment and equipment

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

Established systems ensured radiologists had access to reliable, standardised reporting and communication equipment. The service provided the radiologists with a computer and a double screen reporting monitor to work remotely. There was evidence that the equipment was suitable for its purpose and properly maintained. The service ran a remote quality assurance (QA) programme on all monitors annually at a minimum. 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.

Regular cyber-security penetration tests on equipment were carried out. A penetration test examines a computer network for vulnerabilities so that they can be addressed to provide security protection.

The service could not provide evidence to verify electrical equipment had been routinely checked for safety. There was no oversight of annual portable appliance testing (PAT). We raised this with the provider who told us they were planning to have a programme in place by the end of the month. Following our inspection, we received assurances an annual programme of PAT testing was in place.

# Diagnostic imaging

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 Vital Radiology software including access to Picture Archive Communication System (PACS).

Risk assessments were in place to ensure staff safety when using equipment. However, although visual display screen equipment risk assessments were completed on initial set up when staff commenced employment, there was no annual requirement to complete the risk assessments. We raised this with the provider who told us they would ensure all staff receive an annual VDU assessment. Following our inspection, we received assurances an annual programme of VDU assessments for staff was in place.

The director of operations and IT confirmed that the radiologists notified them by email or phone call of any faults with the equipment and repairs were carried out.

## Assessing and responding to patient risk

### **Staff identified and quickly acted upon unexpected, significant and urgent findings.**

The service did not provide direct scanning or diagnostic services to patients and compliance with medical exposure of ionising radiation regulations was the responsibility of the referring hospital. The service only provided the diagnostic report of patients' images and therefore only completed part of the medical pathway for the patient.

An urgent findings pathway was in place to alert the referring provider of unexpected or significant discoveries from diagnostic reports. Unexpected, significant or urgent findings identified by the radiologist were escalated to the operations team who forwarded the information to the appropriate referring provider by telephone and e-mail. Any abnormalities or risk factors that required additional support or intervention or changes to patient's care or treatment would be dealt with by the referrer.

The referrer could contact the reporting radiologist to discuss any report findings or queries when required.

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.

Referrals were organised by the operations 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 director of operations maintained oversight of referrals to avoid delays in reporting.

## Staffing

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

# Diagnostic imaging

Fifteen radiologists on the General Medical Council (GMC) specialist register and registered with the Royal College of Radiologists (RCR) worked for the service on zero-hour contracts. All radiologists were in substantive posts in the NHS and carried out procedures they would normally carry out within their substantive role.

In addition to the radiologists, there were 5.5 whole time equivalent members of staff permanently employed by the service.

The service did not employ any bank or agency staff.

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

Weekly operation calls were held to discuss capacity and review workflow tracking and radiologist availability.

## Records

**Staff provided detailed records of patients' diagnostic assessments. Records were clear, up to date, stored securely and easily available to all staff.**

The provider received, stored and handled referrals clinics in line with its 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.

Reporting radiologists had access to the same patient information as they would in the referring hospital or clinic and had access to previous imaging or reports if required. The service had an established process to request further clinical information or prior 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. We reviewed five reports which were clear and up-to-date and stored securely.

Effective processes ensured accuracy when referring hospitals sent scans for multiple patients. Radiologists used unique patient identifier numbers to reduce the risk of cross-contamination of reviews where they received multiple referrals at the same time.

The provider used a system that could be fully integrated with the referring organisation's picture archive and communication system (PACS). This meant reporting radiologists could seamlessly integrate diagnostic reports into the patient's records. PACS is a medical imaging technology system to securely store and digitally transmit electronic images and clinically relevant reports.

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

## Medicines

## Diagnostic imaging

**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, nor was it responsible for administering contrast media for procedures.

### Incidents

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.**

There was a system and process in place to report, investigate, and learn from incidents. The service had a version controlled and in date governance and monitoring policy which clearly defined incidents and the reporting process.

The service used an electronic reporting system which all staff had access to. Staff we spoke with knew what incidents to report and how to report them. Staff told us they were encouraged to report incidents and felt confident to do so.

Due to the reduced workload during the COVID-19 pandemic, there had been no incidents reported between June 2021 and November 2021.

Incidents were discussed at bi-monthly clinical governance meetings and at weekly senior management meetings. We reviewed the minutes of the last two clinical governance meetings, which had a formal structure and standard agenda items.

The provider did not provide direct care to patients and had no contact with patients. However, where NHS trusts reported a serious incident (SI) to with strategic executive information system (STEIS), the service were able to work with them during the investigation.

The provider had a duty of candour policy which staff could access. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A notifiable safety incident includes any incident that could result in, or appears to have resulted in, the death of the person using the service or severe, moderate or prolonged psychological harm.

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 backup system in place and an immediate process to inform clients of any potential disruption.

### Are Diagnostic imaging effective?

Inspected but not rated 

We do not currently rate effective for teleradiology services.

# Diagnostic imaging

## 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 best practice. Policies were referenced against national guidance to ensure they worked in line with current legislation, standards and evidence-based guidance.

There was a system in place to ensure policies and standard operating procedures were up-to-date and reflected national guidance. We reviewed seven policies and all were within their review date.

All staff, including reporting radiologists, had remote access to the service's policies and protocols for urgent reporting situations. This included the significant finding notification process that guided reporting for urgent conditions. The system meant all staff had the same level of access regardless of where they were working from and meant staff working from home could access local policies.

The diagnostic reports followed the *RCR standards for interpretation and reporting of imaging investigations*.

The service held quality and safety accreditations to demonstrate consistent standards in line with national and international guidance. This included ISO27001 accreditation, which indicates standards of data and information security; ISO9001, which is an international standard for quality management; and ISO14001, which is an international standard for environmental management.

## 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 and used the findings to improve the service.**

The service had an effective system to regularly assess and monitor the quality of its services to ensure patient outcomes were monitored and measured. Regular audits were carried out to facilitate this.

The service demonstrated a continuous, proactive approach to improving the standards of radiology reporting. The service had a policy and process to investigate any discrepancy identified. This was monitored 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.

The service agreed turnaround times with their client and had a key performance indicator (KPI) of 2-3 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.

# Diagnostic imaging

In line with the RCR guidance, “*Standards for radiology events and learning meetings*”, the service held bi-monthly meetings which ensured a culture of respectful sharing of knowledge with no blame or shame. These meetings were also an opportunity for the radiologists to present interesting cases and for the team to discuss other incidents.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff’s work performance and held meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All the radiologists that reported for the service were registered with the general medical council (GMC). All radiologists had experience of working in the NHS, which meant they were familiar with standard pathways and practices.

Managers gave all new staff a full induction tailored to their role before they started work. All staff made a yearly annual competency declaration which was signed off by the medical director.

Managers supported staff to develop through yearly, constructive appraisals of their work. As of November 2021, 100% of non-clinical staff received an appraisal. Radiologists on zero-hour contracts were not able to work unless they had completed an annual appraisal. The radiologists were required to provide evidence of an external appraisal.

There was evidence of DBS checks for staff employed by the service. In addition, each radiologist was required to submit evidence of indemnity cover.

Managers supported staff to develop through regular constructive clinical supervision of their work.

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 confirmed the provider offered update training as necessary.

## 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 limited contact with each other. However, the radiologists we spoke with said that they were able to contact the senior leadership team and raise any issues or concerns with them and that the radiologists were able to discuss difficult or challenging cases between themselves.

Radiologists worked within agreed protocols in their sub-specialty and discussed referrals with the patient’s clinician directly when needed.

Established processes ensured radiologists could contact referring doctors where they needed more information about the images sent to them.

## Seven-day services

**Key services were available seven days a week to support timely reporting.**

# Diagnostic imaging

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?

Good 

This is the first time we have rated this service. We rated it as good.

## Service delivery to meet the needs of local people

**The provider planned and delivered services in a way that met the needs of referring organisations.**

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 review previous relevant imaging or request 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 decisions about patients' care and treatment. The service provided a panel of radiologists that provided a report to support the diagnosis, treatment and care of the patient in a timely manner.

Radiologists worked to report turnaround times established with each NHS trust or private referrer prior to the start of the contract. This information was available to radiologists and operations staff to ensure they worked within the contractual requirements. Standard turnaround times were 48 to 72 hours for routine reporting. Urgent reports could be reported within 12-24 hours. The provider had in place an internal KPI to ensure they met the needs of the external providers. The service was flexible to meet increased demands of external providers.

## Diagnostic imaging

The director of operations monitored and compared the reporting activity list. They reviewed the patient image list with the reported examination list daily and acted 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, investigate them and learned lessons from the results.**

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

The operations director was responsible for the complaints policy, which had been reviewed and updated regularly. They maintained oversight of clinical complaints and worked with the medical director to ensure follow up actions were identified and completed. Senior oversight meant the outcomes of complaints were reviewed to identify training and development opportunities for staff.

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

The senior team discussed complaints and outcomes in a variety of settings, including governance meetings and weekly team meetings.

### Are Diagnostic imaging well-led?

Good 

This is the first time we have rated this service. We rated it as good.

### Leadership

**Leaders 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 for staff.**

There was a clear management structure with defined lines of responsibility and accountability.

A team of five senior managers and directors were responsible for the provider's functions, with oversight from the chief executive officer. They led on specific functions, such as operations, business development, and finance. They understood and managed the priorities and any issues the service faced.

The structure of the leadership team was appropriate based on the demands on the business and staff we spoke with were positive about leadership access and support. Staff told us they always had a named point of contact for support and escalation when working out of hours or remotely.



# Diagnostic imaging

Managers and their teams met regularly on a weekly basis to maintain good working relationships and effective lines of communication.

## Vision and Strategy

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

The provider had a clear vision and set of priorities, which was to become a leading global digital healthcare service provider. Their mission was to bring together the best people dedicated to providing and developing a world class innovative digital healthcare service positively impacting on the patient care pathway. The provider's vision and mission were developed with involvement of staff.

Staff we spoke with knew and understood the vision, values and objectives for their service, and their role in achieving them.

## 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.**

All of the staff we spoke with were positive about working for the organisation. They described good relationships with the senior team and a working culture that valued the input of each individual. Radiologists described a supportive culture in which mistakes or discrepancies were used as opportunities for learning.

The provider used a range of strategies to drive a positive culture in which senior staff wanted their teams to feel proud to work for the organisation. This included an environment in which staff were encouraged to openly suggest improved or new ways of working.

The culture encouraged openness and honesty at all levels. Staff were encouraged to provide feedback and raise concerns without fear of reprisal. Processes and procedures were in place to meet the duty of candour. Staff confirmed there was a culture of openness and honesty and they felt they could raise concerns without fear of blame. All staff said they felt that their managers were very approachable and felt they could raise any concerns.

## Governance

**Leaders operated effective governance processes throughout the service. 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.**

There were effective governance structures, processes and systems of accountability to support the delivery of good quality services and safeguard high standards of care.

All levels of governance and management functioned effectively and interacted with each other appropriately. The committee structure was used to monitor performance and provide assurance of safe practice. There were a range of systems and processes of accountability which supported the delivery of safe and high-quality services, including regular governance and team meetings.

# Diagnostic imaging

The service monitored all discrepancies, turnaround times, incidents and complaints as part of the governance process. Bi-monthly clinical governance meetings were held and standard agenda items included patient safety and risk management, incidents, clinical effectiveness, concerns and complaints, lessons learnt, training compliance, and workforce.

The business continuity plan detailed preventative and recovery controls to maintain service levels with the minimum of down time in the event of system failure. This had recently been reviewed in July 2021.

The systems in place to monitor contracted staff's training, appraisals, indemnity insurance and revalidation were effective. The radiologists we spoke to confirmed there was good oversight of the system. The service had systems and processes to confirm and review the radiologist's General Medical Council (GMC) qualification and 5 year continuing professional development (CPD) cycle. There was evidence of Disclosure and Barring Service (DBS) checks and safeguarding training completion for staff employed by the service.

Policies and procedures were reviewed and updated, in line with national guidance, and were carried out in a timely manner.

Staff at all levels were clear about their roles and understood what they were accountable for and to whom. The bi-monthly clinical governance meetings provided the opportunity for all staff to remotely meet, discuss interesting cases, learn from incidents and discrepancies and receive service updates.

Senior leadership meetings were held weekly. We reviewed three sets of meeting minutes and saw they were well attended by the senior management team. Standard agenda items for discussion included clinical matters, workforce, finance, and operational matters. Meetings were structured and showed discussions around improving the service delivered.

## Management of risk, issues and performance

**The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**

There were clear and effective processes for identifying, recording and managing risks. Clinical governance systems were focused on identifying and managing risk and performance.

The service had a risk register. Risks were adequately described, with mitigating actions and controls in place. Each item had an accountable senior person who had reviewed the risk at appropriate intervals and implemented mitigating actions.

The service had a comprehensive peer review programme as part of their clinical governance structure, which involved internal quality checks on 5% of radiology reports. Each radiologist was required to double read a number of reports as part of their planned workload and within the provider's discrepancy methodology.

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.

# Diagnostic imaging

The service planned well for emergencies and staff understood their role if one should occur. Policies, such as business continuity, were accessible and detailed what action staff should take in the event of a major incident such as a system failure.

Staff told us they received feedback on risk, incidents, performance and complaints in a variety of ways, such as regular team meetings, clinical governance meetings and emails.

## Information Management

**The service managed and used information well to support all its activities, using secure electronic systems with security safeguards.**

There was a comprehensive Data Protection Policy in place which was aligned with relevant legislation, including *General Data Protection Regulations (GDPR) 2016/679*. This covered a wide variety of topics including data breaches and data sharing. The service was compliant with GDPR 2016/679.

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. All transfer of data was encrypted or on a secure network between the referrer and service. Referring clinicians received reports through a secure system which ensured that all data was encrypted.

Staff adhered to an identity verification process when accepting, reviewing and processing scans. This meant each referral was identified by a unique identifier to ensure reports were produced for the correct patient.

Unexpected, significant or urgent findings identified by the radiologist were escalated to the operations team who forwarded the information to the appropriate referring provider by telephone and an e-mail.

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

## Engagement

**The provider engaged well with staff and client organisations to plan and manage services.**

The provider used a wide range of methods to ensure all staff remained up to date with the organisation. This meant staff who worked remotely received consistent information. Staff told us they were kept updated through regular team meetings and email communication.

Staff told us that managers were approachable and that they felt comfortable to raise any concerns with them.

The provider engaged with referring organisations, both at the start of their contract and at the end, to obtain feedback on the service and identify opportunities for improvement.

## Learning, continuous improvement and innovation

## Diagnostic imaging

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

There was a focus on continuous improvement and quality. Leaders were responsive to any concerns raised and performance issues and sought to learn from them and improve services.

The clinical governance meeting had a structured agenda which allowed the whole team to share learning from incidents, present interesting cases, offer ongoing training and discuss new innovations and techniques. The radiologists we spoke with confirmed that the clinical governance meetings allowed for open discussion on discrepancies, incidents and service updates, but also had a strong focus on learning and development.

The provider had an overarching plan for improvement and innovation with various projects in the pipeline. The improvement and innovation plan reflected the growing needs of the provider and increased demands on its services.