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Diagnostics Assurance Review DM01

MBI Health Advisory Case Study

Overview

The DM01 Diagnostics Return is a mandatory monthly submission to NHS England that captures waiting time performance for key diagnostic tests across 15 modalities, such as endoscopy, radiology, and cardiac investigations.

It is a critical indicator used nationally to monitor patient access and system responsiveness, and poor performance can lead to regulatory scrutiny and missed patient safety triggers. Yet, the accuracy and completeness of DM01 reporting are often under-recognised risks.

Diagnostic reporting is notoriously complex, with high reliance on technical configuration, operational understanding, and proper system builds — particularly vulnerable following large-scale digital transitions.

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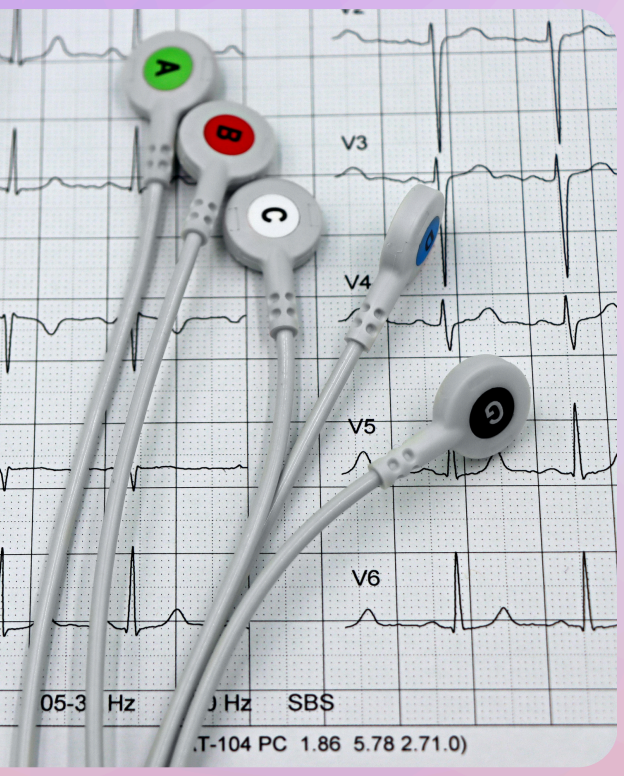
Situation

In 2024, following the implementation of a new Patient Administration System (PAS), the Trust experienced a sudden and significant decline in its reported DM01 performance.



The Executive Board rapidly lost confidence in the accuracy of the submission data, suspecting systemic failings not just in technical reporting logic, but across operational and administrative processes.

MBI Health was engaged to conduct a comprehensive assurance review – bringing together deep advisory expertise in EPR transition, data quality, and diagnostic pathway operations.

The MBI Approach

The review was conducted in two key phases:

Part 1: Forensic Data and Technical Review

MBI analysed historical DM01 submissions, comparing trends pre- and post-PAS migration across each diagnostic modality. This enabled rapid identification of anomalous data points and missing cohorts. The technical framework that underpins DM01 submissions — from PTL creation to SQL reporting scripts — was thoroughly interrogated to validate whether patients were being correctly included, tracked, and reported.

Part 2: Modality-Level Operational Deep Dives

Informed by the findings of Part 1, MBI led detailed workshops with clinical, operational, and administrative teams. These sessions explored how day-to-day workflows, new system processes, and local workarounds interacted with the national reporting requirements — surfacing a range of underlying operational and training issues.

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Findings

MBI uncovered multiple interdependent factors contributing to the misreporting and poor visibility of diagnostic performance:

- **PAS configuration gaps:** Incomplete order builds meant some modalities were managed off-system, excluding patients from the DM01 dataset.
- **Script logic errors:** Reporting scripts contained rules that inadvertently excluded patients based on clinic types or status flags.
- **PTL scope errors:** The master list of diagnostic waiting lists feeding DM01 was incomplete, missing several pathways.
- **Clock logic issues:** Incorrect timestamping of clock starts meant inaccurate waiting times for certain tests.
- **Workflow inconsistency:** Poorly socialised SOPs led to duplication and inconsistent validation efforts across departments.
- **Training shortfalls:** Staff were underprepared for the system changes, leading to process divergence and planned patient misclassification.
- **Manual exclusion practices**: With reduced confidence in system data, some teams began manually excluding patients, increasing the risk of errors and further complexity.

Recommendations

MBI delivered a clear and actionable roadmap consisting of 20 priority recommendations across six key domains:

- Technical alignment and reporting logic
- Governance and assurance controls
- PAS and order entry configuration
- Training and workflow consistency
- Data quality assurance
- Operational process improvement

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Summary

The review enabled the Trust to regain confidence in its DM01 performance reporting, restoring both technical accuracy and operational assurance. This was critical in mitigating the risk of diagnostic delays and potential clinical harm.

MBI's independent perspective also provided a safe and structured route to escalate previously hidden or unresolved concerns, prompting important improvements in governance and oversight.

This case demonstrates the vital role of robust diagnostic assurance in safeguarding patient pathways. While often overlooked, the DM01 return is a cornerstone of timely care — yet highly susceptible to disruption during system transitions due to its technical and cross-functional complexity.

It highlights the need for proactive management and expert advisory support to ensure diagnostic data integrity keeps pace with operational change.

To explore how MBI's Advisory Services can support your Trust:

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