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| **By effective, we mean that people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.** | | |
| **KLOE E1** | **Are people’s needs assessed and care and treatment delivered in line with legislation, standards and evidence-based guidance to achieve effective outcomes**? | **QSI** |
| **1** | Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes? | LM1 C9 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies  LM2 C5 - Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all Service activities and processes  CL8 - The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.  FR4 C7 Systems in place to ensure all staff are supported to maintain necessary skills, knowledge and levels of competence, and to develop new competencies  FR5 - The service should review clinical and non-clinical practice and workforce deployment. All service improvement activities and workforce development should facilitate an effective diagnostic imaging and interventional radiology service in response to changing healthcare needs.  Patient Experience Domain  The purpose of the Patient Experience domain is to ensure that service delivery is patient-focused and respectful of the individual patient and their specific requirements. This is achieved through provision of appropriate information and support for patients and carers with due regard to differences in culture, religion, age and other factors. Effective feedback systems for patients and carers are necessary. |
| **2** | Do people have their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice? How is this monitored to ensure compliance? | CL1 - The service should work collaboratively with colleagues to agree and deliver appropriate imaging pathways to ensure diagnosis and/or treatment within specified timescales with minimal delays for all relevant patient groups  PE4 - The service should focus delivery on patients and their specific requirements. Due regard should be paid to differences in culture, religion, age and other factors, including vulnerability.  PE5 - The service should encourage patients, carers and others including staff to give feedback, either verbal or written, and use the feedback to improve and develop the service. The feedback may include complaints which should be managed effectively within specified timescales, and use the information to inform development of care and service delivery.  LM2 C2 - Systems in place for a clearly defined audit programme for all processes  LM2 C5 - Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all Service activities and processes  CL8 - The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.  FR4 C7 - Systems in place to ensure all staff are supported to maintain necessary skills, knowledge and levels of competence, and to develop new competencies |
| **3** | How is technology and equipment used to enhance the delivery of effective care and treatment and to support people’s independence? | LM2 C3 - Systems in place to identify and manage discrepancies when untoward events occur throughout the patient journey, including near-misses, and take preventative and / or corrective action(s)  LM2 C5 - Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all Service activities and processes  CL2 - The service should ensure that all images in each service area within the scope for the organisation are acquired in accordance with agreed protocols by competent staff working within their defined scope of practice. Images should be of optimal diagnostic quality according to current best practice, and provide essential image characteristics.  FR2 - The service has a duty to assure the appropriate procurement and replacement of all equipment, including software and ancillary equipment such as resuscitation equipment, protective clothing and consumables.  FR3 - The service has a duty to assure the appropriate installation, maintenance and quality assurance of all equipment, including software and ancillary equipment such as resuscitation equipment, protective clothing and consumables.  Patient Experience Domain  The purpose of the Patient Experience domain is to ensure that service delivery is patient-focused and respectful of the individual patient and their specific requirements. This is achieved through provision of appropriate information and support for patients and carers with due regard to differences in culture, religion, age and other factors. Effective feedback systems for patients and carers are necessary.  SA1 - The service has a duty to ensure that organisational arrangements and general radiation protection measures for staff, patients and others are in place to restrict exposure to ionising radiation and reflect statutory requirements. Any ionising radiation doses received by patients, staff and others should be as low as reasonably practicable. |
| **4** | Are the rights of people subject to the Mental Health Act (MHA) protected and do staff have regard to the MHA Code of Practice? | LM1 C9 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies  CL1 - The service should work collaboratively with colleagues to agree and deliver appropriate imaging pathways to ensure diagnosis and/or treatment within specified timescales with minimal delays for all relevant patient groups  FR4 - The service has a duty to ensure that all staff, whether substantive appointments or locum / agency are competent, skilled and supported to maintain, improve and widen the scope of their competencies.  FR4 C6 - Systems in place to ensure that the service maintains competencies to address the requirements of patients, children and those with particular needs  FR4 C7 – Systems in place to ensure that all staff are supported to maintain necessary skills, knowledge and levels of competence, and to develop new competencies.  **Patient Experience Domain**  The purpose of the Patient Experience domain is to ensure that service delivery is patient focused and respectful of the individual patient and their specific requirements. This is achieved through provision of appropriate information and support for patients and carers with due regard to differences in culture, religion, age and other factors. Effective feedback systems for patients and carers are necessary.  PE4 C4 – Systems in place to ensure that specific requirements of patients and carers are identified and responded to. |
| **5** | How are people’s nutrition and hydration (including those related to culture and religion) identified and met? Where relevant, what access is there to dietary and nutritional specialists to assist in this? | LM1 C9 – Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies.  CL7 C3 – Systems in place to ensure results of user feedback are collated, analysed and findings disseminated, communicated to relevant parties.  PE4 – The service implements and monitors systems to ensure that service delivery is patient-focused.  *The service should focus delivery on patients and their specific requirements. Due regard should be paid to differences in culture religion, age and other factors, including vulnerability.* |
| **6** | How is the pain of an individual person assessed and managed, particularly for people who have difficulty communicating? | Not entirely applicable – although pain relief may be offered during Interventional Procedures  CL4 C2 - Systems in place to develop, agree, maintain and apply protocols for all interventional procedures  CL5 - The service has a duty to ensure that drugs, including controlled drugs, contrast media and radioactive medicinal products are prescribed, prepared labelled and administered safely to reflect statutory requirements. Systems should reflect differences between adults and children. These agents should be stored appropriately and adverse reactions should be dealt with efficiently and effectively.  PE1 C2 – Systems to ensure that all patient groups and/or carers, as appropriate, are able to assess information in relevant formats  PE4 C5 – Systems in place to ensure that relevant information is communicated to individual patients during their contact with the service, including arrangements for transfer/continuity of care  PE4 C6 – Systems in place to provide support for patients who become distressed during their contact with the service including when the service fails to meet expectations. |
| **7** | Are people told when they need to seek further help and advised what to do if their condition deteriorates? | PE1 C2 – Systems to ensure that all patient groups and/or carers, as appropriate, are able to assess information in relevant formats  PE4 C5 – Systems in place to ensure that relevant information is communicated to individual patients during their contact with the service, including arrangements for transfer/continuity of care |
| **KLOE E2** | **How are people’s care and treatment outcomes monitored and how do they compare with other similar services?** | **QSI** |
| **1** | Is information about the outcomes of people’s care and treatment (both physical and mental where appropriate) routinely collected and monitored? | LM2 C2 - Systems in place for a clearly defined audit programme for all processes  LM2 C3 - Systems in place to identify and manage discrepancies when untoward events occur throughout the patient journey, including near-misses, and take preventative and / or corrective action(s)  CL1 C5 - Systems in place to ensure communication of reports to referrers and multidisciplinary meetings within specified timescales. This must include systems to manage unexpected findings and potential medical emergencies.  CL3 C3 - Systems in place to assure the quality and accuracy of reports and amendments  CL4 C6 - Systems in place to ensure analysis and feedback of interventional practice is communicated to all relevant staff and colleagues to inform development of practice  CL7 C3 – Systems in place to ensure results of user feedback are collated, analysed and findings disseminated, communicated to relevant parties and acted upon.  CL8 - The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.  FR5 C1 - Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others  PE5 – The service implements and monitors systems to ensure that patients and others are able to give feedback on their experience of the service. |
| **2** | Does this information show that the intended outcomes for people are being achieved? | LM2 C2 - Systems in place for a clearly defined audit programme for all processes  LM2 C3 - Systems in place to identify and manage discrepancies when untoward events occur throughout the patient journey, including near-misses, and take preventative and / or corrective action(s)  LM2 C5 – Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all service activities and processes. |
| **3** | How do outcomes for people in this service compare to other similar services and how have they changed over time? | LM2 C2 - Systems in place for a clearly defined audit programme for all processes  LM2 C3 - Systems in place to identify and manage discrepancies when untoward events occur throughout the patient journey, including near-misses, and take preventative and / or corrective action(s)  LM2 C5 – Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all service activities and processes.  CL8 – The service implements and monitors systems to review current and emerging clinical practice, implementing as appropriate |
| **4** | Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation, peer review, research trials and other quality improvement initiatives? Are all staff involved in activities to monitor and use information to improve outcomes? | LM1 C9 – Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies.  LM2 C2 - Systems in place for a clearly defined audit programme for all processes  LM2 C5 – Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all service activities and processes.  CL8 – The service implements and monitors systems to review current and emerging clinical practice, implementing as appropriate  *The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.*  FR5 C1 - Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others |
| **KLOE E3** | **How does the service make sure staff have the skills, knowledge and experience to deliver effective care, support and treatment?** | **QSI** |
| **1** | Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge? | LM1 C6 - Systems in place to ensure agreed appraisals and / or personal development reviews are conducted for all staff  LM1 C10 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies  CL8 - The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.  FR4 - The service has a duty to ensure that all staff, whether substantive appointments or locum / agency are competent, skilled and supported to maintain, improve and widen the scope of their competencies.  FR5 C5 - Systems in place to support engagement with content and delivery of relevant education and training |
| **2** | How are the learning needs of staff identified? Do staff have appropriate training to meet their learning needs that covers the scope of their work, and is there protected time for this training? | LM1 C6 - Systems in place to ensure agreed appraisals and / or personal development reviews are conducted for all staff  FR4 - The service has a duty to ensure that all staff, whether substantive appointments or locum / agency are competent, skilled and supported to maintain, improve and widen the scope of their competencies.  FR5 C5 – Systems in place to support engagement with content and delivery of relevant education and training |
| **3** | Are staff encouraged and given opportunities to develop? | LM1 C6 - Systems in place to ensure agreed appraisals and / or personal development reviews are conducted for all staff  LM1 C10 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies  CL8 - The service should carry out audits to explore the effect of current clinical practice. Audit information should be used in collaborative review processes to develop practice. The service should review emerging developments in clinical practice and develop new clinical practices in line with current research and guidance.  FR4 - The service has a duty to ensure that all staff, whether substantive appointments or locum / agency are competent, skilled and supported to maintain, improve and widen the scope of their competencies. |
| **4** | What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation). | LM1 C4 - Systems in place to ensure clear definition and management of tasks for staff to deliver the service  LM1 C6 - Systems in place to ensure agreed appraisals and / or personal development reviews are conducted for all staff  LM1 C9 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies  CL2 C4 – Systems in place to ensure analysis and feedback on imaging practice in all service area is available and communicated to all relevant staff and colleagues to inform development of practice.  CL8 C8 – The service implements and monitors systems to review current practice and emerging clinical practice, implementing as appropriate  FR4 - The service has a duty to ensure that all staff, whether substantive appointments or locum / agency are competent, skilled and supported to maintain, improve and widen the scope of their competencies. |
| **5** | How is poor or variable staff performance identified and managed? How are staff supported to improve? | LM1 C4 - Systems in place to ensure clear definition and management of tasks for staff to deliver the service  LM1 C6 - Systems in place to ensure agreed appraisals and / or personal development reviews are conducted for all staff  LM1 C9 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies  FR4 - The service has a duty to ensure that all staff, whether substantive appointments or locum / agency are competent, skilled and supported to maintain, improve and widen the scope of their competencies. |
| **6** | Are volunteers recruited where required, and are they trained and supported for the role they undertake? | FR5 C2 – Systems in place to ensure strategic service planning and workforce planning are integrated  FR5 C3 - Systems in place to assess, agree and implement workforce development initiatives to include appropriate skill mix  FR5 C5 - Systems in place to support engagement with content and delivery of relevant education and training |
| **KLOE E4** | **E4 How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?** | **QSI** |
| **1** | Are all necessary staff, including those in different teams and services, involved in assessing, planning and delivering people’s care and treatment? | CL1 C1 - The service should work collaboratively with colleagues to agree and deliver appropriate imaging pathways to ensure diagnosis and/or treatment within specified timescales with minimal delays for all relevant patient groups  CL3 C5 - Systems in place to ensure analysis and feedback on reporting practice is available and communicated to all relevant staff and colleagues to inform development of practice  CL7 - The service should encourage those who have contact with the service in a formal or professional capacity to give feedback, and use the feedback to improve and develop services and foster relationships with colleagues.  FR5 C1 - Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others   |  |  | | --- | --- | |  |  | |
| **2** | How is care delivered in a coordinated way when different teams or services are involved? | CL1 C1 - The service should work collaboratively with colleagues to agree and deliver appropriate imaging pathways to ensure diagnosis and/or treatment within specified timescales with minimal delays for all relevant patient groups  CL3 C5 - Systems in place to ensure analysis and feedback on reporting practice is available and communicated to all relevant staff and colleagues to inform development of practice  CL7 - The service should encourage those who have contact with the service in a formal or professional capacity to give feedback, and use the feedback to improve and develop services and foster relationships with colleagues.  FR5 C1 - Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others |
| **3** | How are people assured that they will receive consistent, coordinated, person centred care and support when they use, or move between different services? | CL1 C1 - The service should work collaboratively with colleagues to agree and deliver appropriate imaging pathways to ensure diagnosis and/or treatment within specified timescales with minimal delays for all relevant patient groups  CL3 C5 - Systems in place to ensure analysis and feedback on reporting practice is available and communicated to all relevant staff and colleagues to inform development of practice  CL7 - The service should encourage those who have contact with the service in a formal or professional capacity to give feedback, and use the feedback to improve and develop services and foster relationships with colleagues.  FR5 C1 - Systems in place to support service review, improvement and planned development with the involvement of patients, staff, users and others  PE2 C1 Systems in place to encourage and support staff to be welcoming and to act with discretion and respect towards patients and carers  PE4 C4 – Systems in place to ensure that specific requirements of patients and carers are identified and responded to  PE4 C5 - Systems in place to ensure relevant information is communicated to individual patients during their contact with the service, including arrangements for transfer/continuity of care |
| **4** | Are all relevant teams, services and organisations informed when people are discharged from a service? Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary ongoing care is in place? | CL1 C2 – Systems in place to ensure a collaborative approach to define and deliver imaging pathways and to maintain communication within and without the service  CL1 C5 – Systems in place to ensure communication of reports to referrers and multidisciplinary meetings with specified timescales. This must include systems to manage unexpected findings and potential medical emergencies.  PE4 C6 - Systems in place to ensure relevant information is communicated to individual patients during their contact with the service, including arrangements for transfer/continuity of care |
| **5** | How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored? | LM1 C4 - Systems in place to ensure clear definition and management of tasks for staff to deliver the service  LM2 C2 – Systems in place for a clearly defined audit programme for all processes  LM2 C5 – Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all service activities and processes  CL1 – The service implements and monitors and systems to ensure delivery of the service from referral to discharge from the service  *The service should work collaboratively with colleagues to agree and deliver appropriate imaging pathways to ensure diagnosis and/or treatment within specified timescales with minimal delays for all relevant patient groups.*  FR5 C4 – Systems in place to manage any and all out-of-hours service provision |
| **KLOE E5** | **How are people supported to live healthier lives and where the service is responsible, how does it improve the health of its population?** | **QSI** |
| **1** | Are people identified who need extra support? This includes:   * People in the 12 months of their lives * People at risk of developing a long term condition * carers | CL C3 - Systems in place to ensure clinically relevant information is received from referrers and patients  CL 1 C4 - Systems in place to ensure vetting, prioritisation, justification and authorisation of individual referrals, as relevant  PE2 C1 – Systems in place to encourage and support staff to be welcoming and to act with discretion and respect towards patients and carers  PE2 C2 – Systems in place to ensure that patients’ privacy, dignity and security are maintained  PE4 C2 Systems in place to ensure that appointments are available to meet patient needs and circumstances and co-ordinated with other appointments where possible  PE4 C4 – Systems in place to ensure that specific requirements of patients and carers are identified and responded to |
| **2** | How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary? | **N/A** |
| **3** | Are people who use services empowered and supported to manage their own health, care and wellbeing to maximise their independence? | PE3 C1 - Systems in place to ensure that patients are able to discuss their examination/procedure options with an appropriate staff member |
| **4** | Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people’s care or treatment discussed and followed up between staff, people and their carers where necessary | LM1 C9 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies  CL1 C5 – Systems in place to ensure communication of reports to referrers and multidisciplinary meetings within specified timescales. This must include systems to manage unexpected findings and potential medical emergencies.  FR4 C6 - Systems in place to ensure the service maintains competencies to address the requirements of patients, children, and those with particular needs  PE4 C4 – Systems in place to ensure that specific requirements of patients and carers are identified and responded to |
| **5** | How are national priorities to improve the population’s health supported? (For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.) | LM1 C9 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies |
| **KLOE E6** | **Is people’s consent to care and treatment always sought in line with legislation and guidance?** | **QSI** |
| **1** | Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children’s Acts 1989 and 2004 and other relevant national standards and guidance? | LM1 C9 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies  FR4 C6 - Systems in place to ensure the service maintains competencies to address the requirements of patients, children, and those with particular needs  PE3 – The service implements and monitors systems to ensure informed patient consent.  *The service should ensure that all patient groups and/or carers, as appropriate, are involved in decisions about their examinations or procedures. Valid, informed consent to examinations/procedures is central to patient involvement in their own care.* |
| **2** | How are people supported to make decisions in line with relevant legislation and guidance? | LM1 C9 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies  FR4 C6 – Systems in place to ensure that the service maintains competencies to address the requirements of patients, children and those with particular needs  PE3 C1 – Systems in place to ensure that patients are able to discuss their examination/procedure options with an appropriate member of staff |
| **3** | How and when is possible lack of mental capacity to consent to make a particular decision assessed and recorded? | PE3 C3 - Systems in place to arrange taking of consent from children and patients with particular needs for all examinations/procedures |
| **4** | How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance? | LM2 C2 – Systems in place for a clearly defined audit programme for all processes  LM2 C5 – Systems in place to implement actions necessary to achieve agreed quality objectives and continual improvement of all service activities and processes |
| **5** | When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation? | LM1 C9 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies  FR4 C6 - Systems in place to ensure the service maintains competencies to address the requirements of patients, children, and those with particular needs  PE4 C4 - Systems in place to ensure specific requirements of patients and carers are identified and responded to |
| **6** | How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate and monitored way as part of a wider person-centred support plan? | LM1 C9 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies  CL1 C3 – Systems in place to ensure clinically relevant information is received from referrers and patients  CL8 C1 – Systems in place to ensure regular audit of current practice, review and dissemination of findings and appropriate action  FR4 C6 - Systems in place to ensure the service maintains competencies to address the requirements of patients, children, and those with particular needs |
| **7** | Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, do they seek authorisation to do so when they consider it necessary and proportionate? | LM1 C9 - Systems in place to communicate to staff the need to meet the needs and requirements of users, as well as regulatory, professional and accreditation bodies  CL1 C3 – Systems in place to ensure clinically relevant information is received from referrers and patients  CL8 C1 – Systems in place to ensure regular audit of current practice, review and dissemination of findings and appropriate action  FR4 C6 - Systems in place to ensure the service maintains competencies to address the requirements of patients, children, and those with particular needs |