

Ionising Radiation (Medical Exposure) Regulations Inspection Follow-up Inspection (Announced)

Diagnostic Imaging / Brecon
Hospital and Llandrindod Wells
Hospital / Powys Teaching Health
Board

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November 2017

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced Ionising Radiation (Medical Exposure) Regulations follow-up inspection of the radiography (primarily) and theatre departments at Brecon Hospital and Llandrindod Wells Hospital within Powys Teaching Health Board on the 6 and 7 November 2017.

Our team, for the inspection comprised of a HIW Inspector, an Assistant HIW Inspector and two Senior Clinical Officers from the Medical Exposures Group of Public Health England, acting in an advisory capacity. The inspection was led by a HIW inspection manager.

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

Positive comments were made by patients regarding their experiences of visiting the departments.

We found that some progress had been made to address the improvement needed that was identified from our last inspection.

Some of the employer's written procedures needed to be revised and updated further. In addition further efforts must be made to demonstrate that staff performing practitioner and operator functions are appropriately trained, competent and entitled to do so.

This is what we found the service did well:

- Patients made positive comments about the approach and attitude of the staff
- We found improvements had been made around staff accessing up to date policies and procedures
- We found that efforts had been made to increase staff awareness of the procedure concerning IR(ME)R incident reporting
- Progress had been made to demonstrate staff training

This is what we recommend the service could improve:

- The health board's Ionising Radiation Safety Policy and some of the employer's written procedures need to be revised further and updated to promote clarity and a consistent approach
- Further efforts need to be made to demonstrate that staff performing practitioner and operator functions are appropriately trained, competent and entitled to do so.

3. What we found

Background of the service

Powys Teaching Health Board covers a population of approximately 133,000 people living across mid Wales. Services are mainly provided through GPs and other primary care services, community hospitals and community services. The health board does not have a district general hospital and works with other organisations in Wales and England to provide services.

HIW last inspected the radiography departments at the Victoria Memorial Hospital (Welshpool), Brecon Hospital and Ystradgynlais Community Hospital on 13-15 September 2016. As part of that inspection, we also considered the theatres at Brecon Hospital.

The key areas for improvement we identified included the following:

- The employer's procedures concerning patient identification, medico-legal exposures and justification and authorisation (ahead of X-ray imaging) needed to be reviewed and updated
- Revising the written Ionising Radiation Safety Policy to add clarity and reflect current arrangements
- The arrangements for making staff aware of, and supplying them with, current policies and procedures concerning IR(ME)R
- The arrangements to ensure that individuals are appropriately trained, competent and entitled as practitioners and operators to perform the tasks required
- Revising the employer's written procedure concerning entitlement and identification of duty holders to clearly set out staff groups, scope of practice and training requirements for entitled referrers, practitioners and operators
- Revising the employer's written procedure concerning incident reporting
- The employer was asked to provide HIW with an update on the progress in appointing a Professional Head of Radiography (vacant at the time of our previous visit) and details of how the responsibilities associated with this position were being effectively fulfilled in the interim period

The purpose of this inspection was to follow-up on the above improvements needed, identified at the last inspection.

This follow up inspection considered the radiography (primarily) and theatre departments at Brecon Hospital (previously inspected) and Llandrindod Wells Hospital (new inspection) on 6 and 7 November 2017. The reason for including the hospital at Llandrindod Wells was to consider how learning from our previous inspection in 2016 had been shared across the hospital sites.

During 2016/17, the diagnostic imaging departments carried out approximately the following number of general 'plain film' radiography procedures:

- Brecon Hospital - 5201
- Llandrindod Wells Hospital - 6345

Both departments carry out dental radiography procedures and the department at Brecon Hospital also carries out medical and antenatal ultrasound procedures.

The theatre departments at each hospital carry out procedures using mini C-arm fluoroscopy¹ equipment.

At the time of our inspection, the following staff worked at the departments

- Brecon Hospital - 0.8 WTE Radiographer
- Llandrindod Wells Hospital - 1 WTE Radiographer

At the time of our inspection, there were vacancies for radiographers within both departments. Bank staff were being used regularly to address shortfalls in the duty rotas.

Medical Physics Experts were employed via service level agreements with a neighbouring health board and NHS Trust.

¹ Fluoroscopy is a medical imaging technique that uses X-rays to obtain real-time moving images.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Positive comments were made by patients regarding the approach and attitude of the staff. Patients also told us that they felt they had been given enough information about their X-ray investigations.

All the departments we visited were clean and tidy.

Patients confirmed that they had not experienced delays when attending the departments for their X-ray investigations.

Areas for improvement we identified at our last inspection

We did not identify any areas for improvement in relation to the quality of the patient experience at our last inspection.

What we found on follow-up

Whilst we did not identify any improvement was needed following our previous inspection, we invited patients to tell us about their experiences of using the services at this follow up inspection. This was to ensure that patients' perspective remained at the centre of our approach to inspection. To achieve this, we asked the two radiography departments to distribute HIW questionnaires to patients prior to our inspection. We also invited patients to speak with us during the inspection and two patients provided comments.

A total of 37 completed questionnaires were completed. Patient comments included the following:

"Great service offered to me. All staff are friendly and super efficient"

"Excellent service"

"...always had a good service"

"All the staff are very good"

"Easier access to department waiting room and treatment room (for wheelchair users)" (Llandrindod Wells Hospital)

Dignified care

We found staff to be friendly, yet professional in their approach. Comments from patients supported this. Some patients added their own additional comments praising the attitude and approach of the staff.

Changing cubicles were available within each of the radiography departments we visited. These offered patients privacy should they need to change into/out of dignity (hospital) gowns.

Patient information

The radiography departments were clearly signposted and hospital staff were on hand to provide directions as needed. Patients who completed and returned questionnaires told us they had been able to find their way to the departments easily.

Information for patients was displayed within both radiography departments and/or on notice boards within public areas of the hospital. In addition, patients who provided comments told us they felt they had been provided with enough information about their X-ray investigations.

At Brecon Hospital, a poster was displayed reminding female patients to inform staff if they were, or may be, pregnant. This information was displayed in a number of different languages and we identified this as noteworthy practice. A similar poster was not displayed at Llandrindod Wells Hospital. When we made senior staff aware of our findings, they confirmed that arrangements would be made to display the same poster at both hospitals. Consideration should also be given to displaying the poster within other departments across the health board to ensure compliance with the employer's written procedure (Procedure B).

Timely care

Patients told us that they had not experienced any delays when attending for their X-ray investigations. One patient commented that, in their opinion, an out of hours service was needed.

Individual care

Listening and learning from feedback

Information was displayed for patients and their carers about how to make a complaint. This procedure was in keeping with 'Putting Things Right', the arrangements for handling complaints about care and treatment provided by NHS Wales.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Since our last inspection, the employer had updated the written procedures concerning the correct identification of patients, medico-legal exposures and the justification and authorisation of medical exposures.

We identified that some of these needed to be revised and updated again to reflect current practice, provide more clarity for staff and promote a consistent approach to patient safety.

Areas for improvement we identified at our last inspection

Areas for improvement identified at last inspection included the following:

- The employer's written procedures concerning patient identification, medico-legal exposures and justification and authorisation needed to be reviewed and updated.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- To amend those procedures concerning patient identification and medic-legal exposures by 1 February 2017 and the procedure concerning justification and authorisation by 31 December 2016.

What we found on follow-up

Compliance with Ionising Radiation (Medical Exposure) Regulations

Duties of employer

Patient identification

The employer's written procedure (Procedure A) concerning patient identification had been updated in January 2017.

Whilst some additional information around minor and major discrepancies had been added, the written procedure still did not adequately reflect the additional checks that must be completed by staff when a minor discrepancy in a patient's details is identified.

Staff we spoke to were able to describe the procedures to follow and we were assured that they were aware of the action to take in the event of any discrepancies being identified. This, however, was very reliant on the diligence of the staff and was not supported by a comprehensive written procedure.

In addition there was no formal process in place to ensure that patients' details were updated / corrected centrally. This meant that incorrect patient information may be used when requesting future investigations.

The correct identification of patients is important to promote patient safety and well being². The employer must ensure that a robust written procedure is in place to promote a safe and consistent approach to this important aspect of patient safety.

Additional information around minor and major discrepancies was included in the employer's written procedure (Procedure D) concerning making a referral. For completeness this information should also be included in Procedure A.

² Patient Safety Notice PSN026/April 2016 - Positive Patient Identification. <http://www.patientsafety.wales.nhs.uk/sitesplus/documents/1104/PSN026%20Positive%20patient%20identification.pdf>

Medico-legal exposures

The employer's written procedure (Procedure E) concerning medico-legal exposures had been updated in January 2017. This reflected that such exposures were only undertaken at Ystradgynlais Community Hospital. Senior staff confirmed that this was correct.

Reference was made to these procedures only being performed if no results of a previous examination could be obtained. The employer should amend the wording of this procedure to set out the action to be taken if an exposure has been performed previously but the results are not available or cannot be obtained.

In addition, reference was made to Cat II Health Screening. This is an out of date term and reference to it should be removed.

Improvement needed

The employer's procedure (Procedure A) concerning patient identification must be updated to guide staff on a safe and consistent approach to correctly identifying patients before carrying out investigations.

Other arrangements to promote the correct identification of patients to be implemented as appropriate.

The employer's procedure (Procedure E) concerning medico-legal exposures should be updated to clearly set out the action to be taken by staff if an exposure has been performed previously but the results are not available or cannot be obtained.

Justification of Individual Medical Exposures

The employer's written procedure (Procedure F) concerning justification and authorisation had been updated in January 2017.

The updated procedure did not make reference to the arrangements for justifying exposures out of hours. Senior staff confirmed that no exposures were performed. For completeness and further clarity, the employer should reflect this in the written procedure. In addition, staff understanding of the term Examination and Equipment protocol used in the written procedure (Procedure F) should be confirmed as staff were not sure what this protocol was or where it could be found.

Improvement needed

The employer's procedure (Procedure F) should be updated to clearly reflect that exposures are not performed out of hours (if this is to remain the case). In addition, staff understanding of the term Examination and Equipment Protocol must be confirmed.

Equipment

The employer provided up to date inventories of radiological equipment used within the departments we visited. These contained all the information required under IR(ME)R.

Safe Care

Infection prevention and control

During the course of our inspection, we saw that all departments appeared visibly clean. Hand cleaning gel was available to promote effective infection prevention and control.

No concerns were raised by patients regarding the cleanliness of the departments.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

A management structure was in place. We found that some progress had been made to address the improvement needed that was identified from our last inspection.

One of the (two) senior staff vacancies had been filled. A Director of Therapy and Health Science was in post. The Professional Head of Radiography post was, however, still vacant.

Some of the employer's written procedures needed to be revised and updated further. In addition further efforts must be made to demonstrate that staff performing practitioner and operator functions are appropriately trained and entitled to do so.

Areas for improvement we identified at our last inspection

Areas for improvement identified at last inspection included the following:

- Revising the written Ionising Radiation Safety Policy to add clarity and reflect current arrangements
- The arrangements for and making staff aware of and supplying them with current policies and procedures concerning IR(ME)R
- The arrangements to ensure that individuals are appropriately trained and entitled as practitioners and operators to perform the tasks required
- Revising the employer's written procedure concerning entitlement and identification of duty holders to clearly set out staff groups, scope of practice and training requirements for entitled referrers, practitioners and operators

- Revising the employer's written procedure concerning incident reporting
- The employer was asked to provide HIW with an update on the progress in appointing a Professional Head of Radiography (vacant at the time) and details of how the responsibilities associated with this position are being effectively fulfilled in the interim period.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- To amend the policy by 1 February 2017
- To remove all out of date written procedures from departments immediately. We were told that up to date procedures were available on the health board's intranet and it was the responsibility of team leaders / managers to ensure staff are aware of these. We were also told that it was the responsibility of staff to read these. A spreadsheet was to be introduced to evidence this by 31 January 2017.
- To review and amend the employer's written procedure concerning entitlement by 1 February 2017. Training records for relevant staff would be available and entitlement for non health board staff would be via service level agreements.
- To formally agree by 16 December 2016 for neighbouring health boards to provide support with clinical governance arrangements.
- IR(ME)R responsibilities continued to be delegated to the Head of Therapies with support by team leaders. Efforts were to continue with recruiting a Head of Radiography.

What we found on follow-up

Governance, leadership and accountability

Since our previous inspection, the health board had successfully recruited to the Director of Therapies and Health Science post. At the time of our follow up inspection the Professional Head of Radiography remained vacant. Efforts were continuing to recruit to this post.

Senior staff provided an assurance that interim arrangements had been put in place to ensure the responsibilities associated with this role were fulfilled. These arrangements included strengthened professional support for staff teams. Senior staff confirmed these arrangements were formalised within

service level agreements between Powys Teaching Health Board and neighbouring health boards.

Duties of employer

Entitlement

IR(ME)R defines four duty holders, namely the employer³, referrer⁴, practitioner⁵ and operator⁶.

The employer's written procedure (Procedure C) concerning entitlement and identification of referrers, practitioners and operators had been updated in January 2017.

These duty holders were identified by staff group and the procedure set out the scope of practice and expected level of training for each staff group. The procedure, however, still did not include all those staff groups that were said to be performing practitioner and operator functions. For example, podiatrists, orthopaedic surgeons, dentists and dental care professionals and nurse practitioners. We saw that references were still made to both dental practitioner and dental professionals. We recommend, therefore, that the written procedure be revised to clearly define the dental practitioner or professional to whom these referred. The employer may wish to refer to and use those terms used by the General Dental Council (GDC).

The written procedure referred to entitlement of practitioner and operators via service level agreement (SLA) arrangements. We reviewed an example of a

³ Employer - Any natural or legal person who carries out or engages others to carry out , medical exposures or practical aspects , at a given radiological installation.

⁴ Referrer - A registered healthcare professional who is entitled , in accordance with the employer's procedures , to refer individuals for medical exposures.

⁵ Practitioner - A registered healthcare professional who is entitled, in accordance with the employer's procedures, to take responsibility for an individual medical exposure, The primary role of the practitioner is to justify medical exposures.

⁶ Operator - Any person who is entitled, in accordance with the employer's procedures , to carry out the practical aspects of a medical exposure.

SLA document and it was unclear how this provided entitlement. Discussions with senior staff confirmed that entitlement was on an individual basis and demonstrated via a signed entitlement form. Whilst we saw the template form to be used, the entitlement process had not been completed at either of the hospital sites we inspected.

In addition we identified that some other elements of the written procedure needed updating to reflect current practise. For example, reference was made to referring patients for a barium swallow procedure⁷. We were informed by senior staff that this procedure is not performed at any of the departments within the health board. References were made to HPC registration and this should be HCPC.⁸

Since our previous inspection, a training matrix had been developed. This had been implemented within Brecon Hospital and we were told that this was to be used by other departments within the health board.

HIW acknowledges that progress has been made since our previous inspection. Further work is required by the employer, however, to demonstrate that staff performing practitioner and operator functions are appropriately trained, competent and entitled to do so within an agreed scope of practice. This needs to be completed as a matter of priority and senior staff gave a firm verbal assurance that this would be achieved by the beginning of February 2018.

Procedures and protocols

The health board's Ionising Radiation Safety Policy document had been updated in January 2017.

The Chief Executive of the health board was designated as the employer. This is commonly seen and is in keeping with the national guidance on implementing IR(ME)R legislation as it applies to diagnostic and interventional radiology.

⁷ Barium swallow - this procedure uses barium liquid and X-rays to look for problems in the gullet (oesophagus).

⁸ Health and Care Professionals Council. <http://www.hpc-uk.org/aboutus/>

The updated document set out more detail around the employer's duties. There was still opportunity for these to be made clearer and to describe in practical terms what happens operationally. The employer's duties are set out in Regulation 4 of The Ionising Radiation (Medical Exposure) Regulations 2000 and we recommended that this be used as a guide to set out all of the employer's duties within the health board's Ionising Radiation Safety Policy.

The updated policy correctly reflected that fluoroscopy was only performed in the theatres at Brecon Hospital and Llandrindod Wells Hospital. The reference to Victoria Memorial Hospital (Welshpool) had been removed.

The above policy document included the organisational structure showing the lines of reporting, accountability and delegation in respect of IR(ME)R. Given the length of time that the Professional Head of Radiography position had remained (and continued to remain) vacant, the policy document needed to include details of who had responsibility for performing these roles in the interim period. This was to promote clarity for the staff teams.

We saw that written procedures and protocols had been updated. A number of the procedures, however, would benefit from being reviewed and further revised to reflect current practice across the departments we visited. We have referred to these procedures throughout this report and they include:

- Procedure A - Patient identification
- Procedure C - Identification of referrers, practitioners and operators
- Procedure E - Medico legal exposures / Cat II health screening
- Procedure F - Justification / authorisation of a medical exposure
- Procedure J - Exposures greater than intended / unintended doses and near misses

In addition to the above, the following written procedures,

- Procedure B - Females of child bearing age
- Procedure G - Evaluation of exposure
- Procedure H - Recording dose in a medical exposure
- Procedure I - Monitoring diagnostic reference levels (DRLS)

should be revised, to accurately reflect that high dose CT scan procedures are not performed (as confirmed by senior staff); include all staff groups entitled to

perform and record clinical evaluation; complete the sentence - 'This only applies to the X-ray equipment in..' on p 31 of the procedures; and include details of what staff should record and the procedure for reporting concerns, respectively.

We spoke to staff within the radiography departments and theatres at both hospitals. They were aware of how to access the health board's policies and employer's IR(ME)R procedures via the health board's intranet site. Printed versions were also available within both radiography departments and we saw that these were current.

Incident notifications

The employer's written procedure (Procedure J) concerning reporting incidents had been updated in January 2017.

It had been updated to include a link to the HIW website so that staff could check what information is required when reporting an incident to HIW. Whilst a link had been included, Appendix 2 of the procedure still made reference to information which is not required by HIW at the time of reporting. Rather the information referred to in the procedure is that required when the employer submits the investigation report to HIW.

In addition, Appendix 1 still referred to using DRL multipliers when determining whether a patient had received a (medical exposure) dose 'much greater than intended'. The employer should refer to current guidance issued by the Health and Safety Executive⁹ and the Department of Health¹⁰ when determining when to report incidents. The reference to DRL multipliers should therefore be removed to avoid confusion.

We saw that copies of an updated flow chart were displayed within departments. These set out the action to be taken following a potential incident

⁹ Guidance Note PM77 - Equipment used in connection with medical exposure (Third Edition). Health and Safety Executive. <http://www.hse.gov.uk/pubns/guidance/pm77.htm>

¹⁰ Guidance on investigation and notification of medical exposures much greater than intended (16 January 2017). Department of Health. <https://www.gov.uk/government/publications/the-ionising-radiation-medical-exposure-regulations-2000>

and aimed to be an aide memoir to staff so that they were aware of their responsibilities in this regard.

Improvement needed

The Ionising Radiation Safety Policy must be updated to include details of the arrangements of how the responsibilities and roles of the Professional Head of Radiography are being fulfilled and by whom whilst the position remains vacant

The employer's written procedure (Procedure C) concerning entitlement must be updated to clearly set out all the staff groups, scope of practice and training requirements for entitled practitioners and operators. The written procedure must be fully reviewed to ensure it reflects current arrangements and correct terms.

The employer must make arrangements to demonstrate that staff performing referrer, practitioner and operator functions are appropriately trained, competent and entitled to do so within an agreed scope of practice.

The employer's written procedure (Procedure J) concerning reporting incidents must be updated to accurately reflect the information to be reported to HIW in the event of a reportable IR(ME)R incident. Reference to DRL multipliers should be removed to avoid confusion.

The employer's written procedures (Procedure B, G, H and I) should be revised to:

- accurately reflect that high dose CT scan procedures are not performed (as confirmed by senior staff) - Procedure B
- include all staff groups entitled to perform record clinical evaluation - Procedure G
- complete the sentence - 'This only applies to the X-ray equipment in..' on p 31 of the procedures - Procedure H
- include details of what staff should record and the procedure for reporting concerns - Procedure I

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we conduct follow-up inspections

Follow-up inspections can be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the [Health and Care Standards 2015](#) relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels. We will also highlight any outstanding areas of improvement that need to be made.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarizes the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

| Immediate concerns identified | Impact/potential impact on patient care and treatment | How HIW escalated the concern | How the concern was resolved |
|--|---|-------------------------------|------------------------------|
| No immediate concerns were identified. | | | |

Appendix B – Immediate improvement plan

Service: Brecon Hospital and Llandrindod Wells Hospital

Date of inspection: 6 and 7 November 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

| Immediate improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|----------|----------------|---------------------|-----------|
| No immediate improvement plan was required. | | | | |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Brecon Hospital and Llandrindod Wells Hospital

Date of inspection: 6 and 7 November 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|--|--|--|-----------|
| Quality of the patient experience | | | | |
| No improvement plan was required. | | | | |
| Delivery of safe and effective care | | | | |
| The employer's procedure (Procedure A) concerning patient identification must be updated to guide staff on a safe and consistent approach to correctly identifying patients before carrying out investigations. | Health and Care Standards Standard 2.1 Standard 3.1 IR(ME)R Regulation 4(1), Schedule 1(a) | Policies will be updated to reflect improvement required | Professional Head of Radiography (covered via service level agreement) & Radiological Protection Advisor (RPA) | 31.01.18 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|--|--|--|-----------|
| Other arrangements to promote the correct identification of patients to be implemented as appropriate. | Health and Care Standards Standard 2.1 Standard 3.1 | Robust written procedure to be implemented by all departments to ensure that patients' details are updated / corrected centrally. This will promote a safe and consistent approach to patient safety | Team Leaders – North and South | 31.01.18 |
| The employer's procedure (Procedure E) concerning medico-legal exposures should be updated to clearly set out the action to be taken by staff if an exposure has been performed previously but the results are not available or cannot be obtained. | Health and Care Standards Standard 2.1 Standard 3.1 IR(ME)R Regulation 4(1), Schedule 1(c) | Policies will be updated to reflect improvement required | Professional Head of Radiography (covered via service level agreement) & RPA | 31.01.18 |
| The employer's procedure (Procedure F) should be updated to clearly reflect that exposures are not performed out of hours (if this is to remain the case). In addition, staff understanding of the term Examination and Equipment Protocol must be confirmed. | Health and Care Standards Standard 2.1 Standard 3.1 | Policies will be updated to reflect improvement required | Head of Radiography (covered via service level agreement) & RPA | 31.01.18 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|--|--|--|-----------|
| | IR(ME)R Regulation 6 | | | |
| Quality of management and leadership | | | | |
| The Ionising Radiation Safety Policy must be updated to include details of the arrangements of how the responsibilities and roles of the Professional Head of Radiography are being fulfilled and by whom whilst the position remains vacant | Governance, leadership and accountability | Policies will be updated to reflect service level agreements and further improvement required | Head of Therapies – South Powys | 31.01.18 |
| The employer's written procedure (Procedure C) concerning entitlement must be updated to clearly set out all the staff groups, scope of practice and training requirements for entitled practitioners and operators. The written procedure must be fully reviewed to ensure it reflects current arrangements and correct terms. | Health and Care Standards Standard 7.1 IR(ME)R Regulation 4(1), Schedule 1(b) | Policies will be updated to reflect improvement required | Professional Head of Radiography (covered via service level agreement) & RPA | 31.01.18 |
| The employer must make arrangements to demonstrate that staff performing referrer, practitioner and operator functions are | Health and Care Standards | The Health Board will identify all staff performing referrer, practitioner and operator functions to ensure they are | Head of Therapies – South / Team | 31.01.18 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|---|--|---|-----------|
| appropriately trained, competent and entitled to do so within an agreed scope of practice. | Standard 7.1 IR(ME)R Regulation 4(1), Schedule 1(b) Regulation 11(1) Regulation 11(4) | appropriately trained, competent and entitled to do so within an agreed scope of practice. | Leader – North and South / Theatre Manager / MIU Managers and Dental Director | |
| The employer's written procedure (Procedure J) concerning reporting incidents must be updated to accurately reflect the information to be reported to HIW in the event of a reportable IR(ME)R incident. Reference to DRL multipliers should be removed to avoid confusion. | Health and Care Standards Standard 3.1 IR(ME)R Regulation 4(1), Schedule 1(k) Regulation 4(5) | Policies will be updated to reflect improvement required | Professional Head of Radiography (covered via service level agreement) & RPA | 31.01.18 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|---|---|---|-----------------|
| <p>The employer's written procedures (Procedure B, G, H and I) should be revised to:</p> <ul style="list-style-type: none"> accurately reflect that high dose CT scan procedures are not performed (as confirmed by senior staff) - Procedure B include all staff groups entitled to perform record clinical evaluation - Procedure G complete the sentence - 'This only applies to the X-ray equipment in..' on p 31 of the procedures - Procedure H include details of what staff should record and the procedure for reporting concerns - Procedure I | <p>Health and Care Standards Standard 3.1 IR(ME)R Regulation 4(1), Schedule 1(d), 1(f), 1(g), 1(j) Regulation 4(3)(b)</p> | <p>Policies will be updated to reflect improvement required</p> | <p>Professional Head of Radiography (covered via service level agreement) & RPA</p> | <p>31.01.18</p> |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): MR DAVID MURPHY

Job role: Director of Therapies and Health Science

Date: 22nd December 2017