

# DIAGNOSTIC IMAGING

The Care Quality Commission will be inspecting our organisation w/c 7 December and the areas below are some of the things which the inspectors will look for when they come to your service. To help you present your service as you would want, the checklist below may be a useful tool to use.

SAFE	Yes	No	Action required
Have staff been trained in safeguarding at a level appropriate to their role?			
Do staff understand their roles and responsibilities and adhere to safeguarding policies and procedures?			
What is the staff compliance for mandatory training?			
Do staff receive effective mandatory training in the safety systems, processes and practices?			
How do actual staffing levels compare to the planned levels?			
Check that there is a process in place for the imaging service to ensure that radiation incidents are fed into risk management			
Check that exposures much greater than intended are notified to CQC under IR(ME)R or to HSE under IRR99 requirements			
Check that staff understand their roles and responsibilities to raise concerns, to record safety incidents, concerns and near misses			
Ensure staff are aware of the process for reporting safety incidents both internally and externally			
Are staff aware of the 'duty of candour'? Do they understand the requirements of the duty of candour?			
Are people who use services told when they are affected by something that goes wrong, given an apology and informed of any actions as a result?			
How are staff informed of safety alerts and who reviews them for relevance? How is the information disseminated to staff and where are actions taken recorded?			
Does the imaging service ensure the WHO Surgical Safety Checklist is a core set of safety checks for use when carrying out non-surgical interventional radiology (with the expectation that it can be adapted to fit local practice)?			
What infection control measures are in use when carrying out a consultation/performing a scan on people requiring isolation e.g. people with infectious diarrhoea?			
Check that the imaging service has carried out a risk assessment for all new or modified use of radiation. Do the risk assessments address occupational safety as well as consideration of risks to people who use services and the public			
Check that the imaging service ensures that non-ionising radiation premises in particular MRI scanners, high power lasers and IPL, have arrangements in place to control the area and restrict access			
What arrangements are in place for managing medicines, medical gases and contrast media? This includes obtaining, prescribing, recording, handling. Storage and security, dispensing, safe administration and disposal.			
How does the imaging service using nuclear medicine ensure that The Medicines (Administration of Radioactive Substances) Regulations 1978 [MARS], is taken account of?			
How does the imaging service ensure that the radiation protection advisor is easily accessible for providing radiation advice?			
How does the service ensure that the 'requesting' of an X-ray, MRI, nuclear medicine or other radiation diagnostic test e.g. by GPs or others is only made by staff/persons in accordance with IR(ME)R?			
Check that there are signs/information displayed in the radiation department waiting area informing people about areas/rooms where radiation exposure takes place?			
How does the imaging service ensure that women (including women using the services and female staff) who are or may be pregnant always inform a member of staff before they are exposed to any radiation?			
In case of a service using radiation or radioactive substances are there effective arrangements in place in case of a radiation or radioactive incident occurring?			
What precautions are taken in the radiology setting when seeing people with suspected communicable diseases e.g. TB, Flu etc.?			
Are staff aware of major incidents and business continuity plans?			



EFFECTIVE	Yes	No	Action required
Have all staff had their appraisal/ Evidence of appraisal/PDRs, training etc., throughout the year			
Training and development including:			
- One to one meetings,			
- Mandatory training,			
- Coaching/mentoring			
Are managers aware of the status of each member of staff compliance with mandatory training?			
If poor or variable practice is identified, how is this managed?			
Are there clear records showing who is entitled to administer RMP together who has the necessary certificate from 'The Administration of Radioactive Substances Advisory Committee' (ARSAC)?			
How does the imaging service ensure the adoption and use of diagnostic reference levels (DRLs) as an aid to optimisation in medical exposure? Are the levels used audited?			
How does the service ensure it has identified and implemented relevant best practice and guidance?			
Does the service audit practice locally against the guidelines?			
Is there a system in place for identifying poor and variable practice?			
Does the service provide electronic access to diagnostic results?			
How does the service ensure that NICE guidelines for acting on an image report/radiologist report are followed?			
Does the provider participate in the Imaging Services Accreditation Scheme (ISAS) and if so what departments are accredited and what level of accreditation does it hold?			
As part of the justification process to carry out exposure to radiation, how does the imaging service attempt to make use of previous images of the same persons requiring the test, even if these have been taken elsewhere?			
Are staff that are not formally trained in radiation administration, adequately supervised in accordance with legislation set out under IR(ME)R?			
Does the service ensure that it meets clinical guidance for report turnaround time for medical staff requesting diagnostic imaging to be carried out?			
How does the service communicate with GPs? How long does it take? Is this measured/monitored by the service?			
Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Act 1989 and 2004?			
Are staff aware of the Mental Capacity Act and when it applies?			
CARING	Yes	No	Action required
Following their appointment, do service users understand how and when they will receive test results?			
Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?			
RESPONSIVE	Yes	No	Action required
How does the service deal with busy times?			
Is the service provided out of hours and at weekends?			
Do people who use the service know how to make a complaint or raise concerns?			
Do services run on time, and are people kept informed about any disruption?			
Does the service provide appropriate support for bariatric patients?			

WELL-LED	Yes	No	Action required
Are staff clear about their roles and what they are accountable for?			
Are there comprehensive assurance systems and service performance measures, which are reported and monitored, and is action taken to improve performance?			
Is there a systematic programme of clinical and internal audit, which is used to monitor quality and systems to identify where action should be taken?			
Is the Team Lead for the shift visible and approachable?			
Are individual and team objectives set?			
Is there a risk register in place and do staff know how to escalate known risks?			
Is action taken to address behaviour and performance that is inconsistent with the vision and values of the service, regardless of seniority?			
Have financial pressures ever compromised the quality of the service delivered?			

