

LM1 – Roles, responsibilities, authorities and interrelationships.

- a. The Service can be either autonomous or part of a larger parent organisation. The owning/parent organisation must be a recognised legal entity. The Service must be licenced to operate its processes and locations according to relevant international and UK regulatory frameworks for delivery of the health care and, where appropriate ionising and non-ionising radiations. Where the Service is part of a parent organisation, the place of the Service should also be shown in the organisational structure of the parent organisation.
- b. The organisation must have clear processes in place to inform staff, patients and users of the core values of the organisation (e.g. mission statement).
- c. The Service must be organised and managed to meet the requirements of this accreditation standard during its operations, whether at permanent facilities, or when using mobile units or devices and or providing telemedicine services. The types of procedures which may be undertaken within the Service must be clearly specified.
- d. Central to the delivery of a safe, effective and efficient service is a leadership and management structure which will provide appropriate controls to support the staff in delivering the Service. The structure should be under the direction of a person or persons hereafter known as the Senior Management Team with the competence to define and delegate responsibilities for the activities provided. However, the Senior Management Team retains ultimate responsibility for the overall operation and administration of the Service.
- e. The organisational and clinical managerial structure should have defined roles, responsibilities and authorities for the overall management and leadership as well as for senior clinical and professional aspects of the imaging service operations whether at permanent facilities or when using mobile units or outsourced services, in accordance with regulatory and organisational requirements. These should include areas of responsibility such as clinical governance; budget planning and financial management; infection prevention and control; data protection; Health and Safety; management of the environment and facilities; and emergency planning. The Service must ensure there is an open and honest culture across and at all levels within the organisation and should have a clear policy relating to a Duty of Candour.
- f. At service level, the roles and responsibilities identified should include ensuring a safe service environment in compliance with legislation and good practice; provision of clinical advice with respect to the choice of examinations, use of the service and interpretation of examination results; an equipment procurement and replacement programme together with an appropriate maintenance schedule; the definition, implementation and monitoring of standards of performance and quality improvement; and management of clinical information.
- g. It should be demonstrated that there are appropriate numbers of staff with the required education, training and competence to provide the service. Roles and responsibilities for areas such as service and workforce review and planning should be clearly defined and published. Processes to support reviews and development should be grounded in current best practice and reflect professional guidance. Processes should be in place to ensure an appropriate mix of skills is available to deliver a service tailored to current needs. Clinical directors and managers should work closely with the parent organisation to determine appropriate staffing levels and skill mix combinations.
- h. Roles, responsibilities and accountabilities for the management of ionising radiation risks and protection should be clearly defined and published. The holders of roles specified in regulations must be clearly identified, and each individual must understand the role and their

responsibilities. In addition, for those services providing radionuclide imaging, holders of Administration of Radioactive Substances Advisory Committee (ARSAC) certificates should be clearly identified.

- i. Roles, responsibilities and accountabilities for the management of non-ionising radiation risks and protection should be clearly defined and published. For services involving the use of Magnetic Resonance (MR) scanning, there must be a named MR responsible person who has day to day responsibility for safety in the MR centre. The Service must have regularly reviewed MR Local Rules in place to include safety and emergency procedures, and work instructions. These should be established in consultation with an MR safety expert. Where optical radiation is used, there should be a laser protection adviser, laser protection supervisor and a register of authorised users for each piece of equipment. Services should have specific policies for optical radiation safety, distinct from other radiation safety policies.
- j. Delivery of an effective service relies on staff who are motivated, managed and supported. The organisation should ensure that the management of staff is effective, fair, consistent and supportive and comply with current legislation and best practice. Employment policies and procedures should be consistent with those of the parent organisation, and must be applied to all staff in a fair and consistent way. Policies and procedures should cover: holiday entitlement; annual leave; sickness and absence; disciplinary action; grievances; health and safety; data protection; and confidentiality. All staff have a duty to uphold organisational policies and procedures and act appropriately and within the law. Changes in policies or procedures must be communicated to all staff.
- k. Each member of staff must have an agreed contract of employment, job description and job plan. Systems should be in place to ensure annual appraisal and objective setting for all staff, coupled with ongoing personal development review to enhance the progress and opportunities of staff. In addition, there should be provision for professional and career development programmes and opportunities for staff. There should be a mentorship scheme in place for staff who are newly appointed or who take on different roles. Tasks should be delegated by authorised members of staff, fairly and consistently. Staff should be fully aware of the tasks they are required to carry out and should not be asked to perform tasks outside their current competence levels or scope of practice.
- l. Processes should be in place to manage conflicts of interest and make staff aware of where conflicts might arise.
- m. Employment guidance promotes the provision of well-managed, flexible working environments to support staff and their welfare and development. Staff should be encouraged and supported in maintaining a healthy and productive balance between their work and their life outside work. Management which ensures that the right people are doing the right job at the right time helps to reduce stresses on staff.
- n. To provide a safe environment for patients, staff and others, the service must minimise and manage violent or aggressive behaviour. Policies and processes should be in place to reduce the risk of violence and aggression, and manage effectively incidents which do occur. Processes and protocols should be grounded in current best practice and reflect professional guidance and statutory requirements. Staff should be aware of the protocols, how to access them and be informed of any changes. They should be trained in conflict resolution.

Robust systems including a 'freedom to speak up' policy should be in place to allow staff to raise concerns over any aspect of service delivery, clinical treatment or management, in confidence and without prejudicing their position.

- o. Staff should be able to contribute to service management and offer ideas for service improvement and development.

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