DICT8

Service Definition Document

PLEASE NOTE THAT THIS DOCUMENT WAS CREATED IN Q4 2025. CERTAIN SPECIFICATION ITEMS (PARTICULARLY THOSE REGARDING DATA SECUIRTY AND IG INFRASTRUCTURE AND PROTOCOLS) WILL LIKELY HAVE EVOLVED SINCE THEN.

Overview of the service

DICT8 provides a UK based medical transcription outsourcing service and digital dictation workflow management system.

It is the market leader in outsourced transcription and we have provided it to over 80 NHS Trusts over the last 20 years – many customers have been with us for well over a decade.

The DICT8 system is a fully featured digital dictation workflow management system delivered through a web-based interface as a SAAS product. Video demonstrations of it in operation can be seen at dict8.com.

The system is entirely cloud based (private cloud, UK hosted) and requires no software install.

How it works

The starting point is the dictation: The clinician dictates, as they usually would, into a dictation machine or our free smartphone App.

This is then uploaded securely to our system- automatically through the App or via our website in the case of a dictation machine.

Once the dictation has been received by us it is then worked on by one of our UK-based medical secretaries (who will have several year's NHS experience of the relevant specialty). The file will then be returned to you (the average turnaround time is 2 hours 32 minutes).

The transcript is then available to download through the web and is readily identifiable by hospital or patient number. When you select a transcript you can listen to the dictation again, edit it and download it into Word as you see fit.

The DICT8 system has been specifically designed to deal with issues such as additional information on the dictation file (e.g. ‘please book Mrs. Smith in again next Tuesday’) that occur regularly in real world use of medical transcription systems: There is a specific field in the

transcription ‘transcript notes’ that is available to allow the transcriber to type out such dictated instructions, whilst keeping them separated from the letter that they accompany. At the Trust end such instructions will be on the screen / downloaded letter as a readily identifiable separate section that refers to a specific patient and letter. Please note that this is something that simply cannot be done by speech recognition / AI systems.

We can also provide integration with the Trust PAS system so as to enable automatic population of the returned letter with, say, the patient’s address details (this is done as the letter is returned to the Trust and does not breach Caldicott); and automatic storage of the finished letter in the EPR.

We provide the user with various management tools including the ability to retrieve all of the letters that refer to a particular patient and the ability to monitor the status and progress of their dictations and transcripts, as well as a cloud based workflow management system and integration with various third party ones.

Further Details

- We offer (Free of Charge) apps for iPhone and Android devices that can be used to record and send dictations directly from the device. The apps are highly secure and compliant with the NHS regulations and security toolkits. The apps also enable the doctor to add flags, NHS/Hospital numbers (including using the camera as a scanner-barcode and QR) and assign it to workflows, clinics etc.
- A number of workflows can be set up by the user using a simple interface. These workflows are easily editable and set up with rules determining who (whether individuals or groups) the work is to be offered to at different times. These can be set up to reflect times of day or delays so as to ensure that turnaround times are met. Another advantage of the DICT8 system is that it will automatically account for staff absences and, as it is accessed through a web interface rather than requiring a local software install, staff can work across a number of centres easily and without additional costs.
- The transfer of work from internal typing to outsourcing does not require a remote file transfer as it is all done through a single system on DICT8’s servers
- The outsourced work is monitored with full version histories, analysis and live status information provided through the single interface to users- this information is tailored on a role and permission basis to the authorised users.
- We interface with a number of PAS systems around the country- We currently provide custom integrations with over 20 customers and over 50 integration projects, each providing customer specific processes.
- We have built a number of APIs enabling interface with clinic administration systems. These APIs, and the expertise that we have in integrating with systems, as mentioned above with reference to PAS ensures that we will be able to interface with future systems as we have done in the past.
- The DICT8 system has a full template and auto-text block management system built into it. This enables users to insert anything from a full template to a short block of text into a letter (as well as having header and footer block inserted separately). These can be managed through an easy to use tree system and can be added and edited by users at management level centrally or by a single user for their own templates.
- Authors (Doctors) can review letters, and listen to the dictation again, through their own logins, and then edit them as required, before marking them as approved to electronically sign them. This can lock the version of the transcript to ensure that their

secretary is sending out the version that has been approved and not another in error. The time of sign off, any changes and the IP address of the interaction are all recorded.

- The system can be configured in a number of ways including so as to require that the letter is approved and signed off by the Doctor in advance of it being generated by their secretary. It is worth noting that, because the DICT8 system is web based, Doctors can approve their letter from anywhere, including mobile devices and tablets.
- The DICT8 system can integrate with GP workflow systems (e.g. EMIS) so as to return letters directly to the GP as required.
- The document can be printed locally through a simple key press and can also be stored in a number of ways including on a local or network drive, within an EPR/PAS system or even within the DICT8 system where it can be searchable using an advanced Elastic Search system.

Ability to provide management reports on administrative activity

We provide a number of auditing and reporting tools to users- these can be permissioned by the Trust to different users as appropriate. We have two main categories of reporting tools:

Active Dashboards- all live web views:

- Overview of usage showing in-house and/or outsourced typing (number of dictations, time, lines typed, average length) filterable by Doctor, Secretary and Time Period.
- Summary secretary activity showing uploads, downloads and typed filterable by time period by user.
- Summary doctor activity showing uploads, downloads and typed filterable by time period by user.
- List of dictations showing all information including current state, length, activity, versions: filterable by user, date, department, clinic etc.
- Financial and Billing interactions.
- User lists and activities
- Current status of all workflows, including graphical views of status of all work within it (as well as details of it)- this view also enables movement of tasks around steps in workflow using drag and drop.

User generate-able reports (these can also be scheduled on time intervals):

- Activity report, showing graphs and activity for selected group of users over a time period: including number of lines, number of tasks, turnaround time, average length of transcripts, in-house vs outsourced typing, cost of outsourcing.
- Workflow report, showing graphical representation of workflow activity during period for selected group of users over a time period. Including activity and counts for each step and transition including times, number and percentages of total taken for each route.
- Secretary report, showing activity by selected group of secretaries over time period with particular emphasis on amount of work done and time taken- contextualised for department.
- Excel data reports, we can also provide a total raw data report in Excel, enabling the user to manipulate and produce reports on the data as required.
- Customer Satisfaction report detailing any feedback and quality scores received from the users
- We will also produce any other requested bespoke reports for users as required Free of Charge and within 48 hours.

Audit capabilities:

- Details of all new or amended data entered onto the system are logged against both the user and (where appropriate) the particular dictation/transcript (known as Task by DICT8) that they refer to. This information is then fully available to permissioned user classes. Using this they can see time/date/IP address and user name as well as the details of all interactions with the system. This includes details of the data and full change logs. In the case of Tasks this also includes full version histories of the Transcript.
- User creation is only available to users permissioned to do so by the Trust. A record of the user and who and when they requested it. This cannot be done on the phone but must be done by email or by using the user request tool available to permissioned users within their accounts.
- We support the NHS Codes of Practice for Record Retention, and have integrated its recommendations into our systems, which have in turn been audited to ISO27001.

Implementation

We have extensive implementation experience at a wide range of Trusts around the country. It is worth noting that due to the fact that the system is a web-based cloud one, the technical side of the implementation is very limited.

We have installed in a large number of Trusts and found that the SCRUM project management system has a large number of advantages over PRINCE2 for deployment.

This is due to the fact that it is far more responsive and adaptive and allows for a flexible deployment which avoids a one size fits all for all departments. Using it we find that we can deploy in a different manner for each individual department within a Trust and react to the specific requirements and environment of each. This has led to far more effective implementations than we would have achieved following PRINCE2.

The main benefits of the SCRUM approach are due to the fact that SCRUM enables teams of people to work together collaboratively with the customer. This is done by defining and prioritizing requirements, developing, testing and providing feedback in a continuous and repetitive cycle of iterations. Thus an approach that adapts to existing systems in flux rather than trying to predict what they will be like from an initial survey is used. This is particularly effective given the constant change management cycles that departments are exposed to and the impossibility of trying to predict the state of all parts of the hospital from the outset.

Our account management staff have extensive experience and accredited training in SCRUM project management techniques with at least 5 Years experience of project management within the NHS.

However we also can implement with PRINCE2, and our staff are trained in the use of PRINCE2, which we can use where clients prefer that approach. The appended project plan is based on that approach.

It is almost impossible to set a schedule for an implementation in the abstract without fully understanding the exact requirements of the Trust as well as the timetable and pressures that they are under due to other projects that they are undertaking. However, the attached sample implementation plan aims to give an indication of how we would try and do so.

As part of the KPIs that are agreed at the outset we put in place a series of target dates for Key Deliverables, together with financial penalties so as to ensure that we meet them.

A modular process for implementation is at the core of our implementation ethos- as can be seen from the appended implementation plan. It enables us to react to changes in requirements (in the AGILE SCRUM process) efficiently as well as providing an easily identifiable series of milestones and target dates.
User acceptance and UAT are another key feature of our implementation plans, as we seek to ensure that the milestone completions are achieved to their satisfaction as opposed to just ours.

Full understanding by all stakeholders of responsibilities and resource requirements from the outset of any project is key to its success, and we build a centrally maintained schedule or requirements and responsibilities as one of the initial stages for any project.

There are two significant benefits to Trusts from multi-site or multi-Trust rollouts:

Economies of scale: The Trust can make significant savings in purchasing and then managing a project centrally. We work with them to ensure they benefit from economies of scale.

Cross-site fertilisation of ideas: In any roll-out or implementation there will be lessons learnt, or unexpected issues, during the project implementation. We work with the customer to create a centralized forum for the dissemination of those learnings and ideas to ensure that best practices and problem avoidance learnt in one area and then spread to the organisation as a whole.

Offboarding support is also led by the DICT8 account manager who works in tandem with the Trust to plan and implement the offboarding plan to ensure that there is full data transfer, migration to the replacement system and data destruction in a formalised and documented process.

Service Levels

Turnaround Times for Transcription service

- Our average turnaround time is 2 hours 47 minutes being the average that we have achieved over the past six years. We further undertake that in the normal course of business we aim to turnaround all work in under five hours.
- We do have an ‘urgent flag’ system so that users can identify Tasks that are urgent and need to be processed first.

AAMT/AHDI service levels

- Whilst we are happy to agree to meet the AAMT 98.5% standard and to sign an agreement to that effect. However, we hold ourselves to a higher (and in our view more meaningful quality standard):
- The ’98.5%’ rule says that a letter is of acceptable quality if 1.5% of the keystrokes in it are wrong. But what does that mean?
- If we take an average letter as being around 15 lines long that is around 1,000 characters. Under the rule 15 of those characters may be incorrect and the letter is counted as good (1.5% of 1,000).

- In that letter maybe 10% of the typing is really medical (such things as drug names, dosages, clinical conditions etc.- the difficult words that you need a specialist medical transcription company to type) whilst the other 90% are common English words ('the patient came into the hospital' etc- not difficult to get right).
- You would hope that the typist would get the common English words correct (they are not difficult for an English speaker!) so if we assume that those will be typed correctly then the letter would be acceptable if, of those 100 characters that make up the medical words (10% of 1,000), 15 of them were typed incorrectly!
- This is an example of, what we view to be, an arbitrary rule on quality that does not provide a quality standard in line with that required by the customer.
- We do not believe in acceptable error rates- either a letter is right, or it is wrong. There is no point in a letter being 99% correct if the 1% is a drug name.

Operations and Support

- Support is available 24/7 by both Telephone and email. There is a one-hour response time 8.30-5.30 Mon-Fri and a four hour email response time outside of this. We have achieved 100% compliance with this over the past six years.
- Each Trust has a dedicated account manager allocated to them who is the primary point of contact and is in charge of operational provision to that Trust. We have found this to be an effective method as it enables Trust staff to establish a relationship with a human being at our organisation and our account manager to gain a full understanding of the day-to-day requirements at the Trust.
- The account manager takes a proactive approach to support. She monitors the account, looking for any unusual activity or issues that occur on it and will get in touch in order to discuss these if found (e.g. if a number of similar questions are coming into support from secretaries it may indicate that further training is required, or if a department suddenly increases or decreases usage). Besides this, the account manager will contact each manager at least fortnightly (more at the outset) in order to check that they are happy and to see if any issues have arisen. Reports are also provided to the Trust managers in more formal quarterly meetings- these can also be set to occur more or less often as required.
- If an issue requires escalation, then there are two individuals who can be contacted. The first escalation level would be to the dedicated account manager, and then, if the Trust was not satisfied, then to James Fellowes the CEO of DICT8.
- We have developed a bespoke CRM system that integrates closely into the core DICT8 system and allows us to closely monitor user activity and all contacts with them. The reports and dashboards that this system presents are closely monitored at board level in order to ensure that customer support (as well as general customer satisfaction) is kept at a very high level. All of these systems have been independently audited and accredited to ISO9001.

Availability

- The DICT8 system is available at all times and the IT infrastructure has multiple redundancies built in to ensure 99.99% uptime. Account managers and support are available during working hours immediately and on a 4-hour delay outside of working hours- although on the whole they will respond immediately apart from at extreme anti-social hours. The support Contract covers all components of the system as standard.

Data Security and Information Governance

Confidentiality

- The DICT8 system is secure and all information, whether it contains Patient Identifiable Data or not, is kept confidential.
- The security design principles for the DICT8 products are based on the requirements for all public-sector IT systems within the UK and specifically the NHS. The security system is robust on several levels and stems from the simplicity of the system. DICT8 is an ISO27001 accredited organization.
- The system is Caldicott rule compliant and we are registered with the ICO.
- All transcribers have signed a data confidentiality agreement as per the UK Data Protection Act 1998 and the GDPR.
- Username / Strong password combinations (with MFA) are required to access each area of the DICT8 system.
- Any transcription is visible only to the allocated transcriber, the originating doctor and to delegated secretaries within the trust (specified by the Doctor).
- Once the transcriber has finished the transcript, the task is entirely removed from their system.
- All voice files are securely streamed via 256-bit encryption and not retained on the computer they are streamed to.
- We do not store patient information; only the information in the transcription.
- Data does not go outside of the UK at any stage.

Data Transmission

- All data is sent to and from the DICT8 servers via HTTPS, encrypted (256-bit using a 2048 bit key) and verified (digitally signed).
- DICT8 supports TLSv1.2+ cryptography standards. Support for SSL has been discontinued as it is no longer considered secure.
- SHA-2 hashing for all certificates
- The DICT8 servers sit behind a password protected hardware firewall.
- All servers are dedicated (i.e. not shared with third parties) and have UPS.
- All accounts are protected with strong passwords, and passwords are changed on a regular basis.
- Virus protection is implemented at the point of the firewall and on the data server.
- The only time the doctor will need to download from our server onto their computer will be in the generation of the transcript (an .rtf file that is incapable of carrying any executable code).
- All data can be transmitted through ports that are currently open on the Trust firewall thus there is no need to open any further ports.
- DICT8 has an HCSN connection for PAS/EPR interfacing.

Physical security and integrity

- The servers sit in the UK within a physically secure facility with 24/7 security guards and access controls. Full details are within the Rackscape SOA.
- Physical access to servers is restricted and is compliant with PCI, DSS, ISO27001 and SAS70 standards.
- All data is stored across multiple data volumes using RAID 5 technology.
- All data is replicated in real-time to a second location for Disaster Recovery purposes.
- A daily backup is performed on all data.

- Attempted security breaches are logged and periodically audited. There have been no breaches during the history of the company.
- All critical services are monitored 24x7x365.
- No permanent record of the clinical correspondence is retained by DICT8, our employees or any other party associated with us.

Continuity of service and Disaster Recovery

- We are compliant with ISO/IEC 27031 Guidelines for information and communication technology readiness for business continuity. This has been integrated into our ISO27001 ISMS accreditation. We assess the following categories: Key competencies and knowledge, Facilities, Technology, Data, Processes and Suppliers.

DPA, NHS Code of Practice, GDPR and the DSP Toolkit

- We are compliant with the above and registered with the ICO: Z8997879.
- We have not had any breaches under the DPA and are fully compliant with it.
- Our legal and regulatory compliance is audited to ISO 27001, and a copy of the Legal compliance schedule is as appended.
- We have filled, and are compliant with, the INHS DSP Toolkit.

Transfer of information outside of the EEA

- No data goes, is transported, stored or processed in any way outside of the UK. We have safeguards in place including IP locks in order to ensure that this is the case.