



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report – Ionising Radiation (Medical Exposure) Regulations 2017

Spire Murrayfield Hospital (Edinburgh) and Shawfair  
Park Hospital

Spire Healthcare Limited

7 and 17 February 2022

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# About our IR(ME)R inspections

## Our approach

Healthcare Improvement Scotland has a statutory responsibility to provide public assurance about the quality and safety of healthcare through its inspection activity.

The quality of care approach and the quality framework together allows us to provide external assurance of the quality of healthcare provided in Scotland.

- **The quality of care approach** brings a consistency to our quality assurance activity by basing all of our inspections and reviews on a set of fundamental principles and a common quality framework.
- **Our quality framework** has been aligned to the Scottish Government's *Health and Social Care Standards: My support, my life* (June 2017). These standards apply to the NHS, as well as independent services registered with Healthcare Improvement. They set out what anyone should expect when using health, social care or social work services.

We have aligned the Ionising Radiation (Medical Exposure) Regulations 2017 to the quality framework.

## How we inspect services that use ionising radiation for medical exposure

The focus of our inspections is to ensure each service is implementing the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. Therefore, we only evaluate the service against quality indicators that align to the regulations.

## What we look at

We want to find out:

- How the service complies with its legal obligations under IR(ME)R 2017 and address the radiation protection of persons undergoing medical exposures.
- How well services are led, managed and delivered.

After our inspections, we publish a report on how well a service is complying with IR(ME)R and its performance against the Healthcare Improvement Scotland quality framework.

Healthcare Improvement Scotland IR(ME)R Inspection Report  
Spire Murrayfield Hospital (Edinburgh) and Shawfair Park Hospital:  
7 & 17 February 2022

More information about the quality framework and quality of care approach can be found on our website:

[www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)

# Summary of inspection

## About our inspection

We carried out an announced inspection to the Spire Murrayfield Hospital (Edinburgh) on Monday 7 February 2022 and Shawfair Park Hospital, Edinburgh on Thursday 17 February 2022. We spoke with a number of staff including the director of diagnostics, the deputy imaging manager, IR(ME)R policy lead, consultant radiologist, radiographers and the hospital director. The inspection team was made up of two inspectors.

While both hospitals are part of Spire Healthcare Limited, the chief executive has delegated all responsibility in relation to IR(ME)R for Spire Murrayfield Hospital (Edinburgh) and Shawfair Park Hospital to the hospital director of Spire Edinburgh Hospitals.

Spire Edinburgh Hospitals offers plain film, computerised tomography (CT) mammography and nuclear medicine. The focus of this inspection is the imaging department.

## What we found

### What the service did well

- Clear governance structures are in place and we saw evidence of the comprehensive review of near misses and incidents.
- We saw a positive safety culture and staff felt confident reporting incidents and near misses.
- The five point identification checks are completed for all patients, which includes site and laterality (part of the body to be exposed and side of the body).
- The audit schedule is robust and includes a mix of clinical and non-clinical audits.

### What the service needs to improve

- Mechanisms must be in place to ensure all staff have an appropriate record of entitlement.

Detailed findings from our inspection can be found on page 8.

## **What action we expect Spire Edinburgh Hospitals to take after our inspection**

This inspection resulted in one requirement and three recommendations. Requirements are linked to compliance with IR(ME)R. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by Spire Edinburgh Hospitals and is available on the Healthcare Improvement Scotland website.

[https://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ionising\\_radiation\\_regulation.aspx](https://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ionising_radiation_regulation.aspx)

Spire Edinburgh Hospitals must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at the radiology department, Spire Murrayfield Hospital (Edinburgh) and Shawfair Park Hospital, for their assistance during the inspection.

# What we found during our inspection

## Outcomes and impact

This section is where we report on what key outcomes the service has achieved and how well the service meets people's needs.

### Domain 1 – Key organisational outcomes

High performing healthcare organisations identify and monitor key measures that help determine the quality of service delivery and the impact on those who use the service or work with the service.

IR(ME)R requires that those who refer for a patient to be exposed to medical radiation, those who operate equipment and those healthcare professionals (medical and non-medical) who justify that the procedure is necessary, must be adequately trained and entitled to do so. Entitlement is given to each person involved in the process by the employer.

### What we found – fulfilment of statutory duties and adherence to national guidelines

#### Entitlement

The process of entitlement sets out the scope of practice an individual can carry out, such as the types of referrals, operate equipment and carry out clinical evaluations. Their scope of practice depends on the individual's qualifications, role, training and experience and can change over time, following additional training or moving to a new role. The individual is required to work within their scope of practice.

Employer's procedures 2, 3 and 4 all provide guidance on the entitlement process, the roles and responsibilities and the scope of practice within each role. EP1 states that the IR(ME)R policy lead entitles GPs that are registered in the hospital information system.

EP4 (Training and training records of entitled duty holders) states that it is the responsibility of the director of clinical services to ensure all medical staff are appropriately trained to conduct their roles in compliance with IR(ME)R. It also states that each radiographer must be adequately trained for each duty they carry out. Written records must be signed by the radiographer and the diagnostic imaging manager. This document will form the scope of entitlement



for the radiographer. We saw these documents were in place and consistent with the roles of the individual.

All medical staff practicing at Spire Edinburgh Hospitals must be members of the hospital medical society before they are entitled to refer. They must provide evidence of their roles and responsibilities in the NHS to become a member of the society. This evidence is reviewed by the lead radiologist and signed-off by the hospital director. As part of the appraisal process all medical staff complete form 4 – for those practicing at Spire Edinburgh Hospitals this must include their role in independent hospitals as well as their NHS roles. Membership of the hospital medical society is reviewed at hospital medical advisory committee meetings that take place four times each year and are attended by the lead radiologist, hospital director and other medical leads.

All radiologists who are Fellows of the Royal College of Radiologists are entitled to carry out justifications and clinical evaluations. A radiologist is a doctor who is specially trained to interpret diagnostic images such as x-rays and CT scans.

### Referral

Referrals are received from a variety of sources from within the hospital, from the community and from private insurance companies. Staff can check the role of a referrer by reviewing a list of entitled medical staff. Referrals are received internally on a paper referral form. External referrals are received electronically. All referrals are scanned onto the radiology information system. If a duplicate referral is received, the radiography information system will indicate this.

EP1 (Identification of individuals entitled to act as a referrer for medical exposures and the establishment of referral criteria) states referrers must take into account the Royal College of Radiologists 'Making the Best use of Clinical Radiology Services' when making a referral. We were told that no issues are experienced with the quality or clinical reason of referrals.

Another group of staff who are entitled to make referrals are non-medical referrers, healthcare professionals who are not doctors or dentists. Each non-medical referrer has their own record of entitlement. A list on non-medical referrers is easily accessible to ensure referrals are made within their scope of practice. The list also shows that the referrer is registered as a health professional with a professional body, such as Health and Care Professions Council.

## Justification

EP2 (Identification of individuals entitled to act as a practitioner) provides guidance on who can justify medical exposures. Cardiac catheterisations referrals are justified by consultant cardiologists and sentinel node probe referrals are justified by the Administration of Radioactive Substances Advisory Committee (ARSAC) licence holders. Radiographers justify plain film referrals and radiologists review all other referrals to ensure sufficient information. We are assured staff would choose the correct protocol for the medical exposure and processes are in place to demonstrate staff are entitled to justify and they are adequately trained to do so.

All clinical information is reviewed when justifying a referral. If insufficient information is provided, the referral would be returned. A new referral must then be submitted. We were told an external referral must be justified before the patient is offered an appointment. All justifications are recorded on the radiology information system and the practitioner who made the decision is clearly identified.

Radiographers check for any previous exposures carried out by Spire Edinburgh Hospitals before carrying out an exposure. Staff do not have access to any previous exposures carried out by an NHS board and rely on information from the patient if any previous imaging has been carried out elsewhere.

EP3 (Identification of individuals entitled to act as an operator) provides guidance on which exposures can be evaluated by each group of medical staff. Radiologists can evaluate all diagnostic radiology exposures and record their clinical evaluation on the radiology information system. Consultant cardiologists evaluate cardiac catheterisation and record the results in a patient's clinical notes. Radiographers can only provide clinical evaluations on orbits. This is also recorded on the radiology information system.

## Records

We looked at information recorded on the radiography information system and noted most patient records included:

- the correct patient information
- details of the referrer and operator
- identification checks
- pregnancy checks
- the recorded dose
- justification, and
- clinical evaluation.

Radiography staff could describe the checks they would carry out before recording information.

### **What needs to improve**

While we are assured by the process in place around securing membership on the hospital medical society, it did not include individual certificates of entitlement for medical staff. We also noted GPs are not provided with an entitlement letter to allow them to refer (requirement 1).

Employer's procedures do not clearly explain the role of the hospital medical society and how it ensures medical staff are appropriately trained and experienced to be entitled as operators and practitioners (recommendation a).

While staff told us regular checks on documentation held in the radiology information system took place, we saw gaps in the recorded documentation. Such as, missing pregnancy check questionnaires and dose. We were told this had been identified during a recent audit and steps are being taken to mitigate this happening again in the future.

### **Requirement 1**

- Spire Edinburgh Hospitals must ensure all referrals are made from medical staff who are entitled to do so.

### **Recommendation a**

- Spire Edinburgh Hospitals should clarify the role of the hospital medical society in its employer's procedures in assuring medical staff are trained and experienced in their scope of practice.

## Service delivery

This section is where we report on how well the service is delivered and managed.

### Domain 5 – Safe, effective and person-centred care delivery

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

### What we found – safe delivery of care

#### Safety culture

We were told about a positive culture and staff felt confident to report mistakes. While no incidents had taken place that were required to be reported to Healthcare Improvement Scotland in 2021, the procedures for reporting, investigating and learning from incidents was clearly understood by all staff we spoke with.

The clinical governance team review all incidents and near misses and provide analysis to the diagnostic imaging manager. Any learning is shared with staff using email, safety bulletins and updates at team meetings to ensure similar incidents do not happen again.

We saw PAUSE posters prominently displayed in each clinical room in the radiology department to remind staff to take the time when carrying out appropriate checks before carrying out patient exposures.

#### Employer’s procedures

Spire Hospitals Edinburgh has a duty under IR(ME)R to develop written procedures commonly referred to as employer’s procedures. These are intended to provide a framework under which professionals can practice. Each organisation must appoint an IR(ME)R lead who will take responsibility for the implementation of systems and processes to ensure statutory requirements are being met.

The IR(ME)R policy lead is responsible for the implementation of the employer’s procedures. Spire Edinburgh Hospitals has one level of employer’s procedures, supported by local rules that outline site based operational approaches. A

template has been developed by Spire Healthcare Limited to provide consistency across all hospital sites, while allowing for local adaptations.

Local changes made to employer's procedures must be signed by the director of diagnostics. Employer's procedures are stored on the shared drive and a paper copy is kept in the department. Radiographers are responsible for ensuring these are kept up to date – this is checked every month. Employer's procedures are reviewed every 2 years by the IR(ME)R policy lead and are to be reviewed in 2023.

All new staff must read the employer's procedures and sign to acknowledge this has taken place, as will existing staff if revised procedures are developed.

### Patient identification

EP6 (The correct identification of individuals to be exposed to ionising radiation) provides guidance about identification checks to be asked of all patients before any exposure. It clearly sets out a five point check, which includes site and laterality (part of the body to be exposed and side of the body). A new method of recording was introduced requiring checkboxes to be ticked on the referral form to indicate all five questions have been answered – this is a positive addition to the identification check box on the radiology information system. All staff we spoke with were clear about the identification and recording process. If any discrepancies are identified during the identification checks, radiographers told us they would return the referral to the referrer and await a new referral.

### Risk benefit conversations

EP21 (Provision of information relating to benefits and risks associated with the radiation dose from the exposure) details how information is made available for patients about the risks and benefits associated with an exposure. We were told that while radiographers do not discuss possible risks with patients, they will answer any questions.

We saw information posters displayed in prominent places throughout the department and in the changing areas. Patients who are attending a CT colonoscopy are also provided with a leaflet, which includes information about dose and the associated risks.

### Making enquiries of individuals who could be pregnant

EP7 (Establishing whether female patients of child bearing age may be pregnant) provides guidance for carrying out pregnancy checks before any exposure. Radiographers told us that females between the ages of 12 and 55 who are to undergo a radiological examination below the diaphragm or above

the knee complete a pregnancy check form. We were told the posters and procedures are being updated to reflect gender neutral language.

The procedure clearly states pregnancy must be ruled out before carrying out any exposure. If a patient is confirmed to be pregnant, the radiologist will make the final decision about whether to proceed. All staff we spoke with told us that an exposure would not go ahead if a patient was confirmed to be pregnant. All patients undergoing a surgical procedure in theatre have their pregnancy status confirmed in advance.

A radiographer told us completed pregnancy check forms are scanned into the radiology information system, alongside the pregnancy declaration form, signed by the patient. Most records we saw had relevant checks recorded.

We saw information posters prominently displayed in the changing rooms of the department, highlighting the need to inform a member of staff of any possibility that a patient may be pregnant.

#### Carers and comforters procedures

EP20 (Establishment of appropriate dose constraints for carers and comforters) provides clear guidance on the authorisation of an exposure to a carer or comforter. While we were told it is extremely rare that a carer or comforter would be required due to the nature of the patients being seen by the service, radiographers told us they understood the procedure. They also told us that the carer or comforter would be required to wear a lead apron and a dose monitor, and the name of the person and the dose they received would be recorded.

#### General duties in relation to equipment

Quality assurance checks are carried out on all equipment. The frequency of the required checks is clearly documented and complied with.

Spire Edinburgh Hospitals have a 'super user' approach to training for new equipment. Radiographers receive specialist training from the radiography application specialist – once this training is complete, this group of staff are deemed competent to provide training to others. Any additional training is sought from the specialist, as required, to ensure the most effective use of equipment. Staff are assessed before using any equipment for the first time in Spire Edinburgh Hospitals, even if they have extensive experience in a previous role.

Team leads have received intensive training on equipment directly from manufacturers' application specialists during the installation process. This enables them to competently and effectively train other users. Team leads, who

have been employed since the equipment, was installed are trained on a cascade basis, which originated from the original super user applications training. All new equipment has been procured with 'applications for life' support, which is consistent with our expectation that training is provided by experts. Older equipment is scheduled to be replaced.

Quality assurance checks on equipment are completed by radiographers, except bank staff who only have a supporting role. Radiography staff who perform these checks are trained to do so by a senior radiographer (referred to as a team lead) as part of their competency sign-off.

Radiographers told us if an equipment fault is suspected during clinical use, additional quality assurance checks are carried out. If the quality assurance check confirms an issue, the engineer is informed. If the equipment performs well, the director of diagnostics and deputy imaging manager are informed.

The medical physics expert told us that staff are aware of the national guidance on types of dose and levels for suspension of equipment. They also told us staff would use their clinical judgement to determine when the equipment has delivered too high a dose.

An equipment inventory records the name of the manufacture, serial number and year of manufacture for all equipment. Equipment is replaced regularly, usually once it is 10 years old. We also saw evidence of this process as the fluoroscopy machine was no longer producing images of a high enough standard and a replacement is being sought. Funding can be released to purchase new equipment if it is not automatically replaced as part of the general replacement cycle. The medical physics expert is involved in all decisions about new equipment.

### Optimisation

Image optimisation is the balance between the lowest dose and the image quality that is clinically suitable. Medical physics experts use dose audit information to set local dose reference levels for all equipment. These are prominently displayed beside relevant equipment. Adult dose reference levels have been established for standard sized patients for common x-ray imaging examinations.

We saw the new CT scanner did not have local dose reference levels, however we were told the medical physics expert will support the development of these when adequate dose information is available.

A dose audit is carried out each year by the medical physics expert. This is more often than the minimum standard of an audit every 3 years as specified in national guidance.

#### Accidental or unintended exposure

EP15 (The recording and investigating of incidents in which a patient receives a dose that' is greater than intended) provides guidance on reporting incidents and near misses. It provides information on roles and responsibilities, how to carry out an investigation and the reporting mechanism. The medical physics expert provides a report for the director of diagnostics that includes the assessment of dose and information regarding the radiation risk. The procedure also references the criteria for making statutory notifications.

Staff told us they are encouraged to report incidents and near misses. Learning is shared to help prevent future incidents. While no incidents or near misses were reported in the previous year, staff we spoke with were all clear on the procedures for reporting, investigating and learning from incidents.

#### What needs to improve

We saw no evidence of a formal multidisciplinary approach to dose optimisation either locally or corporately. While we don't have any immediate concerns and we saw evidence of an informal multidisciplinary optimisation approach when the new CT scanner was delivered, COMARE 16<sup>1</sup> recommends dose optimisation teams are established to provide a multidisciplinary approach to dose optimisation (recommendation b).

Radiographers are trained to carry out quality assurance check, however documentation to evidence that radiographers are deemed competent is not currently included in the competency forms.

We found multiple occasions where the employer's procedures should be updated. These include:

- Point 6 in EP8 indicates that deviation from procedures is permitted – this could be reviewed.
- Update EP14 to reflect the reality that radiographers are entitled to refer.

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<sup>1</sup> Committee on Medical Aspects of Radiation in the Environment (COMARE): 16<sup>th</sup> Report. Public Health England. 14 August 2014.



- EP15 should clearly state the role and function of the medical physics expert responsible for IR(ME)R and the radiation protection advisor who consults on IRR matters.
- Update EP15 and EP22 to reference SAUE, ensure all legislation referred to is up to date and ensure the term ‘clinically significant’ is clearly defined. It must also include details for incident notification to Healthcare Improvement Scotland.
- EP19 refers to the gender of the director of diagnostics – all roles should be gender natural in all employer’s procedures.
- The outdated term medico legal should be replaced in EP10. EP10 could be replaced by EP23 as there is overlap.

We were told about a radiology event and a learning meeting that was to be established before the pandemic. This has not been set up yet and would provide a valuable learning opportunity for radiologists.

- No requirements.

### **Recommendation b**

- Spire Edinburgh Hospitals should create a multidisciplinary image optimisation group to ensure effective dose optimisation.

## **Domain 6 – Policies, planning and governance**

High performing healthcare organisations translate strategy into operational delivery through development and reliable implementation of plans and policies, and have effective accountability, governance and performance management systems in place.

### **What we found – policies and procedures**

Employer’s procedures state that the Spire Healthcare chief executive officer delegates all duties in respect of IR(ME)R to the Spire Edinburgh Hospitals hospital director. They are supported by the IR(ME)R policy lead, the director of diagnostics and the medical physics expert. The IR(ME)R policy lead is responsible for the implementation of employer’s procedures.

### **What we found – risk management, audit and governance**

The IR(ME)R policy lead told us they are assured about the implementation of IR(ME)R through a regular review of the competencies and training for staff. Monitoring of the quality assurance of equipment and oversight of audits and actions emerging from these provides assurance.

Spire Edinburgh Hospitals have several committees and groups that support safety in relation to IR(ME)R. These include:

- A hospital radiation safety committee meets every 6 months. It is attended by the hospital director, medical physics expert, IR(ME)R policy lead, director of diagnostics and the deputy imaging lead. IR(ME)R related incidents and policy decisions are discussed.
- A health and safety governance committee, chaired by the hospital director, meets every 4 months. IR(ME)R issues such as protection in theatres and policy changes are discussed at this meeting.
- A hospital radiation protection committee chaired by the IR(ME)R policy lead. The main points from this meeting are fed back to the hospital director. It also feeds into the clinical governance meeting.
- A clinical effectiveness committee takes place every month and brings together heads of department. It includes a review of incidents and a joint safety briefing.
- A clinical governance committee meets every 3 months attended by senior staff including the IR(ME)R policy lead. A thematic analysis and root cause of incidents and near misses is shared at this committee as well as governance issues.

Other regular meetings that support IR(ME)R include:

- The hospital imaging leadership team meet every 2 weeks to discuss matters relevant to department operation, patient care and staffing.
- A rapid response meeting takes place every week on each site where any incidents are discussed.
- A morning safety briefing take place every day to allow any near misses and learning to be discussed as quickly as possible.

Spire Edinburgh Hospitals has a national clinical specialist for imaging who holds regular meetings with the director of diagnostics. They also lead on corporate decisions, share new developments and promotes good practice from medical exposures with imaging managers.

### Clinical audit

The frequency, detail and required outputs from all clinical audits is set out in the in-house IT audit system. Other clinical audits include regular monitoring of the recording of pregnancy checks, reject analysis and completion of clinical evaluations. Audits are also carried out on the completion of recorded

documentation, active observation on the completion of the five point identification checks. Audit results, and any actions, are shared at monthly department meetings to promote improvement based on learning.

### **What needs to improve**

Spire Hospitals Edinburgh could consider a wider scope of audits. Examples can be found on the Royal College of Radiologists on webpage AuditLive. It provides an audit framework identifying best practice in key stages of the audit cycle.

- No requirements.
- No recommendations.

## **Domain 7 – Workforce management and support**

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

### **What we found – staff recruitment, training and development**

#### **Expert advice**

Medical physics expertise is contracted from IRS Limited. The medical physics expert is appointed by letter by Spire Healthcare. They provide advice in relation to compliance with IR(ME)R and are involved in a variety of areas such as:

- commissioning of new equipment
- acceptance testing of new equipment
- local dose reference levels
- dose monitoring, and
- analysis of incidents.

The medical physics expert also provides advice on whether or not an incident requires to be reported to Healthcare Improvement Scotland. They told us they will also be involved in establishing local dose reference levels for the new CT scanner, when purchased.

They provide Spire Healthcare with an annual report. Staff told us the medical physics experts are easily contactable if required for advice and support.

## Training

We saw comprehensive training records in place for staff involved in medical exposure to radiation. Once a radiographer qualifies, they are provided with an induction and ongoing training.

We were told operators must be trained on each specific piece of equipment. While we acknowledge two radiographers have been given specialist training on new equipment, the majority of training on existing equipment was based on support by peers.

Radiographers maintain their own continual professional development as part of their professional registration.

Student radiographers are provided with observational placements at the start of their training. They do not have an active role in undertaking exposures.

Radiologists' training and continual professional development is managed through their annual appraisals and medical revalidation process with their respective NHS boards and monitored by the governance team as part of their membership of the hospital medical society.

## What needs to improve

No formal calculation has been carried out on medical physics expertise required to support the Spire Edinburgh Hospitals. The European Federation of Organisations for Medical Physics Policy Statement No. 7.1 provides guidance on the roles, responsibilities and status of the medical physicist including the criteria for the staffing levels in a medical physics department. The guidance can be used to provide detail on how to calculate suitable and sufficient medical physics staffing levels (recommendation c).

- No requirements.

## Recommendation c

- Spire Edinburgh Hospitals should outline the medical physics expert resource required to meet the predicted service needs.

## Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of a service to comply with the Regulations. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 1 – Key organisational outcomes	
Requirement	
1	Spire Edinburgh Hospitals must ensure all referrals are made from medical staff who are entitled to do so (see page 11).  <i>Regulation 6(1)a Ionising Radiation (Medical Exposure) Regulations 2017</i>
Recommendation	
a	Spire Edinburgh Hospitals should clarify the role of the hospital medical society in its employer's procedures in assuring medical staff are trained and experienced in their scope of practice (see page 11).

Domain 5 – Safe, effective and person-centred care delivery	
Requirements	
	None
Recommendation	
b	Spire Edinburgh Hospitals should create a multidisciplinary image optimisation group to ensure effective dose optimisation (see page 17).

<b>Domain 7 – Workforce management and support</b>	
<b>Requirements</b>	
None	
<b>Recommendation</b>	
<b>c</b>	Spire Edinburgh Hospitals should outline the medical physics expert resource required to meet the predicted service needs (see page 20).

## Complaints/Concerns

If you would like to raise a concern or complaint regarding any aspect of the inspection then please discuss this with the lead inspector in the first instance.

If there is a concern or complaint about the conduct of an inspector please contact Kevin Freeman-Ferguson, Head of Service Review, [kevin.freeman-ferguson@nhs.scot](mailto:kevin.freeman-ferguson@nhs.scot) in the first instance to discuss your concerns in more detail.

Alternatively, Healthcare Improvement Scotland has a complaint and feedback service that can be contacted directly. Details can be found on our webpage [http://www.healthcareimprovementscotland.org/about\\_us/contact\\_healthcare\\_improvement/complaints.aspx](http://www.healthcareimprovementscotland.org/about_us/contact_healthcare_improvement/complaints.aspx)

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