



Healthcare
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Scotland

Inspections
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To drive improvement

Announced Inspection Report: Ionising Radiation (Medical Exposure) Regulations 2017

Service: North of Scotland Breast Centre,
Raigmore Hospital

Service Provider: NHS Highland

01-02 December 2025

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1 A summary of our inspection

Background

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

Our focus

The focus of our inspections is to ensure each service is implementing IR(ME)R 2017. Therefore, we only evaluate the service against quality indicators that align to the regulations. We want to find out how the service complies with its legal obligations under IR(ME)R 2017 and how the services are led, managed and delivered.

About our inspection

We carried out an announced inspection to North of Scotland Breast Centre (NSBC), Raigmore Hospital, NHS Highland on Monday 1 December and Tuesday 2 December 2025. We spoke with a number of staff, including screening director and consultant radiologist, superintendent radiographer, deputy superintendent radiographer, medical physics experts (MPEs), centre manager, head of medical physics, head of radiation protection, radiographers and assistant practitioners (APs). This was our first inspection to this service.

NSBC provides services for breast screening clients and those in the symptomatic breast pathway. Our inspection was focused on the breast screening pathway only. NSBC have two x-ray rooms and the use of one mobile screening unit. The equipment in the static centre is used for both pathways, whilst the mobile unit is solely for screening. The geographical area covered by NSBC includes Inverness, Caithness, Thurso, Fort William, Loch Leven, Forres and the Western isles including Lewis, Harris, Benbecula, Barra and Skye. Approximately 15,000 women are invited for screening per year.

The inspection team was made up of three inspectors.

What action we expect NHS Highland to take after our inspection

The actions that Healthcare Improvement Scotland expects the NHS Highland NSBC 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.

This inspection resulted in two requirements and five recommendations. Requirements are linked to compliance with IR(ME)R.

Safety Culture and Leadership	
Requirements	
	None.
Recommendations	
	None.

Implementation of IR(ME)R requirements	
Requirements	
1	North Scotland Breast Centre must be able to demonstrate the radiographers who work in the breast screening service are adequately trained and have undertaken a post graduate course in mammography. (Regulation 17(2)) (see page 10).
2	The North Scotland Breast Centre must clearly define in the employer's procedures or similar documents at what point justification is occurring when as referral is made on the SBSS system. Regulation 11 (1)(b) (see page 12).
Recommendations	
a	North Scotland Breast Centre should promote the learning opportunities available as well as the guidance on protected time to undertake continual professional development (see page 10).
b	North Scotland Breast Centre should document a local procedure of the requirements and criteria for image readers pending publication of a national guidance document (see page 10).
c	It is recommended that North Scotland Breast Centre should document in employer's procedures or similar documents where the relevant medical history and imaging is stored on the SBSS system to assist the justification process (see page 12).

d	It is recommended that North Scotland Breast Centre should document the steps to be taken in the event that a Local Diagnostic Reference Level (LDRL) is exceeded by an agreed factor (see page 14).
e	The North of Scotland Breast Centre should document their clinical audit programme including how and when clinical audit is carried out (see page 20).

Risk and Communication	
Requirements	
	None.
Recommendations	
	None.

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

NHS Highland must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at NHS Highland, NSBC for their assistance during the inspection.

2 What we found during our inspection

Safety Culture and Leadership

This is where we report on how clear the service's safety culture and how supportive its leadership and culture is.

Key questions we ask:

How clear is the service's vision and purpose?

How supportive is the culture and leadership of the service?

Our findings

A strong safety culture and environment was seen, with the necessary understanding and implementation of IR(ME)R demonstrated to the inspectors.

Safety culture

A strong safety culture can help to strengthen safety in the use of radiation technology, preventing injuries and reducing unnecessary or unintended radiation dose to patients. NSBC demonstrate a strong safety culture through the following measures in place; appropriate entitlement and scope of practice, Employer's Procedures (EPs), optimisation practices, quality assurance (QA) systems, as well as audit and governance arrangements.

Staff reported open lines of communication to raise concerns and discuss issues. Staff advised they are a part of a safe environment that enables them to openly report incidents and described of a learning environment with the use of reflection.

Requirement

- No requirements.

Recommendation

- No recommendations.

Implementation of IR(ME)R requirements

This is where we report on how well the service implements the requirements of IR(ME)R and manages and improves performance.

Key questions we ask:

*How well does the service manage and improve performance?
How does the organisation demonstrate the safe use of ionising radiation (patient exposure)?*

Our findings

There were clear systems and processes in place for the development of EPs, entitlement of staff and staff training. Staff were clear on their scope of practice.

Employer's procedures

The NSBC is clearly aligned to the NHS Highland governance structure for the development of IR(ME)R procedures. A detailed library of EPs is in place, and a sample of documents were available to the inspection team prior to the inspection.

There are three distinct levels of documentation which are all available to staff. We reviewed a selection of level one, level two and level three EP documents and some further documentation as part of the inspection. Level one documentation applies to the whole NHS board, covering all modalities. Level two documents are modality specific. Level three documents are service level documents, in this case covering the breast screening services. The documents are developed with a multi-disciplinary approach from senior radiographers, MPEs and radiologists as required.

The maximum period for review of NHS Highland EP documents is three years. The next review date is available to see in the footer of each EP. All documents we viewed were within their review period. Any changes to documents are communicated through the IR(ME)R administrator and IR(ME)R group leads, who disseminate the information accordingly.

Requirement

- No requirements.

Recommendation

- No recommendations.

Training

All radiographers working within breast screening are required to have a Post Graduate Certification (PG Cert) in Mammography. It is also required that all advanced practitioners (APs) complete a higher education certification in Mammography. These certifications are provided by Scottish Academy of Breast Imaging (SABI). The courses run by SABI are approved by the College of Radiographers (CoR). SABI provides further training modules in advance practice to enable professional and clinical skills development for those who wish to extend their scope of practice within breast imaging for example in image reading and reporting of images. They also carry out refresher training with staff members across all breast screening centres in Scotland at various times.

A detailed training programme has been implemented at the NSBC. Staff training records include various aspects of training, competency and dates achieved and annual review date. Additional training documents are in place for those progressing to supervisor to be able to supervise and assess competence. The samples of training records that we viewed were complete and signed by the appropriate persons. Staff training and records are reviewed at annual staff appraisals. Staff described the process of working under direct supervision when in training and for APs, indirect supervision from radiographers.

Radiologists, breast clinicians and advanced practitioner radiographers in NSBC who are involved in the reading of images are enrolled into the PERFORMS scheme hosted by the University of Nottingham. This is a national programme, accredited by the Royal College of Radiologists (RCR) that enhances health professionals' interpretation and imaging diagnostic skills. Participants are required to review and report a set of test images including complex cases. The staff receive feedback from PERFORMS on their reporting efforts. This scheme is a positive element of self-assessment, peer review and is used to enhance image interpretation in the screening programme.

What needs to improve

Whilst dates for completion of PG cert and Higher Certifications were recorded against each staff member, evidence was not available either electronically or a hard copy of certificates of achieving these qualifications for all appropriate staff at the time of inspection.

Staffing shortages in NSBC were discussed and apparent. Due to these shortages, protected time for continuous professional development (CPD) is not always guaranteed. Efforts are made to provide CPD opportunities when possible and staff confirmed they can request CPD opportunities.

In NSBC, radiologists, breast clinicians and advanced practitioner radiographers who have carried out additional training and qualifications, carry out the image reading for all the screening attendees. Although there is an informal agreement for the criteria for undertaking image reading, there is no current local document to define the required criteria. NSBC is following the NHS England guidance document and must read a minimum of 5000 images per year. The current national QA lead for the national Scottish Breast Screening Programme (SBSP) is creating a national document for all centres in the SBSP to follow that will include criteria for image readers. NSBS should document a local written procedure in the interim until such time that this national document is shared and implemented.

Requirement 1

- North Scotland Breast Centre must be able to demonstrate the radiographers who work in the breast screening service are adequately trained and have undertaken a post graduate course in mammography. (Regulation 17(2)).

Recommendation a

- North Scotland Breast Centre should promote the learning opportunities available as well as the guidance on protected time to undertake continual professional development.

Recommendation b

- North Scotland Breast Centre should document a local procedure of the requirements and criteria for image readers pending publication of a national guidance document.

Entitlement

NHS Highland have a robust process for the entitlement of staff to undertake the role of a referrer, practitioner and operator. There are clear lines of accountability of who can entitle staff to act as a referrer, practitioner or operator as outlined in the EPs. The entitlement and scope of practice is linked to the competencies of the staff member as demonstrated by their qualifications and role, training and experience. An individual's scope of practice can change over time, for example following additional training or moving to a new role. NHS Highland have individualised training records to link to training to an individual scope of practice.

Entitlement records were reviewed for several staff and examples of entitlement letters were available on inspection and signed by the appropriate persons. The entitlement documents outlined the scope of practice for each

role. The staff we spoke to were aware of where to find their training records and their scope of practice. Entitlement is reviewed at staff appraisals.

Requirement

- No requirements.

Recommendation

- No recommendations.

Referral

Referral for the breast screening programme is carried out by invitation, based on a referral criteria set out by the Scottish Government and UK national screening committee. The SBSP is aligned and evidenced by the breast screening programme in NHS England. All screening criteria and recommendations are agreed nationally.

Women who meet the nationally agreed criteria are invited to attend for breast screening on a rolling three-year basis. The invitation letter is sent from each health board, based on the attendees CHI numbers and registration at a GP practice. The invitation letters from NSBC are signed by the screening director. An example of a signed invitation letter was seen at the time of inspection.

If a client is required to attend the assessment clinic after the initial screening images, a different invitation letter, also signed by the screening director, is sent. This letter is for administrative purposes and does not act as an IR(ME)R referral. If further images are required at the assessment clinic, the referrer will request the images on SBSS. This is the referral mechanism, and it is outlined in document *022 HBC - Client Screening and Assessment Pathway in terms of IR(ME)R compliance*. This document also refers to the type of imaging required for the relevant clinical findings.

Requirement

- No requirements.

Recommendation

- No recommendations.

Justification

Justification is the process of weighing up the expected benefit of an exposure to ionising radiation against the potential harms of radiation exposure.

Radiation exposure through the breast screening programme throughout Scotland is based on agreed national population and criteria. The justification for exposure is applied at the invitation stage of the screening process by means of an invitation letter. Clinical justification is carried out by entitled operators prior to exposure. The pathway document *022 HBC - Client Screening and Assessment Pathway in terms of IR(ME)R compliance* outlines the duties and roles of staff members at each stage of the patient pathway.

What needs to improve

The SBSS radiology system does not clearly use language to identify the person who has justified an exposure at an assessment clinic. The IT system SBSS does not include a separate “justified by” component. Instead, the “requested by” option on the assessment clinic module on SBSS was the only option and therefore it was assumed that this action is covered by the IR(ME)R role of justification.

Although a staff discussion was had for each woman attending the assessment clinic, it was unclear where the relevant clinical history for justification of secondary image is documented for each person. Neither was it documented in the EPs or protocols the type of information that was to be regarded as the medical history.

Requirement 2

- The North Scotland Breast Centre must clearly define in the employer’s procedures or similar documents at what point justification is occurring when a referral is made on the SBSS system. Regulation 11 (1)(b).

Recommendation c

- It is recommended that North Scotland Breast Centre should document in employer’s procedures or similar documents where the relevant medical history and imaging is stored on the SBSS system to assist the justification process.

Optimisation

The role of optimisation is to ensure that doses to individuals are kept as low as reasonably practicable (ALARP), consistent with the desired clinical results. The NSBC have adopted the Scottish diagnostic reference levels (DRLs) as set by NSS. NSS have developed a range of four DRLs that cover 80% of women, in

comparison with the national DRL that has one DRL range that covers 10% of women.

The service has implemented optimisation practices including clinical audits to assess dose and image quality, an established QA manual and structured equipment testing schedules, based on input from NSS MPEs. The programme involves a QA lead radiographer and QA lead radiologist which enhances the optimisation efforts and provides consistent oversight alongside the MPE staff.

Image quality, including blurriness or artefact presence, is highlighted to the radiography QA lead or senior management by the operators if there was a concern that equipment or image quality was not adequate. Advice would then be given on whether the equipment can remain in use. After investigation further stakeholders such as NSS MPEs and equipment engineers may be notified if required to undertake further investigations.

On inspection, exposure charts for the recommended values were visible on the walls in the centre.

The level two document 013 RAD11 *Level 2 Diagnostic Reference Levels* states that “*action levels are agreed by the MPE’s (they are generally taken as twice the DRL or screening time) and displayed on DRL charts.*” The document also sets out their requirements for investigation in the case of DRLs being “consistently exceeding”. These requirements as per the document are as follows:

- Mean of room means (and/or individual room mean) > National DRL (or National Reference Dose)
- Mean of room means (and/or individual room mean) > Current Local DRL + 2 x Standard error of the mean (minimum threshold + 20%) (*institute of Physics & Engineering in Medicine Report 88)

What needs to improve

In the event that the DRLs are significantly exceeded at the time of an individual patient exposure, staff advised us there were no formal arrangements in place. Staff told us they would review the factors involved to determine if there are any contributory factors and may highlight the incident to the superintendent and MPE.

Requirement

- No requirements.

Recommendation d

- It is recommended that North Scotland Breast Centre should document the steps to be taken in the event that a Local Diagnostic Reference Level (LDRL) is exceeded by an agreed factor.

Operator

All staff in NSBC cover working practices in the breast screening and symptomatic pathways. There are a number of EPs and protocols that operators work against. All staff we spoke to were aware of the EPs relevant to them and where they could access them if required. Staff were familiar with the processes required for each pathway. The protocols were clear and provided step by step guidance.

Various measures are in place to assist the distinction of the screening and symptomatic pathways in the static centre. Attendees are in separate waiting areas for easy distinction; visual prompts are used on the equipment to alert which PACs drive the images should be set to and the screening lists which are also separated. Screening attendees are collated from the SBSS system, while the symptomatic pathway attendees will appear on a separate list.

Staff described the process for imaging women, including the need to review previous imaging, ID checks, accurate positioning of the breast the number of views required adequate compression and imaging women with breast implants, or implantable devices. Staff were familiar with the four national DRLs.

Staff reported they always work in a team of two operators or an additional member if someone is in training and requires direct supervision. APs do not work in pairs on the mobile units. In the static centre two APs may work alongside each other, however a radiographer must be in the vicinity. Staff confirmed that any imaging that needs repeated by an AP can only be undertaken after approval by the radiographer site. The radiographer authorising the additional imaging records their individual ID against the SBSS client record.

Staff reported they are aware of their scope of practice and did not undertake tasks they were not entitled to carry out.

Requirement

- No requirements.

Recommendation

- No recommendations.

Records

The NSBC uses an electronic document management system for the upkeep and management of EPs and protocols of all levels. Documents are accessed via the NHS Highland intranet. Due to the very remote areas the mobile unit can visit and lack of internet access, document 018 HBC - Document Control states that “a paper copy of all current HBC Level 3 documents is kept in a folder on the mobile unit as a back up.” These documents are reviewed on a six-monthly basis as they are uncontrolled when printed. Screening records are held on the national SBSS system and follow the individual’s screening pathway and history.

In the event that internet access is down, document 040 HBC SOP16 *Standard Operating Procedure- Screening with no 4G connection* explains the procedures for recording the patient worklist and storing of images. Operators phone the centre to make them aware of connectivity issues. A paper system is used by the operators and used to ask pre-exposure questions and record ID checks and operator ID. This information is later inputted into SBSS against the relevant attendee. Images taken are downloaded onto a hard drive in order to be transferred to PACS.

Requirement

- No requirements.

Recommendation

- No recommendations.

Patient identification

All staff we spoke to were aware of the patient identification procedures in place. A three-point ID check is used for all patients. The worklist for patients each day is linked from the SBSS system to the imaging equipment. Staff cross check patient details on the imaging unit and SBSS. Operators record on SBSS that they have carried out the identification process and check that the details match, this is done by ticking the “verified by” box on SBSS.

For women who require an interpreter, these services are available. Imaging exposures will not be carried out if there are any concerns over patient identification.

Requirement

- No requirements.

Recommendation

- No recommendations.

Clinical evaluation

Clinical evaluation is the clinical interpretation of an image and the recorded outcome (documentary evidence) of that reading. All the images in NSBC are read by two readers. The readers are a mix of consultant radiologists and advanced practitioner radiographers who completed extra training and qualifications. For each image acquired, both readers are required to record their clinical opinion and arrive at a consensus on the findings. Where there is a difference of opinion a third reader, will review the images to provide a third-party independent reading. Arbitration will finalise the consensus and confirm the clinical evaluation outcome.

The document 022 HBC - *Client Screening and Assessment Pathway in terms of IR(ME)R compliance*, outlines the three reading outcomes and defines the understanding of each term recorded as part of the clinical evaluation process for the initial screening images.

Requirement

- No requirements.

Recommendation

- No recommendations.

Expert advice

MPEs from NSS provide expert physics advice for the NSBC. NSS undertake the MPE QA on the mobile unit and the two static rooms that are used for both breast screening and the symptomatic pathway. NSS are informed of local Datixs. NHS Highland MPEs contribute to the development of the level one and level two EPs and provide advice on compliance to IR(ME)R.

In relation to the breast screening equipment the NSS MPEs are responsible for the following:

- commissioning and procurement of new equipment
- six monthly and annual QA of equipment
- dose monitoring and,
- analysis of incidents.

All patient incidents are communicated to NSS MPEs by NSBC. Upon receiving an incident form, NSS MPEs carry out an investigation into the circumstances, and an analysis report is completed and communicated back to the centre. NHS

Highland have also recently changed the arrangements for MPE support from NSS. NSS MPEs cover the QA for both symptomatic and screening pathways as the equipment is shared.

Staff we spoke to commented on the new working arrangements and reported they are working well. All staff were aware of how to contact senior members of staff and NSS MPEs when required.

Whilst the NSS MPE provision are the main provider of the MPE services to the NSBC, a cooperation between employers document states that “both NSS and NHHM MPEs will regularly communicate particularly with regard to changes to equipment, share reports, training needs etc.” There is a service level agreement (SLA) detailing the responsibilities of the NSS and NHS Highland MPEs.

Requirement

- No requirements.

Recommendation

- No recommendations.

Contracted services

Currently there are no third-party services or resources from other boards used for image reporting in NSBC. However, due to the current staffing levels in NSBC, there is the awareness that they may need to utilise resources from other boards in terms of image reporting and arbitration. The National Services Division (NSD) and Screening Oversight and Assurance Scotland (SOAS) are aware of the staffing levels and the potential need to outsource in this area of work. NSBC are aware that procedures will be required to be updated or created in the case that services are outsourced to other Scottish health boards.

NSBC utilise the services of locum and bank radiographers, these members of staff go through the same staff training as fulltime members and a locum training record document is in place - *“042 HBC Highland Breast Centre Bank / Locum Training Record”*.

What needs to improve

There is a potential risk of losing more staff and difficulty in recruiting other staff of all levels. This limited staffing can result in a dilution of skill mix and difficulty in dedicated training time. These factors present a potential risk to the services sustainability. NHS Highland, SOAS and NSD are aware of the current staffing challenges.

Requirement

- No requirements.

Recommendation

- No recommendations.

General duties in relation to equipment

The QA manual used by the SBSP is the nationally agreed QA manual developed by NSS. NHS Highland have adopted this QA manual, and it is used within the breast centre. This manual is available on the mobile unit and in the static centre. Any updates to this manual are communicated out to all staff and hard copies are replaced on the mobile units.

Equipment in the static centre is used for both the screening and symptomatic pathway. Therefore, any faults or failure of tests would impact both services. The QA tests, provided by NSS MPEs, are in depth and cover both service pathways. Escalation of faults and incidents, whether screening or symptomatic, is carried out in the same manner, using incident reporting forms, and incidents are sent to the NSS MPEs and senior management.

All staff receive training to undertake the relevant QA tests. All staff in NSBC are required to be signed off as competent before undertaking the QA checks independently. All operators are trained to undertake QA checks apart from needle QA checks where APs are not entitled to carry these out. Results from the daily, weekly and monthly QA tests are inputted into a live online spreadsheet. This is a newly acquired transition and is in line with the other breast screening centres in Scotland. The tolerance levels are built into this QA spreadsheet and follow a traffic light system for highlighting remedial and suspension level action. If equipment is taken out of clinical use due to test failure, the appropriate out of clinical use signs were available. There are additional QA tests to be carried out when equipment is returned to use and after any engineer has been on site to carry out work, along with a handover form and QA checks post movement of the mobile unit

It was confirmed that the daily tests must be carried out before any imaging takes place. Weekly and monthly tests are scheduled onto the x-ray equipment and can be carried out prior to imaging or when time allows on the scheduled days. Allocated time is provided for daily QA to be carried out every morning.

As per document 041 HBC SOP 17 QA, *“The QA lead radiographer will be responsible for sending all the QA for the Highland Breast Centre to NSS Physics on a monthly basis who will check the screening data.”*

Requirement

- No requirements.

Recommendation

- No recommendations.

Clinical audit

Clinical audit is a tool used in improving healthcare outcomes across the breast screening pathway. NSBC undertake a range of audits as part of the screening program and locally.

All mammography staff undertake a self-assessment audit on previous images they have taken using the Perfect, Good, Moderate Inadequate (PGMI) image evaluation system established by the SBSP). NSBC staff review 20 images themselves, and a further 10 images per staff member is reviewed by the QA lead radiographer. Results from the department are posted in the staffroom for staff to see. A progress checklist is also present to remind staff to undertake their PGMI reading for each month. Through the PGMI evaluation system technical recall and technical repeats are monitored. PGMI rates must be below 3% consistently. Procedures are in place that outline the steps required to assess the reasons behind a raised score and the need for further training if required.

QA lead radiologists in the SBSP have a continuous audit programme, which includes all six breast screening centres in Scotland. These audits include visiting the centres in person and having virtual meetings. QA lead radiographers have a similar national audit programme, including QA visits and meetings. Information from these visits and audits are included in an annual report which is shared nationally. The QA lead radiologist and QA lead radiographer in NSBC feed into these national audit programmes.

NSBC also undertake audits regarding biopsy rates, benign biopsy audits, fail of localisation, interval cancers, cancer detection rates and recall figures. These figures are used for national reports and are shared with the board and the SBSP.

What needs to improve

There is a wide range of clinical audits being undertaken and the centre is also involved in the national QA visits and audits within the screening programme, however there is no document that describes the overarching programme of clinical audits in place.

Requirement

- No requirements.

Recommendation e

- The North of Scotland Breast Centre should document their clinical audit programme including how and when clinical audit is carried out.

Accidental or unintended exposure

The NSBC follows the IR(M)ER procedure for the notification of incidents as outlined in their EPs. Document 017 RAD - HBC “incident reporting”, outlines the procedure of reporting any accidental or unintended exposures in the centre. Incidents are reported to NSS MPEs for investigation as required.

Staff we spoke to were aware of the procedures and pathways in place for reporting incidents. Staff involved in an incident will raise the Datix themselves and will also write a reflection for their own records.

Incidents are discussed at the relevant governance and management meetings. Learning from incidents is shared in the monthly staff newsletter.

Requirement

- No requirements.

Recommendation

- No recommendations.

Risk and Communication

This is where we report on what difference the service has made and what it has learned.

Key questions we ask:

How well does the organisation communicate with service users?

Our findings

It is required under IR(ME)R that adequate information is provided to individuals prior to exposure relating the risks and benefits of radiation exposure from imaging. Systems are in place to communicate this information to eligible individuals.

Risk benefit conversations

As the screening programme is delivered nationally, information leaflets from NHS Scotland and Public Health Scotland are provided to the centres to be given to the women with their invitation letter. The leaflets include the risks and benefits of screening. The invitation letter contains a phone number for the department should they have further questions. The opportunity is available for women to speak to a staff member in person, in the department should they have further questions prior to imaging.

NSBC have also introduced a positive initiative where a public health nurse (PHN) telephones first time attendees prior to their appointment to confirm appointment details and answer any questions they may have. Any questions relating to radiation that is out of the PHN remit is brought to the attention of the radiography staff to answer. Although this is a new initiative, it is showing to be working well in the centre.

Requirement

- No requirements.

Recommendation

- No recommendations.

Making enquiries of individuals who could be pregnant

There were posters visible in the centre advising ladies who may be pregnant or breast feeding to inform a staff member.

Enquiries to individuals who may be pregnant are not routinely carried out in the SBSP. As stated in the breast screening IR(ME)R implementation guidance, there is no requirement from a radiation dose perspective to routinely enquire about pregnancy prior to the exposure for routine breast screening imaging.

Pregnancy causes changes in density to the breast tissue, which can lead to difficulty in the diagnosis of breast lesions, therefore if clients are breast feeding, they are advised to reappoint three months post breast feeding.

Requirement

- No requirements.

Recommendation

- No recommendations.

Carers and comforters procedures

Whilst there are EPs in place covering the wider radiology service, including breast screening, for comforters and carers, these procedures are not required in the breast screening programme in NHS Highland. If someone is unable to comply with the imaging procedure without the need for a carer or comforter they will not be imaged. Document 023 – HBC - *Carers and Comforters in Breast Screening* states that “Clients who are unable to cooperate or consent to proceed with the examination will be given the Scottish Breast Screening ‘Didn’t have a mammogram’ Leaflet.” Those who are unable to have a complete mammogram performed will be marked as a partial examination on SBSS and will be given a Scottish Breast Screening ‘Incomplete mammography examination’ leaflet.

Requirement

- No requirements.

Recommendation

- No recommendations.

Appendix 1 – About our 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.

How we inspect services that use ionising radiation for medical exposure

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

What we look at

We want to find out:

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

Complaints

If you would like to raise a concern or complaint about an IR(ME)R service, you can directly contact us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are: his.irmer@nhs.scot

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