Scottish Clinical Imaging Network

"Once for Scotland"
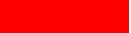## Clinical Imaging
Operational Policy

v2
March 2024

NOTE
This guideline is not intended to be construed or to serve as a standard of care.
Standards of care are determined based on all clinical data available for an individual
case and are subject to change as scientific knowledge and technology advance and
patterns of care evolve. Adherence to guideline recommendations will not ensure a
successful outcome in every case, nor should they be construed as including all proper
methods of care or excluding other acceptable methods of care aimed at the same
results. The ultimate judgement must be made by the appropriate healthcare
professional(s) responsible for clinical decisions regarding a particular clinical
procedure or treatment plan. This judgement should only be arrived at following
discussion of the options with the patient, covering the diagnostic and treatment choices
available. It is advised, however, that significant departures from the national guideline
or any local guidelines derived from it should be fully documented in the patient's case
notes at the time the relevant decision is taken.

Contents Page

Key

   	Editable Text for hospital/document/q-pulse name and/or link
   	Appendix
   	Site specific info to be added
   	To be updated re: PACS

1. Introduction

1.1. The Scottish Clinical Imaging Network (SCIN) aims to establish a "Once for Scotland" approach to Quality Standards within Imaging Services. This document is designed to be editable by individual depts with content variable and specific to the Clinical Imaging dept to which it pertains. Sections should be removed where necessary and key text edited where highlighted. Our Clinical Imaging Services strive to offer high quality patient care, diagnostics, interventions and radiological reporting across Scotland. This specific document is owned by X-X-X-X-X. We have sites located across X-X-X-X. Opening times for individual departments are site specific.

1.2. This version supersedes any previous versions of this document.

2. Scope and Purpose

2.1. This policy outlines the services offered by the Clinical Imaging Department at X-X-X-X. The operational procedural overview should support staff to work effectively and safely.

2.2. The Operational Policy applies to all substantive staff members within the Clinical Imaging Team as well as any regular agency and bank staff, including any external contractors, who are employed to support the imaging service.

2.3. All detailed policies and documentation can be accessed via Shared Drives and X-X -Q-Pulse – X -X, The Clinical Imaging Quality Management System used within X-X-X-X. Access to the Shared Drive is available using individual PC log in. Access to X-X -Q-Pulse – X -X is obtained upon induction following completion of online training through X-X-X-X. Relevant documentation identifications are signposted throughout this policy.

3. Ownership and Responsibilities

3.1. The Clinical Imaging Department sits within the X-X-X-X . The Diagnostic Directorate Organisational Structure is as follows:
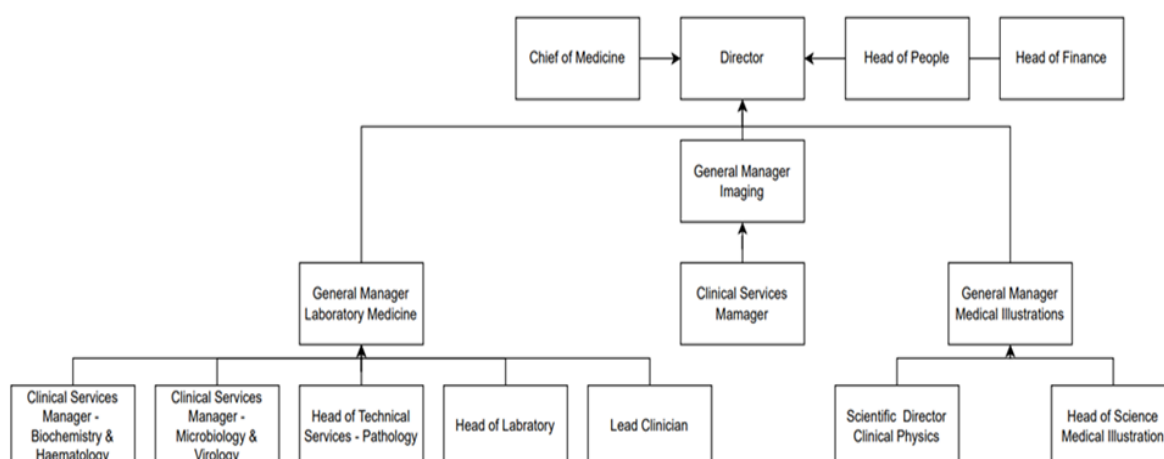
3.2. The Clinical Imaging Team Structure for X-X-X-X is documented on X-X- Q-Pulse -X-X as xx – insert link – xx. A copy can be seen below:
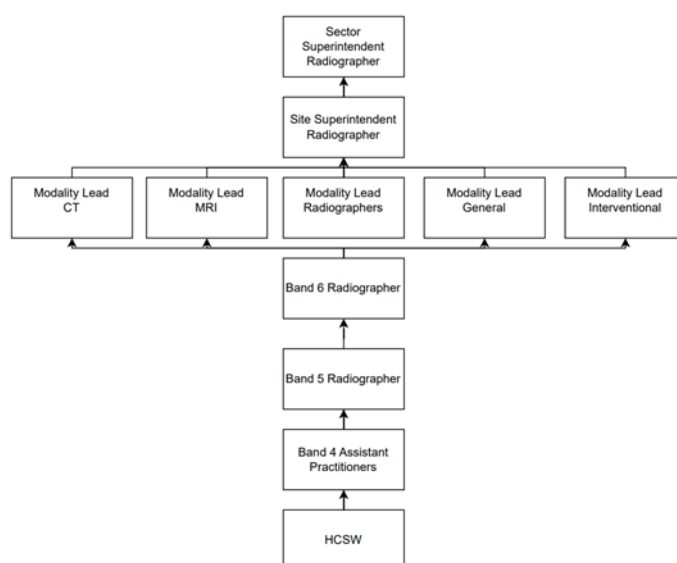
3.3. New Staff
New members of the staff to the Clinical Imaging Team will be assigned to an Imaging Team Lead and/or a mentor who will ensure that they complete all essential Board and Local level induction processes and Statutory and Mandatory Training requirements.

3.3.1   A detailed copy of X-X-X-X New Staff Member Induction folder can be found on the local Shared Drive and xx – insert link – xx and in Appendix 1.

3.4. Governance and Quality Management Systems.
All governance documents can be found on Q-pulse (see 2.3 for induction training) and are available within shared drive and q-pulse. For management of quality assessments it is advised to follow the NHS Six Stage approach to project management.

3.5. Departmental Communications Structure.
This is documented on X-X – Q-Pulse -X-X as document xx – insert link – xx.

3.6. Imaging Meetings.
Specific minuted meetings are found within the Shared Drive system. All imaging meetings are documented on X-X – Q-Pulse -X-X as document xx – insert link – xx.

3.7. Imaging Locations. Imaging Departments with X-X-X-X can be found at:

- XXXXXX
- XXXXXX
- Add as required

3.8. Imaging Services.
The following departments/modalities are available within X-X-X-X with variable site specific services available within the Acute and District General sites. Each modality has a designated Team Lead(s) which is documented on X-X – Q-Pulse -X-X as document xx – insert link – xx. All imaging equipment is regularly maintained and also subject to regular checks by our Radiographers, Sonographers, Technologists and Medical Physics teams ensuring safety compliance and that radiation is kept as low as possible.
Site specific modalities and service hours can be found in Appendix 2.

3.8.1 Plain Film General & Acute X-Ray Imaging.
The general X-Ray Imaging department is staffed by Modality Lead(s) Radiographers as well as rotational imaging staff including Radiographers, Health Care Support Workers (HCSW), Assistant Practitioners (AP) and Admin and Clerical Staff.
Resus Imaging in the Acute setting is performed using X-X- Portable Machine/Ceiling Suspending X-Ray Tube-X-X.
As part of the General Imaging, some sites include a GP walk in service. Further information regarding sites with GP walk in services and hours of operation is detailed in Appendix 2

3.8.2 Trauma Imaging.
Trauma Imaging is available in specific sites within X-X-X-X. Detailed information on which sites provide Trauma Imaging and service hours can be found in Appendix 2.
Trauma Imaging can encompass several modalities, including but not limited too Plain Film and Computed Tomography. These are performed by the appropriately trained members of staff.

3.8.3   Fluoroscopy.

There is both Fixed Fluoroscopy and Portable Fluoroscopy Imaging services available throughout X-X-X-X. For detailed information on which site provides either of these services and for service hours for each, see Appendix 2.

Fixed Fluoroscopy is staffed by a Multi Disciplinary Team including, but not limited to: Radiographers, HCSWs, Radiology Nurses, Radiologists. Some procedures may be performed by Advanced Practice Radiographers.

There are Portable C-Arm Fluoroscopy Units available for use within the theatre environment, including mini c-arm fluoroscopy units where applicable.

3.8.4   Computed Tomography (CT).

The CT department is staffed by Modality Lead(s) Radiographer(s) and rotational Imaging Staff including but not limited to Radiographers and HCSWs.

CT services include booked Outpatients, Acute Inpatients and Trauma Imaging. For a detailed list of site specific CT services and hours of operation please refer to Appendix 2.

3.8.5   Magnetic Resonance Imaging (MRI).

The MRI department is staffed by Modality Lead(s) Radiographer(s) as well as both Core MRI and rotational Imaging Staff, including but not limited to, Radiographers and HCSWs.

MRI services include booked Outpatients, Acute Inpatients and Trauma Imaging. For a detailed list of site specific CT services and hours of operation please refer to Appendix 2.

All MRI staff have to complete MRI Safety Training. MRI Safety can be accessed on Shared Drive and is documented on X-X – Q-Pulse -X-X as document xx – insert link – xx. This can also be viewed in Appendix 3.

Patients attending for MRI must also complete appropriate MRI Safety Questionnaires. Standardised MRI Safety Questionnaires can be found on X-X – Q-Pulse -X-X as document xx – insert link – xx.

3.8.6   Ultrasound (US).

The Ultrasound department is staffed by Radiologists, Sonographers and HCSW's. Ultrasound services includes booked outpatients and acute inpatient scans. General Ultrasound and Obstetric Ultrasound services are available within X-X -X-X. For a detailed list of site specific Ultrasound services and service hours please refer to Appendix 2.

3.8.7   Nuclear Medicine (NM).

The Nuclear Medicine department is staffed by Nuclear Medicine Technologists, Specialists rotating Radiographers, Radiologists, HCSW's and Physics Technicians. Nuclear Medicine services within X-X-X-X include: General Nuclear Medicine, Bone Mineral Densitometry (DEXA), Nuclear Cardiology, Positron Emission Tomography (PET-CT), Neuro SPECT Imaging and Specialist Paediatric Scans. For a detailed list of services, locations, and site hours please refer to Appendix 2.

3.8.8   Interventional Radiology (IR)

Interventional Radiology is a specialist service provided at specific dedicated sites within X-X-X-X.

IR is staffed by Interventional Radiologists, Advanced Practice Radiographers, Radiographers, Radiology Nurses and HCSW's.

The IR dept has scheduled outpatient appointments as well as Acute inpatient slots. Interventional Radiology can be used in trauma patients. An internal referral pathway to an IR service can be visualised in Appendix 4a – this also includes Out of Hours emergency provisions and cross site transfers. This can also be viewed on X-X – Q-Pulse -X-X as document xx – insert link – xx.

Please refer to Appendix 2 for service locations and hours.

3.8.8.1   Interventional Neuro Radiography (INR)

INR is also available in specialist departments within X-X-X-X.

INR has both scheduled and acute appointments and services. There is a dedicated cross site referral pathway for specialist INR services in an acute setting that can be visualised in Appendix 4b. This can also be viewed on X-X – Q-Pulse -X-X as document xx – insert link – xx. Please refer to Appendix 2 for service locations and hours of service provision.

3.8.9   Cardiac Catheterisation

Cardiac Catheterisation is a specialist service provided at specific sites within X-X-X-X.

The Cardiac Cath is staffed by a multidisciplinary team which consists of Interventional Cardiologists, Cardiac Cath Lab Nurses, Specialist Radiographers, Cardiac Physiologists and HCSW's. In some circumstances this team also includes Anaesthetics including Anaesthetists, Anaesthetic Nurses and Operating Department Practitioners (ODPs). Cardiac Catheterisation services include, but are not limited to, diagnostic angiography, balloon angioplasty, electrophysiology (EP) study, radiofrequency ablation (RFA) and specialist paediatric studies.

For a full list of service locations and hours please refer to Appendix 2.

3.8.10 Bone Densitometry (DEXA) Imaging.

Dual Energy X-Ray Absorpitometry (DEXA) Imaging, which is also commonly referred to as Bone Densitometry, is a specialist imaging service which is provided at specific sites within X-X-X-X.

DEXA is usually performed by radiographers, however, some other specialist trained staff may perform DEXA imaging.

DEXA is conducted within general radiography and Nuclear Medicine depts.

A full list of DEXA service locations and hours can be found in Appendix 2

3.8.11 Radiology Reporting.

Radiology reporting is undertaken by radiologists, reporting radiographers, and agreed outsourcing. A comprehensive list of reporting outsourcing services can be found in Appendix 5. Auto Reporting Codes are issued for some examinations which will be reviewed by their referring dept – for example: Dental, Fluoroscopy.

There are well established reporting radiographer services which cover X-X-X-X. All Advanced Practice Reporting Radiographers work within their defined Scope of Practice. They are responsible for governance of high quality imaging which they do through a programme of audit and continuous professional development.

Out of Hours Reporting is provided for X-X-X-X. Plain Film imaging is not routinely reported Out of Hours and is reviewed by the referring dept until a formal report is provided within working hours. For urgent queries regarding Plain Film X-Ray imaging there is X-X-X-X.

Related Reporting Policies:

X-X-X-X - Policy for Referral, Justification, and Reporting of Radiological Procedures which is also available for all referrers.

3.8.12 Picture Archiving and Communication Systems (PACS).

There is a PACS Team located X-X-X-X within X-X-X-X.

** update as necessary regarding PACS software changes** The systems are mainly Insignia Insight PACS , but also includes various other smaller systems such as X-X-Phillips Intellispace and Orthoview -X-X.

The PACS Team works closely with the CRIS team and X-X-X-X IT Support Team to help deliver the many technological requirements a modern healthcare system is dependent on.

We are also responsible for the majority of sharing patient images to other healthcare providers which is mainly done through our Image Exchange Portal (IEP). This can be requested using an Image Transfer Request Form seen in Appendix 6 and also on X-X – Q-Pulse -X-X as document xx – insert link – xx.

The PACS team are contactable on X-X-X-X during hours of XXXX.

Out of Hours PACS queries should be directed to X-X-X-X.

3.8.13 Health Care Support Workers (HCSWs).

Health Care Support Workers (HCSWs) are an integral part of the Imaging Team and help ensure the smooth running of the Imaging Dept.

HCSWs undertake a wide variety of roles and responsibilities. Primarily they promote a patient-focussed service in a caring environment and ensure collaborative working relationships with all other departments. HCSWs often support outpatients during procedures. The team liaise with wards to arrange appropriate patient preparation for examinations and safe transfer to the department. They also assist team members with manual handling using appropriate and safe technique.

Modality specific roles include preparing patients for imaging procedures and ensuring the clinical environment is fully prepared for procedures including the selection of medical devices, cleanliness, and immobilisation equipment. Ensure medical devices are ready for use amongst other supporting tasks.

3.8.14 Administration.

The admin team carry out essential clerical tasks that include inputting patient information from other systems into CRIS, attending patients at reception, dealing with patient telephone calls and booking appointments for all modalities within Imaging.

The admin team structure is:
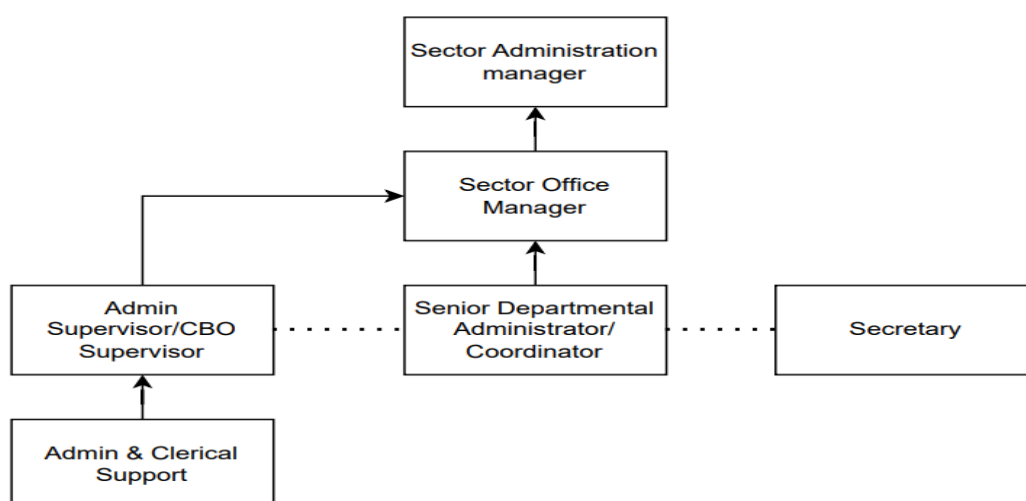
4 Operational Information

4.1. Contact Details

Radiology Directorate Office: XXXX

4.2. Critical phone numbers

Cardiac Arrest: XXXX
Fire: XXXX
Medical Registrar: XXXX
Security Emergency: XXXX
Security Non-emergency: XXXX

4.3. Additional Useful Board Phone numbers: XXXXX

Site Lead/ Operations Manager: XXXX
Clinical Lead Radiologist: XXXX
Plain Film Modality Lead: XXXX
MRI Modality Lead: XXXX
CT Modality Lead: XXXX
Nuclear Medicine Modality Lead: XXXX
IR Team Lead: XXXX
Nursing Lead: XXXX
Radiology Reception: XXXX
Duty/Day Radiologist: XXXX
OOH Radiographer: XXXX
On Call Radiographer: XXXX/Via Switchboard
On Call Radiologist: XXXX/via Switchboard

Switchboard/Bleeps: **XXXX**

4.4. Capacity.

Imaging capacity and performance is monitored by the Imaging Lead, Specialty Director and Clinical Imaging Operations Manager. The monthly key performance indicators are collated into a dashboard to look for trends and themes.
The dashboard is produced by the Imaging Business administrator and discussed xxxx and can be found here: XXXX.

Additional performance audits are undertaken weekly to assess outstanding reporting and worklists and regular Service Review Reports, presented by the Imaging Lead to XXXX.

Capacity in relation to staffing levels can be found within Safe Staffing Legislation XX-insert link-XX.

Capacity issues relating to staffing, such as reporting backlogs, is monitored by the Business Manager

4.5. Cardiac Arrest.

Staff should issue a Crash Call 2222 stating Cardiac arrest and Location and begin CPR/BLS.

CPR Training MUST be kept up to date by all staff members. Basic Life Support (BLS) training should be reviewed annually and updated in staff members personal training records. Training records are held electronically on X-X- X-X and are maintained and reviewed by X-X – Site/Modality Lead Radiographer/ Health and Safety Rep – X – X.

Crash trollies and resuscitation equipment should be checked daily and weekly as per the booklet supplied on each trolley from the Resuscitation Team. If the trolley is used, the Radiographers on duty are responsible for ensuring the trolley is replenished. Paperwork with booklet should be signed and dated as evidence of checks.

Oxygen is available in all clinical rooms and should be checked daily. Suction is available on the crash trollies and on anaesthetic machines. All emergency equipment should be checked daily for integrity and any issues reported (X-X- X-X) and resolved as a matter of urgency. Checks should be documented as part of X-X – daily cleaning checklist -X-X.

4.6. Anaphylaxis.

Staff should put out a Crash Call on 2222 stating Anaphylaxis and location.

All staff who administer contrast agents must read, sign and date to confirm understanding and awareness, the X-X-X-X policy on contrast agents, available on Shared Drives and on X-X – Q-Pulse -X-X as document xx – insert link – xx. The policy is based upon the guideline "Emergency Treatment of Anaphylaxis" published by the Resuscitation Council (UK) (2021) and the NICE guidance CG134: Anaphylaxis (2020)

4.7. Training and Competencies of Staff.

Individual staff members must ensure their own compliance with Statutory and Mandatory training requirements. Staff can identify the corporate requirements for Statutory & Mandatory training on X-X- LearnPro -X-X.

Levels of compliance are tracked X-X-X-X on the Team Leads dashboard.

Records of training are recorded in staff members personal training record.

4.8. Infection Prevention and Control (IPC).

Staff should complete all relevant IPC modules on X-X- LearnPro -X-X as part of Statutory and Mandatory compliance.

Staff should take advice from modality leads and local SOPs for specific cleaning of individual equipment, this usually follows advice from the manufacturers. Cleaning of equipment and surroundings is the responsibility of all staff. Domestic staff are responsible for more thorough cleaning of the Imaging Dept.

Staff should be aware of local COSHH risk assessments when handling any cleaning products such as Actichlor. COSHH risk assessments are included as part of IPC training/ X-X- LearnPro -X-X modules and can also be found on X-X – Q-Pulse -X-X as document xx – insert link – xx.

The IPC contact for X-X-X-X is XXXXXXX, contactable at X-X- phone number/email-X-X.

X-X-X-X board Guidance on IPC can be found at X-X-insert intranet link -X-X.

4.9. Major Incident Plans.

Guidance for NHS Scotland Major Incident planning can be found at NHSScotland Resilience Preparing for Emergencies - Guidance for Health Boards in Scotland (www.gov.scot).

 X-X-X-X share a range of up to date plans that reflect the National Guidance. These include but are not limited to: Board Major Incident Plans, Exposure to Hazardous/Chemical, biological, radiological and nuclear material, Communicable diseases/Outbreak/Epidemic/Pandemic plans, Hospital evacuation plans and Extreme weather plans.

Details of these plans can be found by accessing the Intranet policy library.

4.10. Business Continuity Plans (BCP).

X-X-X-X Imaging Dept has several BCPs which details the requirements to maintain our critical Imaging activities in specific scenarios, such as severe weather or loss of staffing.

Copies of these are kept on the X-X-Shared Drive-X-X and also paper copies in the event of power failure/computer down located at XXXXX.

Individual BCPs are also kept on X-X – Q-Pulse -X-X and can be retrieved by searching the key word while on X-X – Q-Pulse -X-X.

Imaging Dept staff should all be aware of dept specific Major Incident Response. They should have read the dept BCPs and know where they are kept in paper format and also how to access them electronically.

Any questions or queries relating to dept BCPs should be directed to X-X- Site Lead Radiographer -X-X.

4.11. Quality Assurance.

There are both modality and dept specific Quality Assurance processes.

Modality/Equipment Specific QA processes follow manufacturer guidance and can be found on X-X- Shared Drive-X-X. These can also be accessed via X-X – Q-Pulse -X-X as document xx – insert link – xx.

Imaging Dept Quality Assurance Processes can be found on XXXXX.

4.12. Audits.

Imaging staff are encouraged to participate in audits where applicable. Imaging Modality Lead Radiographers are responsible for ensuring modality specific audits are engaged and undertaken.

Imaging review audit meetings are conducted by X-X- Radiologists/Reporting Radiographer-X-X on a X-X-weekly/monthly -X-X basis.

Audit results are kept on X-X-Shared Drive -X-X and are also accessible on X-X-Q -Pulse-X-X by searching key words.

4.13. Forensic Imaging.

Specialist forensic/pathology imaging is provided within X-X- X-X.

There is plain film, general x-ray equipment on site at the X-X- Mortuary -X-X which is operated by appropriately trained radiographers.

There is designated Radiologists who report pathology images.

Details who trained radiographers and reporting radiologists can be found on X-X- Shared Drive-X-X in Forensic/Pathology Folder.

4.14. Suspected Physical Abuse (SPA) Imaging.

Specialist SPA imaging is performed by appropriated training imaging staff.

There are specific national protocols for children under 1 where there is potential SPA. The national protocol must be followed both for initial presentation and follow up imaging. Imaging staff must ensure they maintain competencies in carrying out SPA imaging.

Informed consent should be established by Child Protection Team prior to imaging and copies of any consent/checklists stored on patient record.

All members of the imaging team should have up to date Child Protection Training – level specific to their job role – which should be updated at regular intervals.

Staff should all be aware of who to contact if they have suspicions regarding SPA.

4.15. Non Medical Referrers (NMR).

The IRMER Policy Lead for X-X-X-X may entitle named health care professionals to act as referrers for a limited range of medical exposures. The scope of entitlement of these duty holders shall be limited, in accordance with qualifications, experience and training.

All NMR staff are expected to maintain their knowledge through update training, demonstrated through CME or CPD.

They can only referrer within their scope of practice.

All approved non-medical referrers must be known to Imaging. A list of authorised referrers is held on X-X-Q-Pulse -X-X as document x-x- insert link-x-x.

The Imaging Lead should be contacted to address and queries or concerns via email or ext XXXX

The following policy outlines the NMR process: X-X – insert intranet link – X-X.

4.16. REALM.

The imaging department aims to follow the RCR standards for suspected reporting discrepancies as part of the Imaging quality assurance processes of Standards for radiology events and learning meetings | The Royal College of Radiologists (rcr.ac.uk):

A REALM lead is identified, and meetings are in place for shared learning

A local policy is in place on document XXXX (Clinical Imaging protocol for the assessment and management of reporting discrepancies and Duty of Candour notification)

The local REALM process is regularly audited against the RCR standards

Teleradiology is provided by X-X-X-X who have internal quality assurance systems to audit a fixed percentage of each reporter's output.

4.17. Multidisciplinary and Clinical/Radiology Meetings

X-X-X-X Consultant Radiologists and advanced practice Radiographers contribute towards the decision making of patients discussed at Specialty MDT meetings by providing a specialist opinion of the relevant imaging. Attendance of x-x-Oncology and Trauma-x-x MDTs is captured on the monthly KPI dashboard. Radiologist will ensure there is cross cover and attendance as part of their weekly rotas.

4.18. Safeguarding.

Imaging staff should refer to the X-X-X-X safeguarding policies which are available on the Intranet documents library- search "safeguarding" for both children and adult specific policies.

 x-x- insert internal links to both -x-x.

See appendix 7 for flow charts and referral information. Safeguarding Information and training modules through x-x-LearnPro/TURAS- x-x ensure staff remain up to date and help support staff to:

- Understand their Role and that of Individual Staff
- Understand what safeguarding is and their role in adult safeguarding
- Recognise an adult potentially in need of safeguarding and act
- Understand the procedures for raising a concern about adult abuse
- Understand dignity and respect when working with individuals
- Have knowledge of policy, procedures and legislation that supports adult safeguarding activity
- Know how to raise an adult safeguarding concern
- Attending meetings as required
- Undertake Mandatory Safeguarding Training at specified intervals

Note: Adult Safeguarding is everyone's business and all staff, including learners/students and staff are responsible for ensuring that their mandatory training requirements are met and current, and are able to utilise the training to be able to take appropriate action whenever there is concern that abuse may have

taken place or may occur unless someone does something to stop it**. Consider ringing the police on 999 where there is concern of immediate danger.**

4.19. Budget Codes

These are held by the Service lead. Team leads will be aware of their own budget codes. The department has a finance manager who brings a monthly report to the Clinical Operations Meeting. Purchases for each department must be made through XXXX. These are approved by senior management. There are approved authorised signatories in cases of contingency when the senior manager may be unavailable/absent.

4.20. Fire Management

All staff must attend mandatory annual Fire Training and be aware of the location of the break glass/fire call points, and extinguishers in each area, including those safe for use within any visiting MRI Scanner:

* MRI - A representative from the MRI Department may be required by the Fire Service personnel for consultative purposes during any incident, generally this will be the most senior radiographer/ MRI Lead. There is dept specific Out of Hours arrangements for Fire alarms within the MRI area – Appendix 8.
* Refer to the Board fire safety policy: X-X- insert link -X-X
* Fire Wardens. Clinical Imaging encourage staff to undertake additional fire warden training where possible.   This can be booked through XXXX. Red Books are issued by the fire team to document evacuation plans and Fire Safety Information

4.21. First Aid

X-X-X-X -First Aid boxes are available in most areas of Imaging. Imaging staff should contact the Imaging Nurses on ext. XXXX for first aid assistance:
For minor injuries staff should get assistance form the nursing team and contact 111
All serious medical issues please call for the medical registrar for both patients and staff
All accidents should be documents and reported on DATIX where applicable
In community sites the Imaging staff should follow the First Aid local policy for that hospital

4.22. Access Control Local Policy

Staff must always wear their identification badges. The ID badge office is located in X-X- insert location X-X
For the safety of patients and staff, visitor access to the X-X-X-X hospitals and buildings is only permitted through authorised entrances.
Visits from known contractors should attend by appointment only and must report to reception to sign in and out.

Lost badges should be reported immediately to both line manager and ID Badge Service

Any security concerns should be raised through DATIX

4.23. Estates

Contact ext XXXX or email XXXX@XXXXXX for X-X-X-X estates helpdesk.

All estates issues should be reported on the intranet X-X- FM First -X-X system

4.24. Radiation Safety

All usage of ionising radiation must be justified and controlled such that any exposure received by any person is as low as reasonably practicable, social and economic factors being taken into account. More detailed safety rules and guidance are identified in, local rules, procedures, and other radiation safety documentation which support the X-X-X-X

The Imaging Team works closely with the X-X-X-X Medical Physics advisors and Experts to ensure compliance to IR(ME)R17 and IRR.

4.25. Local Rules

It is the responsibility of all staff working in the modalities to regularly familiarise themselves any specific emergency procedures.

Local Rules should be acknowledged by any staff working regularly in controlled areas during radiation exposures.

These should be reviewed and acknowledged by signature by staff on an annual basis with an electronic record kept within the X-X- Shared Drive-X-X.

Any written/paper acknowledgements should be safely filed.

4.26. Paediatric Imaging.

This section will be dept specific based on the level of paediatric imaging they provide/include radiologist cover, sonographer cover, if there is a NICU/SCBU unit, if reporting of paediatric images is done on site or sent to local paeds centre. Include services provided for paediatrics ie. Fluoroscopy, ultrasound, Interventional radiology/cath lab, CT, MRI, NM, DEXA etc etc.

Minor Injury units within X-X-Health Board-X-X accepts patients from age **5.**

There are 3 Paediatric Major Trauma Centres within NHS Scotland – located at Royal Hospital for Children, Glasgow; The Royal Hospital for Children and Young People, Edinburgh and Royal Aberdeen's Children Hospital.

Child Protection training is essential for all imaging staff dealing with paediatric patients. The level of training is dependent on their role as mentioned in Section 4.14.

There should be a named person responsible for Child Protection within each Imaging Dept. The named person for this dep is XXXXX

4.27. Equipment/Medical Physics Support

All Health Boards within NHS Scotland are using their own internal numbering formats for equipment, and once registered in the Asset Management System, this number remains with the equipment until it is decommissioned.

NHS Scotland can allocate a Global Individual Asset Identifier (GIAI) directly to equipment using Asset Management Systems, such as X-X-eQuip or Medusa-X-X.

A GIAI can be used to identify any piece of equipment within the NHS, focusing primarily on those in an acute setting, but could be extended to cover all equipment. There should be only one GIAI for a piece of equipment. The allocation of a GIAI should take place once and must never be reallocated or re-used on any other equipment. GIAIs can be used to unambiguously identify Equipment, for example in Asset Management Systems (eQuip, Medusa), to ensure accurate capture of the equipment information, allowing for improved reporting and improved patient safety, through better managed maintenance schedules and improved utilisation. Equipment-Definition-Guide-V1.0-1.pdf (nhs.scot).

Equipment fault records are also kept within the X-X Shared DriveX-X where staff can log faults, outcomes, and or downtime.

The Control of Engineers in Clinical Imaging is summarised in policy XXXX. A handover form must be completed when external providers hand back equipment after service or repair, this should be scanned in against the asset.

The X-X-X-X Medical Physics team can be contacted for any Quality Assurance or equipment breakdown radiation concerns ext. XXXX. Additional medical equipment, such as that suitable for the support of patients with additional needs (bariatric support aids etc) is available from the X-X-X-X equipment library xx-insert link-xx.

4.28. Incidents

All Imaging incidents should follow the Board Incident management policy XXXX and be reported on DATIX.

Contact XXXX for access issues.

The following documents support staff with quality governance, reporting of incidents and feedback of all levels of incidents including Patient Safety Review [PSR] and Never Events:

- Incident Management and Reporting Policy
- Reporting of Radiation Incidents
- Quality Management System in Clinical Imaging
- Quality Assurance Processes in Clinical Imaging

Risks are managed on the DATIX system. A tracker of risks is held by the Imaging Modality Lead. The Imaging risk tracker is reviewed monthly at XXXX and at

regular Care Group governance risk huddles. Support for Staff following an incident or any impact on work with their health and wellbeing can be found here: XXXX.

4.29. Patient Experience & Engagement

X-X-X-X Patient Experience and Public Involvement (PEPI) team helps patients, relatives and carers resolve formal complaints locally. Ways in which X-X-X-X encourage people to provide feedback include:

- Speaking to a member of staff.
- Sharing their story on Care Opinion Website Scotland | Care Opinion
- Use the NHS XXXX feedback form
- For complaints visit the Complaints section of The Board website for different methods to make a complaint

The team makes sure that the NHS complaints regulations are met. Investigations are coordinated by an experienced X-X -Imaging Personal Assistant-X-X.
Formal complaints are managed through DATIX.

X-X- Only applicable if have these X-X
Clinical Imaging have a dedicated patient feedback survey. There are cards available, and posters displayed in modality waiting rooms detailing the online details. The responses are tracked through. Patients can also feedback by contacting the team if they don't have access to electronic devices.

Signposting patients to Other Services: Please use the Board website X-X insert link X-X to direct patients to other services and information on what each service does and provides within X-X-X-X.
Under each service, you'll also find details of the relevant areas.

Any information that is solely for staff is on the intranet, including some contact details, policies and forms, information about training and education, and rotas.

4.30. Facilities and Waiting Areas

These will vary depending on the location. Staff should familiarise themselves with local facilities and ensure patient privacy and dignity is maintained throughout any patient involvement.

4.31. Support Information.

Patients can access information on the Imaging Internet site X-X insert link X-X. Team Leads are responsible for ensuring patient information material is available and up to date.

Information should be reviewed for updates xx-annually-xx or as and when changes to services/pathways occur.

Patient Information leaflets are sent with appointment letters as well as accessed electronically after selecting the individual hospital on the Imaging Intranet site X-X insert link X-X.

Within X-X-X-X Imaging Dept we have:

- Dementia Champion -   XXXX
- Peer Support – xx-name-xx   xx-generic peer support email –xx
- Add as required

Patients with Additional Needs

- Interpreting Services: We have a range of services, and resources to support patients who require an interpreting service. We have our own in-house interpreters, sessional interpreters for spoken and sign language support, and a telephone interpreting service X-X insert link X-X.
- British Sign Language (BSL): It is the responsibility of X-X-X-X staff to provide a BSL interpreter for Deaf patients attending any healthcare appointment. Please contact the interpreting services on XXXX.
  We also provide an online interpreting service, enabling the patient to communicate with staff while waiting for a face to face interpreter to arrive. The online service means that in an emergency, staff can quickly link up to an interpreter at any time – 24 hours a day, 7 days a week – and communicate with their patient. It can also be used during hospital stays, when an interpreter is not available. BSL Online is accessed through special laptops which come ready to use with simple instructions. Staff should contact the relevant departments to access the service.
- Spiritual Support for Staff and Patients: X-X-X-X recognises the importance of spiritual and pastoral care for all, the following page sets out how the Board can support this commitment X-X insert link X-X
  Support 24/7 365 days a year for patients, staff, and relatives. Contact switchboard out of hours or during evenings and weekends.

- Transferring Patients: Please refer to X-X Q-Pulse X-X document xx- insert link – xx for Procedure for the Safe Transportation of Patients and Their Information by Clinical Imaging Staff.

- Patient Property: All staff have a responsibility to safeguard patient property during clinical imaging procedures; this includes both outpatients and in-patients whilst they are visiting the department. Please refer to X-X Q-Pulse X-X document xx- insert link – xx Handling Patient Property.

- Patient Identification Information Governance & Confidentiality: X-X-X-X uses personal information to enable us to provide healthcare services for patients, data matching under the national fraud initiative, research, supporting and managing our employees, maintaining our accounts and records and the use of CCTV systems for crime prevention.
  We take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential.
  All staff must undertake X-X-LearnPro-X-X training on safe handling of personal information. X-X insert link X-X

4.32. Research and Artificial Intelligence (AI).

The current vision is for all NHS Scotland Clinical imaging depts to work with AI software that is clinically useful with the aim that it will integrate into the daily workflow to improve patient care and increase workforce efficiency. The aim is to expand our use and knowledge of the potential of AI in clinical practice, recognising any limits of technologies, as well as the need to be able to critically evaluate the benefits. This will enable continued delivery of high-quality patient care.

There are currently different trials of AI software in use in Clinical Imaging depts across X-X-X-X.

Current Projects: XXX

Project Lead: XXX

Project Governance: XXXX

For more information on any of the current AI trials please contact: XXX

4.33. Service Plan.

The department has a Service Development plan that is reviewed annually by the Clinical Imaging Clinical governance group. The Imaging service aims to demonstrate that patient experience, performance, delivery of KPIs and outcomes of audits have a link to the service improvement plan.

4.34. IT & Support.

Please contact the PACS team for local issues XXXX or visit the IT online eHelp portal for all other queries such as password resets or access issues. For urgent

IT issues please contact extension: #650. In the event of system downtime, please refer to paper copy BCP - location as mentioned in section 4.10

4.35. Annual Leave.

Please book all leave in accordance with the Board annual leave policy and discuss any issues or local requirements with your line manager. XXXX

4.36. Study Leave/Course Application.

X-X-X-X have different Study Leave application forms depending on whether it is for CPD or Further Education. Links to both SL1 (Short Courses/CPD) and SL2 (Further Education) forms can be found on the staff intranet by search keywords. X-X Insert flowchart of dept specific process for applications -X-X

4.37. Students.

The Imaging department is fully committed to supporting the training and teaching of students and apprentices.

The department works closely with Undergraduate and Postgraduate Diagnostic Imaging Universities throughout Scotland to support both long and short term placements.

 The team also support medical students from different Medical Institution Courses throughout Scotland.

There are designated education links throughout the department to support with training and student welfare.

Whilst all Imaging Staff are responsible for supervision of students, there are designated staff responsible for student rotas, and Student Educators who are responsible for Clinical Placement Assessments and Feedback.

4.38. Health & Safety.

All Imaging staff should follow the Board policies for Health and Safety X-X insert link -X-X

The local guidance is set out in the Imaging Health and Safety policy X-X insert link -X-X.

X-X-X-X has named staff responsible for specific Health and Safety Roles within the dept. These include:

- Society of Radiographers (SoR) H&S Rep Infection Control
- Cleanliness Champions / Scottish Infection Prevention & Control Education Pathway
- BLS Trainers

Staff should complete any essential training on X-X Learn Pro X-X related to H&S compliance.

Security - All imaging staff must be up to date with their personal safety training as per essential training. Staff must call 999 in the event of a security or criminal emergency. Staff must follow all usual X-X-X-X policies for professional conduct.

Team leads should ensure that regular risk assessments are carried out for any H&S concerns, these should be saved in and consider adding to the DATIX risk register if significant concerns are raised:

- COSHH Policy xx- add link -xx
- Moving & Handling Policy xx- add link -xx
- Display Screen Equipment Policy xx- add link -xx
- Management of Sharps Policy xx- add link -xx
- Lone Working Policy xx- add link -xx
- Violence and Aggression Policy xx- add link -xx
- Infection Prevention and Control Policy xx- add link -xx
- Cleaning Policy xx- add link -xx Hand hygiene monthly Imaging audits are undertaken by each modality designated hand hygiene person and submitted for review
- Health & Wellbeing xx- add link -xx

4.39. Radiology Networks.

The Clinical Imaging Department is part of the Scottish Strategic Network for Diagnostics (SSND). The Strategic Network combines the 5 Diagnostic Networks which bring professionals together to improve diagnostic services across disciplines. This ensures that patients have the right test at the right time.

The Diagnostic Network for Clinical Imaging is The Scottish Clinical Imaging Network (SCIN) Scottish Clinical Imaging Network – National Managed Diagnostic Network (nhs.scot). Feedback from the meetings is reported at the monthly Directorate meetings.

The Networks are established to address the challenges of the NHS Long Term plan. Networking aims to pool resources, support protocol standardization and improve quality of service to patients.

5. Dissemination & Implementation

This policy should be implemented and disseminated through the department immediately following approval and will be made available on the XX- Q-Pulse -XX system.

6. Monitoring & Compliance

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	This policy will be monitored through governance monitoring mainly incidents and risks and meetings.
Lead	Team leads and Imaging Quality & Service Improvement Lead.
Tool	Monitoring of Incidents, risks, and governance feedback.
Frequency	QSI Lead will report monthly.
Reporting arrangements	Imaging Team Leaders, QSI meetings.
Acting on recommendations and Lead(s)	Imaging Service Lead.
Change in practice and lessons to be shared	Minutes of relevant meetings.

7. Updating and Reviewing

7.1. The document is required to have mandatory reviews every 3 years in line with QSI reviews as a v0.0 review.
<mark>XX- Dept Lead -XX</mark> is responsible for ensuring the document undergoes necessary review processes. Document approval is by <mark>XX-clearly state Governance/ Clinical Imaging Operational Policy -XX.</mark>

7.2. The document may have an incremental review as practice dictates as a V0.0 updates.

8. References

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Update with internal/intranet references as necessary

9. Appendices

Appendix 1

EXAMPLE

Imaging Induction and Orientation Checklist

It is necessary for all Radiographers to demonstrate practical competency in the orientation and function of each of the following as part of induction training process. This checklist must be kept with the individual for the duration of the induction/orientation process and made readily available at the request of mentors, modality leads and site superintendents.

Name …………………………………………..
Date …………………………………………
Mentor…………………………………………..

Appendix 1 continued

INSERT LOCAL/DEPT SPECIFIC NEW STAFF INDUCTION CHECKLIST

Appendix 2

EXAMPLE

Sample Hospital
Imaging Services, Operational Hours, Contact Numbers

1. **Plain Film/General X-Ray** - Monday to Friday, 8.45am – 5.00pm
Modality Lead: XXXX
0141 452 3510

GP Walk In Service: 9am-4.30pm Mon-Fri

2. **Trauma** – Accessed via A&E 24/7 service
Modality Lead: XXXXX

3. **Fluoroscopy -** Monday to Friday, 8.45- 5.00pm
Modality Lead: XXXX
0141 452 3511

4. **Computed Tomography (CT)** - Monday to Friday, 8.45am – 5.00pm
Modality Lead: XXXX
Booking Office: 0141 347 8379
OOH/Emergency CT Contact: XXXX

5. **Magnetic Resonance Imaging (MRI) –** Monday to Sunday, 8am – 8pm
Modality Lead: XXXXXX
Booking Office: 0141 347 8406
OOH/Emergency MRI Contact: XXXX

6. **Ultrasound (U/S)** - Monday to Friday, 8.45am – 5.00pm
Modality Lead: XXXX
Booking Office: 0141 347 8367
OOH/Emergency U/S Contact: XXXXX

7. **Nuclear Medicine (NM) –** Monday to Friday, 8am -4pm
   Modality Lead: XXXX
   Contact number: XXXX

   Specialist Nuclear Medicine Service:

   Nuclear Cardiology – based at XXXX – Contact XXXX
   Positron Emission Tomography (PET –CT) – based at XXXX – Contact XXXX
   Paediatrics – Based at XXXX – Contact: XXXX
   Neuro SPECT Imaging – Based at XXXX– Contact XXXX

8. **Interventional Radiology (IR)** – Monday to Friday, 9am – 5pm
   Modality Lead: XXXX
   Contact number: 0141 452 3590
   OOH/Emergency Contact: XXXX

   Neuro Interventional Radiology – based at XXXX– Contact XXXX

9. **Cardiac Catheterisation** – *Adult National Cardiac Service* based at XXXX

   Contact XXXX

   Paediatric National Cardiac Service based at XXXX
   Contact: XXXX

10. **DEXA –** Based at XXXX
    Contact: XXXX

Appendix 3

Attach MRI Safety – Staff safety training document
Remove if applicable/No MRI at site

Appendix 3 Continued

Insert - New National MRI Patient safety questionnaire

Remove if applicable/No MRI at site

Appendix 4a.

Insert or attach any internal or external to Health Board Interventional Radiology referral
Pathway/SOP
If no IR on site attach referral pathway to IR site

Appendix 4b.
Insert or attach any Specialist InterventionalNeuro Radiology (INR) referral pathways/SOP

If no INR on site attach referral pathway to Specialist INR site/services

Appendix 5

Please list any Outsourced Radiology Reporting.
Both Company and Modality.
Attach any local agreements in terms of audit and governance with outsourced companies.

Appendix 6

Please attach Dept or Board Specific Image Transfer Request Forms

Appendix 7
Attach any Board or Departmental Safeguarding Flow chart

Appendix 8

<mark>Attach Dept MRI Fire Management</mark>

<mark>Example</mark>
MRI OOH Fire Management
Emergency procedure should a fire occur out of hours and <u>**NO**</u> MRI trained staff are available.

Please follow the instructions below.

- On both MRI doors are the emergency contact details for the responsible people should the fire service need access to the department.

- Please phone one of the numbers.

- Whoever answers will direct you to an emergency access badge that will be stored on the notice board in <mark>XX- Site Lead-XX</mark> office.

- You can gain access to <mark>XX- Site Lead-XX</mark> office using the master key found in the top drawer in the viewing room.

- Whilst in the viewing room please locate the Emergency Access MRI Folder located on the top shelf of the bookcase. Keep this with you.

- Open <mark>XX- Site Lead-XX</mark> office - The envelope will read 'Emergency Access to MRI' and will be taped to the notice board immediately to the left as you enter <mark>XX- Site Lead-XX</mark> office.

- The badge will allow you access into the MRI controlled area on both scanners.

- You should still be on the phone to the MRI responsible person and they can direct you until they are able to attend the hospital.

- Should you get cut off, follow the instructions in the Emergency Access Folder.