

# DMC Healthcare Ltd






## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Not sufficient evidence to rate	
Are services responsive?		Not sufficient evidence to rate	
Are services well-led?		Good	

## Overall summary

DMC Healthcare Ltd offers a radiology reporting service to NHS hospital trusts and independent healthcare providers providing remote reading and analysis of images. Services can be provided as a bespoke package for organisations for both backlog reduction initiatives and routine and urgent scans depending on the participating trusts requirements.

The service delivered 30,250 cross sectional reports between April 2018 and March 2019, each based multiple sets of images. During the same period the service reported on 54,250 plain film images (X-rays).

The reporting centre is staffed by a team of trained administrators who assign for reporting to a team of General Medical Council (GMC) registered, sub specialist consultant radiologists who provide interpretation of diagnostic radiographs, magnetic resonance imaging (MRI) and computerised tomography (CT) scans.

Teleradiology is defined as the transmission of images and associated data between services for primary interpretation or consultation or clinical review. Teleradiology also encompasses the process of remote

# Summary of findings

viewing of images via a web viewer. Such processes include the sharing of patient identifiable information within and among organisations and across international boundaries.

We inspected this service using our comprehensive inspection methodology. Due to the nature of this service, we provided a period of short notice to the registered manager to enable them to ensure the correct people were available at the inspection.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Although we have legal duty to rate teleradiology services, we considered there was insufficient evidence to rate the effective, caring and responsive key questions for this location. This was due to the nature of services being provided and the limited ability to assess all key lines of enquiry.

Our findings of the service were:

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- **The service provided staff with appropriate equipment.**
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **Staff kept detailed records of patients' care and treatment. Information was kept secure.**
- **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. When things went wrong, staff apologised and gave patients honest information and suitable support.**
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.**

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.**
- **The service made sure staff were competent for their roles. Managers appraised non-clinical staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.**
- **The service planned and provided services in a way that met the needs of local people.**
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- **The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.**
- **The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**
- **The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- **There were processes in place for safeguarding vulnerable people. Unexpected or significant findings could be escalated to relevant persons to avoid any potential delays or clinical complications.**

However, we also found the following issues that the service provider needs to improve.

The provider should:

# Summary of findings

- Ensure there are processes for ensuring visual display unit (VDU) screens are calibrated in line with national standards on a regular basis.
- Ensure recruitment processes allow for the provider to demonstrate how they assess an individual to be fit and proper to provide regulated activities as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## **Dr Nigel Acheson**

Deputy Chief Inspector of Hospitals (London and South)

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Good



### Summary of each main service

There were systems to monitor safety, patient outcomes and patient experience.

Appropriate, nationally referenced guidelines were used in the delivery of services including those for the control of radiation.

The service was sufficiently responsive to make reasonable adjustments for patients with disabilities or other needs

Risk, governance and operational performance was well managed. There was a cohesive and visible leadership team who were committed to developing clinically-led, highly responsive services.

There was a culture of improvement and safety was a priority for this service.

# Summary of findings

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Good 

# DMC Healthcare

**Services we looked at:**

Diagnostic imaging;

# Summary of this inspection

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor who was a

consultant radiologist who was registered with the General Medical Council and was on the sub-speciality register. The inspection team was overseen by Amanda Williams, Interim Head of Hospital inspection.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

Our key findings for safe were:

- Equipment was appropriately maintained
- There was a procedure to report incidents and feedback to staff when incidents had taken place.
- Staff levels were planned in relation to the level of activity at the service.
- There were processes in place for escalating any significant or urgent findings back to the referring service.
- The service did not as a matter of routine, provide mandatory training to clinical staff. However, completion of mandatory training within consultant's substantive posts was monitored and action was taken where necessary to ensure staff completed relevant training.

Good



### Are services effective?

Due to the nature of this service and the limited lines of enquiry which could effectively be assessed, we have not rated this key question. However, our key findings for effective were:

- The service used appropriate guidelines from the National Institute of Health and Care Excellence.
- The service had a comprehensive audit plan to support patient safety, quality improvement and patient satisfaction. Audits were supported by action plans.
- Staff training was in place and there were opportunities for staff to develop.
- Appraisal rates were at 100% for non-clinical staff and there was a training needs analysis as part of the appraisal process.

Not sufficient evidence to rate



### Are services responsive?

Due to the nature of this service and the limited lines of enquiry which could effectively be assessed, we have not rated this key question. However, our key findings for responsive were:

- Services were sufficiently flexible to meet the needs of patients.
- The service had a complaints policy.

Not sufficient evidence to rate



### Are services well-led?

Our key findings for well-led were:

- Staff described a culture of openness and transparency.

Good





# Summary of this inspection

- The leadership team were visible, approachable and responsive.
- There was a clear vision for the service which was directed towards the development of a clinically led centre of excellence.
- Risk, governance and operational performance was well managed.
- There was a cohesive and visible leadership team who were committed to developing clinically-led, highly responsive services.
- There was a culture of improvement and safety was a priority for this service.


# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Not rated	N/A	Not rated	Good	Good
Overall	Good	Not rated	N/A	Not rated	Good	Good

# Diagnostic imaging

Safe	Good 
Effective	Not sufficient evidence to rate 
Responsive	Not sufficient evidence to rate 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

### Mandatory training

- DMC Healthcare did not routinely provide consultant radiologists with mandatory training. As part of the provider information return (PIR), the provider stated that “Radiologists undergo their mandatory training in the trusts they work in. If they no longer have a substantive post then DMC Imaging gives them access to their online training portal”. During the inspection, the Clinical Directors, Medical Director and Head of Operations confirmed this remained the case. Following the inspection, the provider reported that “DMC RR [DMC Radiology Reporting] radiologists work under Practising Privileges Agreements in which they agree that they will endeavour to keep current their mandatory training. DMC RR ask for copies of this training and upload it on to the People HR [human resources] system. Of the radiologists currently reporting for us we have evidence that 88% of them are compliant. Going forward DMC RR are refining this process with their HR providers to ensure increased compliance and ease of monitoring.”

### Safeguarding

- At the time of the inspection, the provider reported that 0% of clinical staff were provided with in house safeguarding children or adults training to any level. The head of operations reported that practising privileges required clinical staff to have completed and maintained an appropriate level of safeguarding training as part of their standard NHS role. The senior director for DMC reported that provision could be made for consultants to access on-line safeguarding training if

consultants were no longer employed substantively in the NHS; this was not the case at the time of the inspection where all reporting radiologists held substantive NHS posts. The provider confirmed that 88% of clinical staff had completed level three safeguarding children training and 88% of staff had completed adult safeguarding training.

- There was a named healthcare professional who was certified to level five safeguarding. The local safeguarding policy had been updated to reflect that this individual was the initial point of contact should any radiologists have any safeguarding concerns identified through the reporting of images. In addition, the provider had introduced an escalation protocol to help support radiologists to escalate any concerns to relevant persons in each of the trusts and independent health locations for which DMC imaging was providing services.

### Cleanliness, infection control and hygiene

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

### Environment and equipment

- All consultants who were awarded practising privileges were provided with equipment which met and exceeded the recommendations set out in the Royal College of Radiologists “Picture archiving and communication systems (PACS) and guidelines on diagnostic display devices” standards.
- Visual display units (VDUs) were initially calibrated by the information technology team located at DMC headquarters before being delivered to individual consultants. Individual VDUs had appropriate software to alert users for the need to calibrate their VDU should the display unit fail its initial self-test.

# Diagnostic imaging

- The provider had also introduced a module to allow the information technology team to monitor and remotely calibrate visual display units, even if they were in a radiologist's home. Due to the recent change in computer systems, this module was not operating at full capacity at the time of the inspection however the provider reported that a new programme of work had been established to ensure that all existing VDU's were reconnected to the remote server and that standard calibration of the VDU's would occur monthly; this programme of work was expected to be in place within ten weeks of the date of the inspection.

## Assessing and responding to patient risk

- There was a process in place to help enable radiologists to escalate any urgent findings back to the referral trusts, both in and out of normal working hours. Staff had access to escalation protocols which included contact details for named clinicians at referring trusts.

## Nurse and Allied Healthcare professional staffing

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

## Medical staffing

- At the time of the inspection, DMC Imaging Ltd was not providing any work which required urgent reporting. All work was planned and agreed as part of local contract negotiations. This meant the provider could plan its workforce to ensure they met contractual requirements and turnaround times. There were sufficient numbers of consultant radiologists employed across a range of sub-specialities to ensure images were reviewed and reported in a timely fashion. At the time of the inspection, the service had awarded practising privileges to approximately fifty radiologists who were each providing variable levels of reporting time to the service.
- Administration staff monitored all requests made for reporting services to ensure images were assigned to medical personnel who held specialist registration against anatomy. Where backlogs were identified, these could be escalated and additional resources could be identified in a timely way to ensure reporting timescale breaches did not occur.

## Records

- There was a records retention and management policy in place at the time of inspection. This had last been reviewed and updated in November 2018. The policy referred to the General Data Protection Regulations (2018) and detailed the statutory requirements placed on DMC in terms of retaining personal information for periods longer than were necessary. The policy set out specific timescales for which information should be retained; this included timescales for the retention of adult and child health care records; and personnel records including recruitment checks.
- DMC Imaging Ltd operated a virtual data system which meant that no patient identifiable information was retained on local computers or servers following the completion of a report. All patient information was transmitted by way of secure remote servers which were password protected. Except for plain x-ray films, all other images were assigned to named consultants. This prevented unauthorised staff from accessing medical information for patients for whom they had no clinical engagement with.
- All reports were transmitted back to the referring trusts radiology information system securely. There were safeguard mechanisms in place for ensuring all transmitted data was received by DMC Imaging Ltd and that all reports were received back by the referring trust. DMC Imaging Ltd had a one hour service level agreement in place with the health informatics software provider which helped reduce operational downtime, as well as allowing for the quick resolution of any missing information should such an issue arise.
- The administration team were responsible for ensuring that all transmitted data sent to the DMC Imaging Ltd from their client was complete. This included staff checking that previous images had been transmitted and were accessible to the reporting radiologist, as well as access to any relevant clinical information such as previous imaging reports.

## Medicines

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

## Incidents

- There was a policy for the reporting and management of all adverse events and serious incidents. The policy was in date and had a review date. We saw that the policy

# Diagnostic imaging

included that the registered persons must discharge their statutory duty of candour under Regulation 20: Duty of candour. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There had been no incidents that required the duty of candour to be applied. Staff were aware of the duty of candour.

- Although DMC Healthcare had an electronic system for the recording of incidents, this was not consistently being used by radiology reporting staff at the time of the inspection. The head of operations reported that changes were being made to the system to ensure all fields were applicable to the radiology reporting service as compared to staff having access to a generic tool. As a mitigation, all incidents or concerns were reported to the administration team or direct to the head of operations or medical director, depending on the nature of the incident. All incidents were then captured on a local database which was owned by the head of operations. Incidents were discussed at clinical governance meetings.
- The registered manager was responsible for undertaking root cause analysis investigations (RCA) where an incident required such a level of review. Staff could describe the actions learnt from incidents. This included the introduction of an out-of-hours clinical escalation protocol which helped consultants to escalate any significant or urgent clinical findings from images or films they had reported back to local trusts.
- There had been no Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) reportable incidents logged with the Care Quality Commission because the service did not provide any applicable diagnostic imaging activities.

## Are diagnostic imaging services effective?

Not sufficient evidence to rate 

We do not currently collect sufficient evidence to enable us to rate this key question.

### Evidence-based care and treatment

- Policies and procedures were up to date and referenced best practice guidance from a range of bodies including the National Institute of Health and Care Excellence. The service also used a range of guidance provided from the Royal College of Radiologists.
- Although DMC Imaging Ltd did not undertake any diagnostic testing activities, reporting radiologists gave due regard to diagnostic reference levels (DRL's) for each piece of scanning equipment that produced radiation. DRLs are used as a guide to help promote improvements in radiation protection practice. They can help to identify issues relating to equipment or practice by highlighting unusually high radiation doses. The clinical directors and medical director reported that all reporting radiologists considered the radiation doses for which patients had been exposed too and where there was any concern, recommendations would be included on the patient's radiology report, as well as information being fed back to the relevant organisations clinical lead.

### Patient outcomes

- The provider carried out regular clinical audits which considered reporting accuracy, and communication. Where there were deviations in clinical opinion or where report conclusions were not appropriate or lacking in detail for example, recommendations were made including whether secondary radiology reports or report addendums should be issued and referred to the initial referring clinician for consideration.
- Named clinical auditors undertook weekly audit activity of 10% of cross-sectional image reporting and 2% of plain film work. Any discrepancies were fed-back to the reporting consultant and to the referring trust. Discrepancy reports were considered at the clinical governance meeting monthly, with a full end of year audit report being considered in May of each year. Where individuals had continued high numbers of discrepancy reports, the medical director facilitated developmental and performance management sessions with the individual.
- At the time of the inspection, the provider was undertaking a self-assessment against the Imaging Service Accreditation Scheme registration traffic light toolkit. The ambition of DMC Imaging Ltd was to be able to attain ISAS accreditation in December 2019.

### Competent staff

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- There was an induction plan for staff which included an introduction to health and safety responsibilities, key policies and training on the in-house reporting system.
- The provider reported that clinical staff were not routinely appraised. However, DMC Imaging Ltd provided performance details for all consultants undergoing the General Medical Council revalidation. We noted that whilst this information was produced, it was the responsibility of the individual consultant to share the report with their appraiser. We reviewed the appraisal for one radiologist which had been completed by an appraiser at the consultant's substantive NHS trust; there was no reference to the DMC performance report. This was acknowledged as a potential area for improvement by the medical director at the time of the inspection.
- All bar one members of the non-clinical workforce had all completed an annual appraisal. Staff identified training needs and objectives during the appraisal and there were opportunities for staff to access external training.
- We reviewed three staff records to ensure they met the requirements of Schedule Three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Each file contained details of previous employment histories, photo identification, qualifications and disclosure and barring service checks. All registered health professionals were confirmed as being registered with their appropriate professional regulatory body. There were processes for ensuring checks were carried out at least annually of all registered health professionals to ensure they remained registered and that all individuals had appropriate levels of indemnity insurance.
- We noted that for two sets of files linked to consultant radiologists, there were no references or interview assessment notes on file. This meant the provider could not provide a full assessment of the individuals competency and "fit and proper" assessment to undertake healthcare associated activities. The head of operations confirmed during and following the inspection that "DMC RR's original radiologists were on-boarded as a direct referral from the clinical directors or by recommendations of radiologists already reporting for us, and as such formal written references were not recorded and neither were the interview outcomes formally recorded on the HR records. DMC RR has recently updated its policy to commit to taking two

references for each of its radiologists now it is growing. To form a complete HR record DMC RR are committing to retrospectively collecting reference from existing radiologists. DMC RR will have this complete by 31st August 2019."

## Multidisciplinary working

- The nature of the service meant that opportunities for formalised multi-disciplinary working was limited at DMC Imaging Ltd. However, despite the challenges, a small number of multi-disciplinary meetings occurred which were facilitated by lead radiologists who were also the named clinical directors. Senior staff also spoke of the offerings they gave to clients which included the formation and delivery of multi-disciplinary meetings however the view was there currently was limited appetite for this to occur outside of standardised NHS multi-disciplinary working.
- There was an in-house help-desk staffed by non-clinical staff which operated during normal working hours. Where referring centres wished to discuss reports directly with the reporting radiologist, the help-desk could facilitate such requests. In addition, the head of operations acted as a senior point of contact should a referring trust or client required to discuss a report or where a clinical need meant an image was required to be reported more quickly than was offered as part of a client's standard contractual terms and conditions.

## Seven-day services

- Due to the nature of this service, and in-line with our service level inspection framework for teleradiology services, this prompt was not considered as part of this inspection.

## Health promotion

- Due to the nature of this service, and in-line with our service level inspection framework for teleradiology services, this key line of enquiry has not been inspected.

## Consent and Mental Capacity Act

- Due to the nature of this service, and in-line with our service level inspection framework for teleradiology services, this key line of enquiry has not been inspected.

## Are diagnostic imaging services responsive?

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Not sufficient evidence to rate 

## Service delivery to meet the needs of local people

- DMC Imaging Ltd provided tendered contract work to NHS trusts and independent healthcare providers across the country. The local management team operated a capacity model which meant any contracts they tendered for would only be done so where there was sufficient sub-speciality radiologist capacity within the team to meet any intended demand.

## Meeting people's individual needs

- Due to the nature of this service, and in-line with our service level inspection framework for teleradiology services, this key line of enquiry has not been inspected.

## Access and flow

- Due to the nature of the service, there was no requirement for DMC Imaging to operate clinical settings. Services were provided remotely by UK based consultant radiologists who provided allocated reporting sessions. Non-clinical administrators allocated specific work to named consultants based on their speciality. The provider held quarterly performance review meetings during which key performance indicators including report-turnaround times were discussed. A review of information provided by DMC Imaging Ltd demonstrated that where a report was not reported within the anticipated KPI timeframe, a deep dive analysis was completed to establish if any changes to practice were required. It was noted that in the majority of cases, images were deferred from being reported because of a lack of clinical information being provided by the referring trust, such as missing previous images for example.
- There was a process for expediting any reports which were marked as urgent. Trusts and independent health providers could escalate any patient to the help-desk who would then mark the received image request as urgent; the helpdesk would also liaise directly with the reporting consultant to advise them of the ad hoc request for an image to be reported without delay and for any report to be urgently sent back to the referrer.

## Learning from complaints and concerns

- The provider had a complaints policy and procedure. Due to the nature of the service, patient feedback was encouraged via the provider's main website. At the time of the inspection, the provider's complaint policy included best practice guidance from the Parliamentary Health Service Ombudsman but did not refer to the Independent Sector Complaints Adjudication Service (ISCAS). ISCAS is the patient complaints adjudication service for independent healthcare services; the service is only available to those organisations who subscribe to the service as membership is voluntary. The provider was not a subscriber to the ISCAS service at the time of the inspection. The provider reported that because most of reporting activity is generated through the National Health Service, the standard route was for the referring NHS trust to accept any initial complaint and for DMC Imaging Ltd to then work in partnership with the trust as the main investigator to answer any concerns from complaints.
- A senior managing director assumed overall responsibility for managing complaints. The complaints policy had clear timescales for which complaints should be acknowledged, investigated and a response generated. The policy detailed the support DMC Imaging would or could provide to both the complainant and any healthcare professional involved in a complaint. Lessons learnt and a process for disseminating any such identified lessons was detailed within the policy.

## Are diagnostic imaging services well-led?

Good 

### Leadership

- DMC Imaging Ltd formed part of the wider DMC Healthcare Group which was led by two senior managing directors. Two clinical directors had been appointed at the inauguration of DMC Imaging and both individuals remained in post at the time of the inspection. The management structure for DMC Healthcare meant one senior managing partner had operational responsibility for the DMC Imaging branch of the organisation. On a day to day basis the service was managed by a registered manager who also assumed the role of head of operations; a medical



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director and two clinical directors. These individuals reported to and were accountable to the senior managing director who was also a GMC registered doctor.

- Individuals at a senior level had the skills, knowledge and attributes required to operate an effective service. The leadership team had invested in key individuals with strong clinical backgrounds to ensure the management team were suitably competent and experienced. The management team were candid about the challenges the organisation faced however they could describe the actions taken to overcome such challenges.
- Staff reported the leadership team as being both visible and approachable, operating an “open door policy”. Some staff reported that communication across a remote workforce posed some challenges. However, this was overcome with the approachable and accessible nature of the medical director and head of operations. The management team acknowledged that more could be done to improve communication across the team and that an annual assembly of reporting radiologists had been considered to allow for lessons learnt, improved ways of working, wider medical governance and for exploring outstanding clinical practice, to be considered and discussed in detail.

## Vision and strategy

- The senior management team were committed to ensuring that customer satisfaction, high quality and consistent reporting and evidence based practice were the driving forces behind DMC Imaging Ltd. There was a consensus that contractual work tendered for by the team would only be done if there was sufficient capacity in the wider radiologist team to meet any new demands placed on the service. New radiologists were only appointed following successful completion of an induction programme during which the individuals first 25 reports were audited by a senior clinical auditor within the same clinical speciality to ensure they met house style and contained no or non-clinically relevant discrepancy concerns.
- The delivery of the organisations vision was not solely focussed on delivering a financial return. It was clear the management team were committed to developing a centre of radiology reporting excellence. The selective recruitment of sub-speciality clinicians, especially in the field of radiology was a clear priority.

## Culture

- Staff were open with the inspection team about their experience working at the service. It was apparent that consistent, high quality and timely reporting was a clear priority for the service.
- Staff reported that quality and sustainability worked in equal partnership with one another. Whilst there was regard for financial effectiveness, staff did not feel that this was at the sacrifice of quality. Workloads were managed to ensure consultants were only provided with set volumes of work which could be realistically reported within a given timeframe as compared to there being a “Free-for-all” open access process.

## Governance

- There was a defined governance process which supported the delivery of reporting services at DMC Imaging Ltd. Clinical governance meetings took place monthly and were structured around set agenda items including actions from the last meeting; updates from the named Caldicott Guardian; audit results; new starters; information governance; accreditation audit results; radiological watch list; new radiologist on boarding and the medical advisory committee (MAC).
- It was noted the concept of the medical advisory committee within DMC Imaging was more related to the wider consultant body and was a mode by which the senior management team linked and communicated with the radiological reporting team. This differed from MACs across other independent health organisations where the MAC acted as an advisory group and second governance tier which supported the ongoing delivery of care and clinical services within the sector. However, the format and quoracy of the clinical governance meeting was such that the usual terms of business considered by the MAC took place at the clinical governance meeting.
- The minutes of clinical governance meetings were generally limited in detail. However, it was apparent through our discussions with the relatively small but committed senior management team that everyone was sighted on the operational risks of the service. Quality was the driving focus and agenda for all those who attended for interview during the inspection. This included the medical director who took time to remotely join the inspection despite being overseas at the time of the inspection.



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- Staff meetings occurred on a regular basis. Meetings were minuted and disseminated to all staff so those not in attendance could consider topics discussed. Learning from incidents was included in discussion, as was operational risks, workforce challenges, updates to policies and other topics relevant to the professionals attending the meeting.
- The head of operations maintained the files for all health professionals operating under practising privileges. There was a process for ensuring all doctors had sufficient indemnity insurance and that individuals acted within their defined scope of practice. Whilst the appointment of new consultant radiologists remained the responsibility of a named clinical director there appeared to be a level of informal governance over the recruitment process for new radiologists. There was an acknowledgment for the need for tighter controls to be applied, especially in relation to the recruitment process; this had been identified prior to the inspection and plans were afoot to address and improve the existing process at the time of the inspection itself. The clinical governance committee considered all new applications; reviewed any individual subject to GMC license restrictions; and provided support to the senior managing director and medical director where concerns over clinical conduct or practice had been raised.

## Managing risks, issues and performance

- There was a current risk management policy which was complemented by a range of other policies including an incident reporting policy, complaints policy and risk register.
- The head of operations, clinical director and medical director had good oversight of the risks relevant to their areas of accountability. An effective clinical audit programme existed which ensured appropriate assurance could be escalated to the senior management team. Risks were routinely reviewed and mitigations revisited to ensure they remained effective. There was evidence that where clinical incidents had occurred, any unresolved actions which posed a potential risk were escalated to local and corporate risk registers accordingly.
- There was however, limited assurance provided in relation to how DMC Imaging complied with the fundamental standards, as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The management team acknowledged the receipt

of the initial provider information request from the Care Quality Commission, as well as the completion of the ISAS traffic light self-assessment tool had prompted them to consider specific policies and procedures. This included the requirement to operate robust recruitment processes; and for there to exist an effective safeguarding protocol. The lack of reporting against how the service was meeting the fundamental standards meant the senior management team could not be fully assured that all standards were in fact being met. This was fed-back at the time of the inspection to the senior management team who positively received the recommendation for improvements to be made moving forwards.

- Business continuity plans were in place to ensure that failures in information technology or other business critical infrastructures were mitigated against as far as was reasonably practicable. Robust service level agreements existed with software and IT hardware providers to ensure downtime was kept to a minimum. Safeguards were in place which ensured that all information sent to DMC Imaging Ltd was verified and confirmed with the sender; this meant any issues relating to missed data was minimal and managed safely.

## Managing information

- The provider had undertaken a range of activities to ensure they complied with the General Data Protection Regulations. Patient information was transmitted via secure routes; “Hard” copies of patient information was not retained, with all datasets being returned to the originating referrer with appropriate audit processes in place to allow for the tracing of information. Where personal and medical information was communicated via electronic communications, the provided ensured files were encrypted, reducing the risk of information being accessible by unauthorised individuals.
- The clinical governance group was accountable to the senior management board and provided a framework which ensured the safe and secure management of information within the organisation. The group met monthly with information governance forming a standing agenda item. The group considered their statutory responsibilities for ensuring information coming into and out of the organisation was kept safe.

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Encryption processes and individual secure servers were used to protect patient information. Policies existed which ensured information was only retained for the least amount of time that was necessary.

### **Learning, continuous improvement and innovation**

- The provider, in collaboration with the British Institute of Radiology, facilitated expert-led, hands-on training and guideline production for radiologists at all levels. Received internationally, the courses focussed on multi-speciality discussion of real-life studies as a means of improving the wider practice of radiology medicine.

# Outstanding practice and areas for improvement

## Outstanding practice

- The provider, in collaboration with the British Institute of Radiology, facilitated expert-led, hands-on training and guideline production for radiologists at all levels.

Received internationally, the courses focussed on multi-speciality discussion of real-life studies as a means of improving the wider practice of radiology medicine.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- Ensure there are processes for ensuring VDU screens are calibrated in line with national standards on a regular basis.

- Ensure recruitment processes allow for the provider to demonstrate how they assess an individual to be fit and proper to provide regulated activities as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.