



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# **Announced Inspection Report – Ionising Radiation (Medical Exposure) Regulations 2017(IR(ME)R)**

Golden Jubilee National Hospital

NHS National Waiting Times Centre

16–17 January 2020

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Healthcare Improvement Scotland Ionising Radiation (Medical Exposure) Regulations  
Inspection Report

Golden Jubilee National Hospital, NHS National Waiting Times Centre: 16–17 January 2020 2

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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 of care 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 of care 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 and addresses the radiation protection of persons undergoing medical exposures, and
- how well the service is led, managed and delivered.

After our inspections, we publish a report on how well a service is complying with the Ionising Radiation (Medical Exposure) Regulations and its performance against the Healthcare Improvement Scotland quality of care framework.

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 Golden Jubilee National Hospital, NHS National Waiting Times Centre, on Thursday 16 and Friday 17 January 2020. We spoke with a number of staff including the chief executive, medical director, head of radiology, radiologists, radiographers and the medical physics expert. The inspection team was made up of two inspectors.

Golden Jubilee National Hospital offers plain film and computed tomography (CT). The focus of this inspection was is the imaging department.

The medical director has been appointed IR(ME)R lead and provides leadership and oversight for the implementation of IR(ME)R within the NHS board. The medical director is supported by a lead radiologist and the head of radiology. The lead radiologist and head of radiology work together to ensure that the NHS board meets its obligations under IR(ME)R.

## What we found

### What the service did well

- The radiology services were well led and there was a positive safety culture within the radiology team for radiation protection of persons undergoing medical exposure.
- All staff were fully aware of their roles and responsibilities in relation to radiation protection of persons undergoing medical exposure.

### What the service needs to improve

- The development of further guidance to clearly identify the practitioners, operators and those authorised under protocol on the radiology information system.
- Clinical audit of private radiologist services.

## What action we expect NHS National Waiting Times Centre to take after our inspection

This inspection resulted in six requirements and two recommendations. Requirements are linked to compliance with IR(ME)R 2017. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website.

NHS National Waiting Times Centre 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, Golden Jubilee National 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

NHS National Waiting Times Centre employer procedure (EP 1.1) states 'the IRMER lead is responsible for entitling all referrers for medical exposures carried out in GJNH'. The lead radiologist also has responsibility for entitling practitioners, operators and non-medical referrers. This role is supported by the head of radiology.

As entitlement is a process required by the regulations, the individual's scope of practice is set out in a formal letter. An individual's scope of practice can change over time, such as following additional training.

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.

Radiographers are entitled, depending on their training, to act as operators and authorised under protocol to authorise plain film x-rays. The consultant radiologist retains the role of practitioner. In practice, the radiographer undertakes the review of the information from the referrers and authorises



patient exposure. All staff we spoke to were very clear on their roles and responsibilities in relation to their own entitlement. Non-medical referrers can also be entitled to interpret images. To be entitled to interpret images, the individuals require to undertake an assessment to demonstrate their competencies. This applies to nurses and some allied health professional to interpret plain film.

## **Referral**

A referral can only be made by a person who is entitled to do so. Referrals will come into the radiology department from a variety of sources, both within the hospital and from other NHS Boards throughout Scotland. NHS National Waiting Times Centre provides access to imaging services for other NHS boards.

Referrals from other NHS boards will have already been reviewed by the referring NHS board before the request is sent to NHS National Waiting Times Centre. These referrals will still be subject to review when they arrive at the Golden Jubilee National Hospital. Referrals from within the Golden Jubilee National Hospital will be through the electronic radiology information system.

Hospital-based medical staff can refer for all imaging. In addition, individuals who are not doctors can also refer patients for plain film (x-ray) and these are known as non-medical referrers.

When a non-medical referrer makes a referral this is clearly identified in the radiology information system (RIS). This allows the radiographers to cross-check these names against the approved non-medical referral list. We reviewed a number of records and confirmed that this system was in place. Radiographers confirmed that they could access a list of non-medical referrers to check their scope of practice, if required to do so, prior to carrying out a procedure. The radiology information system used in Golden Jubilee National Hospital has good control measures in place and only allows those individuals who have been approved as a non-medical referrers to make a referral.

## **Justification**

Radiologists review all referrals, other than plain film, to ensure that there is sufficient information to be able to justify the referral. They would also choose the correct protocol for the medical exposure of ionising radiation.

Radiographers can authorise under protocol plain film (x-ray) exposure.

We were told that if there was insufficient information, the radiologist or radiographer would contact the referrer to request further information. Either additional information would then be added to the referral to allow a

justification to be made or the referrer would be asked to cancel the referral and resubmit it with more detail. When additional information is not provided or the referral is inappropriate and justification cannot be approved, the referrer will be contacted and informed of the decision.

Justification can also come in on letters for cardiology. The cardiologist will write on the letter to approve and justify the exposure and the letter will be scanned onto the radiology information system.

## **Records**

During our inspection, we looked at the information recorded on the radiography information system. We reviewed that staff had documented the following:

- patient information and ID checks
- referral information available
- details of the entitled referrer and operator
- pregnancy checks form, and
- the dose, justification and clinical evaluation was recorded.

All the radiography staff were very clear on when and where they would undertake the checks, where to record the information and what to do in the event of any concerns.

## **What needs to improve**

NHS National Waiting Times Centre currently operates two different methods for logging the justification on the radiology information system when a radiographer has authorised the exposure under protocol. For plain film exposures, the consultant radiologist is detailed as the justifier and for CT scans the radiographer's name is recorded in the justifier box. The radiology information system does not provide an option to record authorised under protocol. NHS National Waiting Times Centre must provide clarity on which method it wishes to use and ensure that the employer's procedure reflects the chosen method. Consideration should be given to be able to record an individual's role and modifying the radiology information system to allow the recording of authorised under protocol on the RIS system.

We identified that on the justification tab in the radiology information system, the record of who justified an exposure was defaulting to the last person to update the record. This resulted in the incorrect person being identified as the person who justified the exposure. There was a note of the actual individual who justified the exposure in the notes field.

We were told by radiographers that they have been asked on occasion to record the justification in the RIS system following verbal instruction from a radiologist in the radiology department. The current employer's procedure EP1.5 does not provide instruction on a method of recording the radiologist verbal justification when they are in the radiology department.

### **Requirement 1**

- NHS National Waiting Times Centre must develop guidance on the method of recording justification on the radiology information system when individuals authorise the exposure under protocol.

### **Requirement 2**

- NHS National Waiting Times Centre must ensure that the radiology information system record of justification identifies the individual who justified the exposure and is not subsequently changed when the record is subsequently accessed.

### **Requirement 3**

- NHS National Waiting Times must develop a procedure for the recording of verbal justifications provided by consultant radiologist or others who are with the radiographer.

### **Recommendation 1**

- It is recommended that the NHS National Waiting Times Centre radiology information system is modified to allow the recording of authorising under protocol in a field on the radiology information system or equivalent.

## **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.

NHS National Waiting Times Centre 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. NHS National Waiting Times Centre has responsibility for ensuring that they involve relevant specialists in their production. Once these procedures are in place, steps must be taken to ensure they are complied with.

## **What we found - safe delivery of care**

### **Safety Culture**

We spoke to the chief executive, medical director, radiographers and the lead consultant radiologist, about the culture within the radiology department. Everybody we spoke with was positive about the safety culture within the department. The chief executive stated they wanted a culture of reporting and raising issues. The lead radiologist described how there had been an improvement in the culture over the past few years.

Staff told us:

- staff work supportively and there is an open culture.
- consultants and senior staff were approachable.
- there was a positive approach to staff seeking clarity and requests for further information if required
- there was a positive culture of learning which included feedback, discussions and reflection from incidents.

### **Employer's Procedures**

There are Level 1, 2 and 3 employer's procedures in place at the Golden Jubilee National Hospital. It is a legal requirement to have procedures in place. The employer's procedures were readily available and were being reviewed and updated as required. We found a system of regular reviews and document control. The procedures were available electronically. All the staff we spoke with were familiar with the procedures and where to access them.

All staff are informed about the employer's procedures as part of their induction to the Golden Jubilee National Hospital radiology department. This is important as all the radiologists at the Golden Jubilee National Hospital work part time, working the rest of the time in another NHS board who may have different employer's procedures.

The modality leads are responsible for monitoring the implementation of the IR(ME)R procedures. In addition, there are radiation protection supervisors who as part of their role support the implementation of IR(ME)R. The medical physics expert will also audit the quality assurance reports.

### **Patient identification procedures**

All staff spoken with were familiar with the patient identification procedure EP 2.1 and were working in line with the procedures. They told us how they would ask the questions to correctly identify a patient, and what to do if the patient could not communicate in English. Staff have access to interpretation services.

Staff told us the measures they use to confirm the identity of patients who could not provide this information themselves. This would include instances where the patient was unconscious or did not have capacity to consent. Staff were also clear that they would not proceed if a patient's identity could not be confirmed.

Staff also told us that they would ask all patients to confirm if they knew why they had been referred to the radiology department and ask if they had recently had an image taken. This information would be cross-referenced with the information on the radiology information system to check against duplication. In addition, a review would be undertaken on the type of exposure requested. Patient referral letters also ask patients if they have had any previous images taken and if so to inform staff. This helps prevent any duplication of exposures. Staff told us that, if required, they would do further checks or check with the referrer.

### **Making enquiries of individuals who could be pregnant**

Staff were also aware of the employer's procedures EP 1.8 and where they would go to for support and advice if required. Staff use an employer's procedure to correctly identify individuals who could be pregnant. We were told that as part of every exposure where the patient is capable of child bearing, staff always ask if the patient could be pregnant. If the patient can confirm they are not, the patient will sign a declaration which is then recorded onto the radiology information system. All the staff we spoke with described the process and where this information is recorded in line with the employer's procedure.

Golden Jubilee National Hospital has a good system to demonstrate that the benefit and risk discussion with patients who were known to be pregnant is recorded. The information is made readily available to the radiographer. The radiography staff told us that the benefit and risk conversation was recorded on a form in the referral information. The form was very clear and required to be

signed by the referrer that the benefit and risk conversation had been undertaken. It would also be signed by the radiologist and radiographer.

### **Carers and comforters procedures**

NHS National Waiting Times Centre has an employer's procedure on carers and comforters EP2.10. All staff were familiar this employer's procedure. Staff could describe the justification procedure and the form to be completed before a carer or comforter could be exposed, and where to save the information.

### **General duties in relation to equipment**

We were shown an equipment inventory spreadsheet which details all the radiology equipment. The spreadsheet included details on the installation date and age of the equipment. The service history was available for all equipment and there was evidence of a planned preventative maintenance programme. The spreadsheet highlights equipment that is due for replacement. Equipment that is highlighted as needing replaced would be linked to financial planning for equipment replacement. The chief executive was aware of the need to replace some equipment and this had been discussed at the executive team meeting.

We were told about the quality assurance procedures for equipment and shown the records of the quality assurance checks. These assurance checks are carried out by radiography staff daily, weekly and monthly. Staff were able to describe the process for when a piece of equipment fails a quality assurance check. This includes asking for support from the medical physics expert and calling the engineer out to repair a piece of equipment.

We saw that when an engineer visits there were clear handover procedures in place to ensure the equipment was quality assured before it is put back in to service. All staff could describe this handover procedure and completed records were available in the department. All staff told us they would also undertake a quality assurance check before the equipment was used on patients following a visit from a service engineer.

### **Optimisation**

Dose optimisation is the balance between the lowest dose and the image quality that is clinically suitable. All the operators we spoke with could describe how they would select the correct protocol for the intended purpose. The radiologists we spoke with described how they calculate image quality with as low as dose as reasonably practical when justifying an exposure. The lead radiologist stated that the radiologists will always consider an alternative to exposure to ionising radiation, where appropriate. They told us that they would

discuss non-ionising radiation options, if appropriate, with the referring medical staff and we were told this worked well.

The equipment used to expose patients to ionising radiation have a variety of protocols that help deliver standardised exposures. Exposures can be modified for adults and children and take account of different body sizes.

Following dose surveys, local dose reference levels are set. These levels provide a reference point on what the expected dose from an exposure should be. When there is variance with the dose reference level, the operator can review the different factors that affect the dose, such as patient size, and decide if the variance is appropriate. If the difference cannot be explained, the radiographer can consider what further checks are needed in discussion with their manager and medical physics expert. Where local dose reference levels are not available, the Scottish or UK national dose reference level is adopted, if available. We saw examples of local dose reference levels for upper limbs in fluoroscopy. The MPE told us about developments to gather more specific data to support local dose reference levels for lower limbs. As some pieces of equipment consistently perform better than equipment nationally, local dose reference levels are lower than the national dose reference levels. For example, the local dose reference levels for one examination was half the national limit.

We were told about a dose survey for CT Coronary Angiography (CT-CA). NHS National Waiting Times Centre had two pieces of equipment that they undertook CT-CA examinations on. The older machine had a higher dose than the newer machine for the same outcome. As a result of the dose survey, it was decided that all CT-CAs would be undertaken in the newer machine. This was a good example of using the dose survey data to reduce the patient exposure dose while achieving the same outcomes.

### **Accidental or unintended exposure**

All staff spoken with were aware of and understand the employer's procedure EP 1.15, on reporting incidents. All staff told us that they felt they were encouraged to report any incidents. The medical physics expert is notified of incidents and provides advice on the equivalent dose and if the incident needs to be reported to the regulator. All incidents are investigated and those involved are informed when an incident occurs.

All staff spoken with said that incidents were used to support learning and that learning was often shared. Incidents can be reported through both the radiation and clinical governance meeting structures and shared more widely if appropriate. For example, the medical director told us about a recent IR(ME)R



incident that was discussed at the risk management committee. The medical physics expert provides an annual report that provides details of all incidents to the radiation safety committee.

### Requirements

- No requirements.

### Recommendation

- No recommendations.

## 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 - risk management, audit and governance

In radiology there is a radiology clinical governance meeting. This provides the forum for radiology staff to meet and discuss a variety of issues related to IR(ME)R, such as discrepancies in the interpretation of images, recent incidents or agree consistent protocols. Staff are able to escalate any issues to the divisional clinical governance group and ultimately information can be escalated to the NHS board clinical governance group. The medical director told us that information would often be brought to his attention directly rather than waiting for the next committee meeting.

The head of radiology chairs the radiation safety meetings. These meetings link in to the radiology clinical governance meetings. IR(ME)R issues can also be escalated to the radiation safety committee, which is chaired by the medical director who is also the IR(ME)R lead. The radiation safety committee has representatives from senior managers in radiology and the medical physics expert.

The chief executive receives assurance that IR(ME)R is implemented through the NHS board clinical governance and risk committee structure that can escalate issues to the Board if required.

All the radiologists work part-time at the Golden Jubilee National Hospital. This also applies to the lead radiologist who has responsibility for IR(ME)R. Through



discussions with the medical director, it is hoped a review of future arrangements can be undertaken and options considered for increasing the lead radiologist capacity within the Board.

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

The radiation safety committee review and update the employer's procedures. The level 1 employer's procedures can only be changed through the radiation safety committee. We were told that level 2 changes are signed-off by the lead clinician, such as the lead radiologist or head of radiology. We were told Level 3 procedures can be changed and signed-off by the head of radiology. The radiation safety committee would be informed of the changes. We were told that amendments involving a change of practice would be brought to the divisional clinical governance group. For minor changes, these would be communicated through emails and team meetings to staff. We were told that radiologists or the medical physics expert would be involved, depending on the type of changes to the employer's procedure. There was an employer's procedure on document control but there was not a clear policy that detailed the roles and responsibilities for reviewing and updating the employer's procedures for level 1 to 3.

### **Outsourced services: governance arrangements**

NHS National Waiting Times Centre uses a private company to provide radiologist services for some of the clinical evaluation. The private company is used to support timely reporting of images. The lead radiologist at the Golden Jubilee National Hospital receives details of the private company radiologists for approval. As part of the inspection, we reviewed the governance for the outsourced service and discussed the service with the lead radiologist. All radiologists provided by the private company are registered with the General Medical Council. The private company undertakes its own quality assurance and provides NHS National Waiting Times Centre with this information.

NHS National Waiting Times Centre will review clinical evaluations as part of its own process. There is no policy on the scope of checks to be undertaken on the private company. If any discrepancies are identified, these can be raised with the company. There is no dedicated clinical audit for the private company.

### **Clinical audit**

Employer's procedure 1.21 outlines the clinical audits process in NHS National Waiting Times Centre. Information on clinical audits and topics is held in a standalone database. Clinical audit results are reported to the clinical governance risk management group. The employer's procedure should be clearly linked to the scope of clinical audits that are being undertaken.

The Royal College of Radiologists provides examples of clinical audits on their website that may provide information on other types of clinical audits that may be undertaken.

### **What needs to improve**

Staff were able to describe in practice who would be involved in reviewing and updating employer's procedures. However, we noted that the employer's procedure documentation did not provide the same level of clarity. NHS National Waiting Times Centre should develop clear roles and responsibilities for the review, updating and development of employer's procedures. This should include who should be involved at each stage.

NHS National Waiting Times Centre must develop an employer's procedure that includes the scope of clinical audit of purchased radiologist services. It is recommended that the policy should include what should be audited, the frequency and by whom.

### **Requirement 4**

- NHS National Waiting Times Centre require to detail in an employer's procedures the process for updating, reviewing and developing employer's procedures. This includes outlining the roles and responsibilities of the different staff groups and radiation safety committee. For Employer's Procedures 1-3.

### **Requirement 5**

- NHS National Waiting Times Centre must develop an employer's procedure that includes the role of clinical audit for outsourced radiologist services. The policy should include what is to be audited and the frequency (Regulation 7).

### **Recommendation 2**

- It is recommended that NHS National Waiting Times Centre clearly align the employer's procedure 1.21 Clinical Audits with the programme of clinical audits that are being undertaken.

## 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

NHS National Waiting Times Centre contracts medical physics expertise from NHS Greater Glasgow and Clyde. The medical physics experts are appointed by letter from NHS National Waiting Times Centre by the IR(ME)R lead. The medical physics experts provide advice to NHS National Waiting Times Centre in relation to compliance with IR(ME)R. They are involved in a variety of areas including:

- commissioning of new equipment
- quality assurance of equipment
- dose monitoring, and
- training and analysis of events.

The medical physics experts provide advice on whether or not an incident requires to be reported to Healthcare Improvement Scotland. Medical physics experts provide NHS National Waiting Times Centre with an annual report on the services provided. Staff told us the medical physics experts were easily contactable and available for advice and support. The medical physics expert role is fully compliant with the requirement under IR(ME)R.

The medical physics experts told us they undertake dose surveys and compare the data with a variety of NHS boards that all use NHS Greater Glasgow and Clyde medical physics experts. This provides a benefit for NHS National Waiting Times Centre as they may not have sufficient data to set local dose reference levels.

#### Training

We found that there were comprehensive training records in place for staff involved in medical exposure to radiation. NHS National Waiting Times provides induction and ongoing training. We saw records that demonstrated the training had been provided. There were clear training records for operators of equipment in the department and this included CT and plain film equipment. Student radiographers can only work under the supervision of a qualified radiographer. A radiographer's training record is closely linked to their

entitlement. We reviewed a sample of records and the entitlement records corresponded to the training records.

Operators must be trained to use the different types of machines as it is not a 'one size fits all' approach. We were told that anyone operating a machine must be trained on the specific equipment. All the radiographers we spoke with said they had received appropriate training and all training records inspected were up to date.

It is the responsibility of the radiographer to maintain their own continual professional development as part of their professional registration. Radiologist training and continual professional development is managed through their annual appraisals and medical revalidation process. The medical director signs-off staff revalidation every five years.

### **What needs to improve**

There was evidence of continual education for radiologists and radiographers, however, it was not always possible to identify the training that related specifically to IR(ME)R. It was also unclear what the policy was for staff outside radiology, who have obligations under IR(ME)R, in relation to their continual education for IR(ME)R. NHS National Waiting Times Centre must develop a procedure that details the continual education requirements for all who work within the scope of IR(ME)R.

### **Requirement 6**

- NHS National Waiting Times Centre must develop a procedure that details the continual education requirements for all staff who work within the scope of IR(ME)R. (Regulation 6(3)(b)).

### **Recommendation**

- No recommendations.

# 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	
<b>Requirements</b>	
1	NHS National Waiting Times Centre must develop guidance on the method of recording justification on the RIS system when individuals authorise the exposure under protocol. (Regulation 10(5)) (see page 11).
2	NHS National Waiting Times Centre must ensure that the RIS record of justification identifies the individual who justified the exposure and is not subsequently changed when the record is subsequently accessed. (Regulation 11(b)) (see page 11).
3	NHS National Waiting Times must develop a procedure for the recording of verbal justifications provided by consultant radiologist or others who are with the radiographer. (Regulation 6(b)) (see page 11).
<b>Recommendation</b>	
1	It is recommended that the NHS National Waiting Times Centre RIS system is modified to allow the recording of authorising under protocol in a field on the RIS or equivalent. (see page 11).

## Domain 6 – Policies, planning and governance

### Requirement

- 4** NHS National Waiting Times Centre require to detail in an employer's procedures the process for updating, reviewing and developing employer's procedures. This includes outlining the roles and responsibilities of the different staff groups and radiation safety committee. For Employer's Procedures 1-3. (Regulation 6(b)) (see page 18).
- 5** NHS National Waiting Times Centre must develop an employer's procedure that includes the role of clinical audit for outsourced radiologist services. The policy should include what is to be audited and the frequency. (Regulation 7). (see page 18)

### Recommendation

- 2** It is recommended that NHS National Waiting Times Centre clearly align the employer's procedure 1.21 Clinical Audits with the programme of clinical audits that are being undertaken. (see page 18)

## Domain 7 – Workforce management and support

### Requirement

- 6** NHS National Waiting Times Centre must develop a procedure that details the continual education requirements for all staff who work within the scope of IR(ME)R. (Regulation 6(3)(b)). (see page 20).

### Recommendation

None

## 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.freemanferguson@nhs.net](mailto:kevin.freemanferguson@nhs.net) 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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