Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

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

Nuclear Medicine Department, Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

1. What we did

Full details on how we conduct Ionising Radiation (Medical Exposure) Regulations inspections can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an announced Ionising Radiation (Medical Exposure) Regulations inspection of the Nuclear Medicine Department at The Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board on 5 and 6 March 2024. During our inspection we looked at how the department complied with the Regulations and met the Health and Care Quality Standards.

Our team for the inspection comprised of two HIW Senior Healthcare Inspectors and a Senior Clinical Officer Nuclear Medicine from the Medical Exposures Group (MEG) of the UK Health Security Agency (UKHSA), who acted in an advisory capacity. The inspection was led by a HIW Senior Healthcare Inspector.

Before the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of five questionnaires were completed by patients or their carers and 14 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
Patients provided positive feedback about their experiences of attending the nuclear medicine department. We found staff treated patients with courtesy, respect and kindness, feedback from patients also supported this.

All staff who completed a HIW questionnaire also told us patients were informed and involved in decisions about their care. Staff were working in a way that protected and promoted patient rights.

Bilingual posters (in English and Welsh) were displayed that provided information to patients about having a nuclear medicine procedure and telling them to advise staff if they may be pregnant or breastfeeding.

This is what the service did well:

- Patients were positive about their experience at the department
- Treated Patients with respect
- Provided information and advice to patients about their treatment.

Delivery of Safe and Effective Care

Overall summary:
Safeguarding and infection control were well managed with leads nominated in these and other areas who were aware of their role. The environment appeared well maintained and in a good state of repair.

There were written employer's procedures relating to the whole radiology department and also procedures specific to nuclear medicine. To avoid duplication and ensure consistency, the written employer's procedure for radiology and for nuclear medicine should be reviewed and consolidated as appropriate.

Staff could access expert advice and had never had an issue when they could not contact the medical physics expert (MPE). MPE input and support was good.

This is what we recommend the service can improve:

- Consolidate radiology and nuclear medicine procedures to remove duplication and ensure consistency. Consider having one set of procedures that cover the whole department including nuclear medicine

- Ensure procedures are up to date and accurately reflect the correct operation of the department.

This is what the service did well:

- Staff provided a good programme with examples of clinical audit being undertaken
- Good involvement of the MPE for advice and input
- Staff we spoke with accurately described the various procedures and protocols within the department.

Quality of Management and Leadership

Overall summary:
The Chief Executive was the designated employer under IR(ME)R 2017. Clear lines of reporting and accountability were described and demonstrated during the inspection. However, the procedures and policies setting out the working and governance arrangements would benefit from being reviewed to accurately reflect those described.

Feedback from staff was generally positive around the leadership and management of the organisation.

Staff were also rotated within the wider department with training opportunities to gain experience in other modalities.

Based on information supplied, compliance with staff appraisal were at 100% and staff compliance with mandatory training was 100%.

This is what the service did well:

- Ensured staff were up to date with training and appraisals
- Senior staff displayed a willingness to improve
- Staff feedback in the questionnaire was generally positive.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

3. What we found

Quality of Patient Experience

Patient Feedback

HIW issued online and paper questionnaires to obtain patient views on services carried out at the department to complement the HIW inspection in March 2024. In total, we received five responses from patients at this setting; this low number needs to be borne in mind when considering these responses. Responses were positive across all areas, with all who answered rated the service as 'very good' or 'good'. The two comments we received about the service were:

> *"Staff were very professional, knowledgeable, pleasant and treated me as an individual with personal attention."*

> *"Very clean and professional staff made me feel at ease and comfortable"*

Person Centred

Health Promotion
There were bilingual (English and Welsh) posters displayed that provided information to patients about having an X-ray and a nuclear medicine procedure and to advise staff if they may be pregnant or breastfeeding. Relevant information was made available to patients about the associated risks and benefits of the intended exposure.

We saw health promotion material displayed in the waiting areas within the nuclear medicine department. This included information on the benefits of not smoking.

Dignified and Respectful Care
There were suitable arrangements in place to promote patient privacy and we noted staff made efforts to promote patents' privacy and dignity, such as locked doors. We found all staff treated patients with courtesy, respect, and kindness.

All respondents who answered this question agreed that

- Staff treated them with dignity and respect
- Measures were taken to protect their privacy

- They were able to speak to staff about their procedure without being overheard by other patients
- Staff listened to them.

When asked whether patients' privacy and dignity were maintained, all the staff who answered the question in the questionnaire agreed.

Individualised Care
All respondents who completed a HIW questionnaire told us they were given information related to their examination or scan. In addition, all respondents who answered the question in the HIW patient questionnaire also told us they had been given written information on who to contact for advice following their examination or scan.

All respondents who answered the question in the HIW patient questionnaire told us they had been involved as much as they wanted to be in decisions about their examination or scan. Similarly, all respondents who completed a HIW patient questionnaire told us staff had explained what they were doing, had listened to them and answered their questions.

All staff who completed a HIW questionnaire also told us patients were informed and involved in decisions about their care.

Timely

Timely Care
Patients attending the department were seen to receive timely care.
All bar one patient that answered the survey question agreed that the wait between referral and appointment was reasonable. All patients said they were given enough information to understand the benefits and risks of the procedure or treatment.

Staff told us patients did not usually have to wait long to be seen after arriving at the hospital. When there were unexpected delays, we were told staff would inform patients of these and would endeavour to keep them up to date. All patients who answered this question agreed that they were told at reception how long they would likely have to wait.

Equitable

Communication and Language
We saw bilingual posters in both Welsh and English with information for patients clearly displayed within the department. The Welsh language was well promoted

within the department, although most staff did not speak Welsh. However, it was positive to note that staff in the main reception used some Welsh phrases with all patients. We saw appointment letters and the next steps for the patient documentation, which were in Welsh and English.

There was a hearing loop in the main reception. Any patients arriving there would be taken to the nuclear medicine department rather than being sent to the department. The department also had a patient flow coordinator to prevent patients from wandering around the department. The department were participating in Project SEARCH, a charity that helped young adults with a learning disability or autistic spectrum disorder to find paid employment through internships and work experience.

There were two members of staff who completed the HIW questionnaire that told us they were a Welsh speaker. One said they wore a 'iaith gwaith' badge or lanyard. One patient who answered the questionnaire also said they were a Welsh speaker.

Staff we spoke with were able to describe the arrangements in place to help people with hearing difficulties and with those whose first language was not English. They were aware of the translation service that was available.

Rights and Equality
The arrangements in place to make the service accessible to patients, such as wheelchair access was described. The department was accessible with wide doors, clear corridors and spacious treatment rooms all with level access.

There were several health board inclusion groups. There were a range of staff with different nationalities, employed in the main department. Staff we spoke with said that everyone would be treated fairly, with no discrimination, in accordance with health board values. There were also health board champions in equality.

Staff were working in a way that protected and promoted patient rights. We were told that equality and diversity training for all staff was mandatory. All staff we spoke with confirmed they had completed this course online. Staff we spoke with had a good awareness of their responsibilities in protecting and promoting patients' rights when attending the department. They were able to confirm the arrangements in place to promote equality and diversity in the organisation.

All staff in the questionnaire said they had fair and equal access to workplace opportunities and that the workplace was supportive of equality and diversity.

Delivery of Safe and Effective Care

Compliance with The Ionising Radiation (Medical Exposure) Regulations 2017

Employer's Duties: Establishment of General Procedures, Protocols and Quality Assurance Programmes

Procedures and Protocols
The employer had established written procedures and protocols as required under IR(ME)R 2017 for the nuclear medicine department. There was also an Ionising Radiation Protection Policy (IRPP). Staff we spoke with were aware of where to find the written employer's procedures relevant to their practice. They thought that the procedures were clear and easy to understand, they said that they would be informed of any changes to procedures verbally or by email. Procedures we viewed showed appropriate quality control measures and document control.

There was a suitable quality assurance programme in place for written employer's procedures and protocols. We were told that they would be reviewed at least once every two years. They had recently been updated and signed by the Radiology Manager.

Staff described how they were emailed the network link to access the written employer's procedures following changes and were asked to read and sign to evidence reading and understanding the procedures. Written Imaging protocols for various modalities were reviewed by the appropriate modality lead radiographer and then the written protocols would then be re-dated and amended as appropriate.

There were written employer's procedures relating to the whole radiology department and also procedures specific to nuclear medicine. There were a number of discrepancies noted between the Ionising Radiation Protection Policy (IRRP), radiology employer's procedures (EP) and nuclear medicine procedures. We also noted differing levels of details for the information in the employer's procedure relating to diagnostic radiography and nuclear medicine. There is a need to ensure that radiology employer's procedures, ionising radiation protection policy and nuclear medicine procedures are consistent, appropriate and reviewed to remove all duplication. Consideration should be given to consolidating the radiology written employer's procedures and the nuclear medicine procedures into one set of procedures where appropriate.

The employer is to ensure that the ionising radiation protection policy, nuclear medicine procedures and radiology employer's procedures are reviewed for consistency, to remove duplication and ensure accuracy. Consideration should be given to having one set of procedures that cover radiology and nuclear medicine.

Referral Guidelines
The employer had established referral guidelines for examinations performed at the department. There was also an employer's written procedure on referring and referral criteria. Suitable arrangements were described for making these available to individuals entitled to act as referrers.

The radiology SharePoint (shared area) system had links to iRefer (to help determine the best, safest and most appropriate imaging investigations), this was available to all healthcare professionals in NHS Wales. Clinical referral guidelines were available on the intranet.

Diagnostic Reference Levels (DRLs)
There was a suitable employer's written procedure in place for the use and review of diagnostic reference levels (DRLs) for nuclear medicine examinations performed at the department. There was also a nuclear medicine procedure referring specifically to nuclear medicines' use of DRL's and the minimum and maximum values for the most common examinations.

Staff we spoke with were aware of where to find information on the DRLs available, how to apply these and what to do should the DRLs be consistently exceeded.

We confirmed that local DRLs had been established for nuclear medicine examinations. Where available these were equal to or below national DRLs. We identified this as noteworthy practice. However, we noted that documentation on display in the injection room included a list of the local DRL's and a list of all national DRL's, these should be combined to provide a single list with whichever DRL is to be used for each procedure.

The employer is to ensure that the lists of local and national DRL's are combined into a single list with the DRL's used for each procedure for display in the injection room.

Evidence was seen of DRL audits being conducted, considering all administrations every other month.

Medical Research
There was an employer's written procedure in place on the exposures of individuals as part of biomedical and medical research programmes. We were told that research exposures were not carried out in nuclear medicine and that the procedure was there in case there was a need for medical research in the future. If research is undertaken the employer's procedures should be reviewed.

Entitlement
There was an employer's written procedure in place to identify individuals entitled to act as a referrer, practitioner or operator. Information on the entitlement of duty holders was also included in the IRPP.

The employer's procedures and the IRPP were not clear on how the employer had delegated the task of entitlement to appropriate persons in the framework. There were a number of inconsistencies with the IRPP and the employer's procedure regarding the processes of entitlement that should be resolved. These examples included:

- The clinical director of the department receiving referrals was responsible for entitlement of referrers and other aspects. In other areas it was the clinical department of the individual responsible for the operator or practitioner
- References to ARSAC certificate holders delegating in writing
- Tables in the employer's procedure did not match with those in the IRPP, this potential duplication may be a source of confusion
- Some training requirements were listed as none.

The employer needs to ensure that the relevant employer's procedure and IRPP are reviewed to ensure the process for entitlement is consistent between the two documents and accurate with current practice.

We also viewed the IR(ME)R training records and entitlements of four staff members including one consultant radiologist. Records displayed inconsistencies between the level of details for scope of practice of different staff groups and on the terminology used. There were particularly discrepancies for the consultant radiologists when working as operators.

The employer must ensure that the entitlement documentation for all staff includes their scope of practice for all of their duty holder roles.

Whilst there were dates on the entitlement for each area, there was also a single additional "date of entitlement", which was not clear on what it related to. We

also noted that two members of staff signed each other off on the IR(ME)R training records which was not appropriate.

The employer needs to ensure that:

- **Entitlement documentation is completed in full, with appropriate information on entitlement**
- **Training records of the staff should be updated to ensure that staff competences were assessed by an appropriate individual who has been delegated the task by the employer.**

The IRPP stated that a letter would be sent by the receiving service clinical director to entitle medical referrers, but this only occurred for non-medical referrers. Medical Referrers were not informed that they were entitled, this needs to be reviewed.

The employer must ensure that the medical referrers are sent a letter of their entitlement as required by the IRPP.

There was a delegated authorisation guidelines (DAG) for the administration of radiopharmaceuticals. The purpose of this document was not clear within the IR(ME)R regulatory frameworks. The department needed to consider the requirement for this document alongside other documentation already in place and as required update this document in line with the terminology surrounding the entitlement of individuals to administer radiopharmaceuticals.

The employer needs to review the use of the DAG for the administration of radiopharmaceuticals and update this to reflect the entitlement process for individuals entitled to administer radiopharmaceuticals.

We confirmed the employer and practitioners held valid licences to undertake the intended exposures involving the administration of radioactive substances.

Patient Identification
We noted an employer's written procedure in place relating to the identification of individuals to be exposed to ionising radiation. Staff we spoke with were able to describe the procedure to correctly identify individuals. Additionally, they were aware of the procedure to correctly identify individuals who may not be able to identify themselves. Staff described how they would record which operator(s) identified the individual, with the operator who had confirmed the individual's identity would initial or sign next to the details on the referral to confirm that they have satisfactorily carried out the checks. Where more than one operator was involved, it was the operator who administered the radiopharmaceutical that was

responsible for checking patient identification. However, the employer's written procedure and recording of this where administrations had been made with multiple contact points (e.g hybrid), was not as clear as it could be and this was not being consistently reflected on referral forms.

The employer needs to ensure that the:

- **Employer's procedure includes instructions on how to evidence patient identification checks have been made where there are multiple exposures or operators involved**
- **Completion of referral forms are clear where there are multiple operators and contact points.**

Individuals of Childbearing Potential (Pregnancy Enquiries)
Posters were clearly displayed advising patients who were or might be pregnant or breastfeeding to inform staff prior to them having their examination or scan. This information was displayed in both Welsh and English and suitable pictograms were also used. The appointment letters asked patients to contact the department if there was a chance of pregnancy or if they are breastfeeding.

Staff we spoke with described the procedure for making enquiries of individuals of childbearing potential to establish pregnancy or breastfeeding.

We noted an employer's written procedure in place for making enquiries of individuals of childbearing potential to establish whether the individual was, or may be, pregnant or breastfeeding for examinations performed in the department. We identified some improvement could be made to clarify written procedures in relation to pregnancy enquiries. This related to the need for the operator to sign the referral form, but there was not always a place on all referral forms for this. Staff described that if the patient was unable to respond to pregnancy enquiries that the practitioner would be contacted however this was not described in the employer's procedures.

The employer must ensure that the relevant employer's procedure includes the process for verifying pregnancy and breastfeeding status when the patient is unable to respond.

We were told that a nearby health board were currently trialling a pregnancy checking procedure, which included guidance on gender inclusivity and that an All-Wales decision on this point would be adopted shortly.

Benefits and Risks
Staff we spoke with explained the process for providing the individual to be exposed (or their representative) with adequate information on benefits of having the exposure and the risks associated with the radiation dose. This information would be discussed during the pre-procedure explanation prior to the administration and a leaflet would be provided afterwards.

We viewed the written employer's procedure and the nuclear medicine procedure for providing written instructions and information to each patient or the patient's representative. These included considerable duplication and some of the information was not consistent for example the advice did not match the patient breastfeeding leaflet.

The employer must review the information in the written employer's procedures and the nuclear medicine procedure for providing written instructions and information to the patient for accuracy and to remove duplication. Consideration should be given to having a single procedure only.

There was also information available to patients or their representative in the form of posters being displayed in the waiting areas and in the patient information sheets provided to patients prior to attending the department.

Clinical Evaluation
There was an employer's written procedure for the carrying out and recording of clinical evaluation for each exposure. All of the records reviewed on site showed evidence of clinical evaluation being undertaken in a timely manner.

Non-medical Imaging Exposures
Whilst there was a written employer's procedure in place for referral and management of non-medical exposures, we were told that these rarely occurred in nuclear medicine.

Employer's Duties - Clinical Audit
There was a robust clinical audit programme described and there were good examples of clinical audits conducted by the nuclear medicine department and across all modalities provided. The lead practitioner was heavily involved in this process which was positive to note. Clinical staff were actively encouraged to take part in audits and to share learning through staff updates and meetings. However, the examples provided did not seem to include evidence of how practice was changed, actions required, who was responsible for the actions and how the completion of the actions was verified. These were all of the requirements of an audit report as set out in the relevant employer's procedure.

The employer is to ensure that audit reports are updated to include evidence of how practice was changed, actions required, who was responsible for actions and how the completion of actions was verified is always included.

There were also good examples of IR(ME)R audits provided and it would be beneficial to ensure that these are regularly fed back to the medical physics experts. The nuclear medicine procedure for undertaking clinical audit of procedures relating to IR(ME)R related to IR(ME)R audits only and not clinical audit and this procedure should be renamed accordingly. Additionally, it was not clear that feedback from the IR(ME)R audits was regularly communicated with the MPE.

The employer is to consider the differences between IR(ME)R audits and clinical audits and ensure that appropriate procedures reflect this difference and ensure that feedback from IR(ME)R audits are communicated with the MPE.

Employer's Duties - Accidental or Unintended exposures
Staff we spoke with were able to describe the procedure for reporting accidental or unintended exposures. This included the reporting, entering on Datix and contacting the MPE, as well as the need to employ the duty of candour and informing the patient as necessary. They were also able to describe how learning from incidents was shared with staff across all sites. We were told that there had not been any significant events notified to HIW in the past two years under IR(ME)R for nuclear medicine.

There was an employer's procedure for the reporting and investigation of accidental and unintended exposures. However, the procedure included reference to benefits and risks which may have been included in error. It was noted that the definition of a significant accidental or unintended exposure (SAUE) and the criteria used for notifications did not refer to the guidance from HIW.

The employer is to ensure that the employer's procedure for the reporting and investigation of accidental and unintended exposures is updated to:

- **Delete references which were not relevant to the procedure**
- **Update the definition of a significant accidental or unintended exposure to reference the guidance supported by HIW**
- **Refer to the notification criteria required by HIW.**

All staff in the questionnaire said that

- Their organisation encouraged them to report errors, near misses or incidents

- If they were concerned about unsafe practice, they would know how to report it.

All bar one member of staff who completed the survey said:

- They were given feedback about changes made in response to reported errors, near misses and incidents
- Their organisation took action to ensure that this would not happen again
- Those involved would be treated fairly
- They would feel secure raising concerns about unsafe clinical practice.

However fewer members of staff were confident their concerns would be addressed.

Duties of Practitioner, Operator and Referrer
The department were able to describe the steps taken to ensure written procedures were complied with by the referrer, practitioner and operator. It was a requirement of radiology duty holders to read and understand the employer's procedures and sign a declaration to evidence understanding. The written employer's procedures could be accessed by all radiology staff via the shared network drive. There were annual declarations required by the practitioner and operator to confirm that they had been read.

There was an employer's procedure relating to the practical training for practitioners and operators, mainly relating to operating equipment and a nuclear medicine procedure relating to the record of staff competency and scope entitlement. The site lead superintendent radiographer took responsibility for ensuring appropriate training was delivered for the operation of radiological equipment. However, the staff training records showed different versions of forms to that included in the procedures and some records showed staff signing each other off. Each staff member also took responsibility to ensure they were working within their ability and scope of practice.

The employer must ensure that the:

- **Employer's procedure for practical training for practitioners and operators is reviewed and includes the relevant nuclear medicine tasks and equipment as appropriate**
- **The record of staff competency and scope entitlement procedure is reviewed alongside the employer's procedure and includes the correct forms which are used in staff training records.**

We were told that practitioners received appraisals through the Medical Appraisal Revalidation System (MARS), an All-Wales system which facilitated the appraisal and revalidation of doctors and that this included confirmation and a record of their continued training and competence. This needed to be reflected in the employer's procedures.

The employer must ensure that the employer's procedures reflect the use and scope of MARS for recording training records of practitioners.

There was an employer's written procedure on referrals. A sample of referral forms were reviewed on site. All referrals had been made in accordance with the referral criteria. However, for some of the referrals it was not clear who would be the referrer as when a referral was sent in by a registrar (and signed by them) the referral was still recorded as coming from the consultant. This process was not clear as the referrer under IR(ME)R should be the individual who had signed the form if they were appropriately entitled to do so.

The employer is to ensure that the individual signing the form as referrer is acknowledged as the referrer.

Justification of Individual Exposures
There was a written employer's procedures for the justification and authorisation of medical exposures. However, the employer's procedure did not fully reflect the processes in nuclear medicine and did not refer to duty holders using appropriate terminology with reference to IR(ME)R. This would benefit from review to clarify the lines of responsibility for justification and authorisation.

The employer must ensure that the employer's procedure relating to justification and authorisation:

- **Reflects the processes used in nuclear medicine**
- **Is reviewed and updated to refer to the duty holders and their scope using appropriate terminology with reference to IR(ME)R and to clarify the lines of responsibility for justification and authorisation.**

Staff we spoke with were able to describe where the authorisation of exposures was recorded.

Optimisation
Regarding optimisation, staff we spoke with were aware of the need to pay particular attention to certain patient groups such as children, individuals where pregnancy could not be excluded or breastfeeding. Suitable arrangements were described by staff as to how practitioners and staff kept doses as low as reasonably

practicable (ALARP). Staff referred to the need for pregnant patients to have had a discussion with the referrer on this and the scaling factors for paediatric patients based on weight.

Paediatrics
There was a written employer's procedure covering the medical exposures of children as well as a nuclear medicine procedure relating to paediatric imaging protocols, however there were inconsistencies between these. The nuclear medicine procedure referred to paediatrics as being under 16 and the employer's procedure referred to the practitioner as a radiographer which was not appropriate terminology or relevant for nuclear medicine.

The employer must ensure that the written employer's procedure and the nuclear medicine procedure for paediatrics are reviewed and updated for accuracy of terminology and to be clear on the age range that it applies to.

We were told that the practitioner was made aware at the time of paediatric patients being treated. There was a paediatric meeting once a month for clinicians to covers any special cases.

Staff discussed appropriate methods of scaling used for the optimisation of paediatric doses and that paediatric protocols were pre-set on the scanner, which was positive to note.

Carers or Comforters
There was a suitable written employer's procedure for the establishment of dose constraints and guidance for the exposure of carers and comforters.

There were a clear set of authorisation guidelines established for operators to authorise nuclear medicine carers and comforter exposures. This included circumstances where the authorisations guidelines would not apply such as for a pregnant carer or comforter which had to be justified directly by the practitioner.

Expert Advice
We confirmed the employer had appointed and entitled medical physics experts (MPE) to provide advice on radiation protection matters and compliance with IR(ME)R 2017.

Staff we spoke with said they could access expert advice and had never had an issue when they could not contact the MPE. It was positive to note the involvement of the MPEs, who were clearly engaged with the department despite not being on site on a daily basis. There was clearly good communication between the MPEs and the nuclear medicine staff. The involvement extended to MPE IR(ME)R audits which

were notable albeit on a two-year cycle. There were no concerns given by the MPEs into the operation of the nuclear medicine department.

Equipment: General Duties of the Employer
There was a quality assurance (QA) programme for the nuclear medicine department in respect of the equipment used in the department. Suitable arrangements were described for the acceptance testing of new equipment, performance testing at regular intervals and performance testing following equipment maintenance. Equipment QA issues were reported to the Health Board Radiation Safety Committee.

A suitable process was also described for identifying, reporting and escalating equipment faults to senior staff so that appropriate action could be taken. This included removing equipment from service. Up-to-date equipment inventories for equipment at the Nuclear Medicine Department were available and provided for the inspection.

Staff described the procedures used for QA as advised by the MPE. There was duplication noted between the QA handbook on equipment quality assurance in nuclear medicine and other separate nuclear medicine procedures on performing QA. These should be reviewed and consolidated into a single procedure as appropriate to remove duplication.

The employer needs to eliminate the duplication between the QA handbook and the other nuclear medicine QA procedures and consolidate these within the QA handbook as appropriate.

The process of how equipment issues were communicated to the appropriate staff was described and in order.

Safe

Risk Management
We were told that the radiation protection adviser completed the risk assessments including the manual handling risk assessments and radiation risk assessments in place. There were also environmental, pharmaceutical and administering risk assessments.

During a tour of the department, the environment appeared well maintained and in a good state of repair. We did not identify any obvious hazards to the health and safety of staff working in the department or to patients and other individuals visiting the department.

Signage was clearly displayed to alert patients and visitors not to enter controlled areas where ionising radiation was being used.

Infection Prevention and Control (IPC) and Decontamination
We found suitable IPC and decontamination arrangements were in place. All areas accessible by patients were visibly clean and free of clutter. The equipment was also visibly clean and staff described suitable cleaning and decontamination procedures.

Personal protective equipment (PPE) was available within the examination rooms and staff we spoke with confirmed they had access to suitable PPE and this was readily available. We also saw cleaning wipes to decontaminate shared equipment and staff demonstrated a good understanding of their role in this regard.

All patients who completed the questionnaire said that, in their opinion, the department was clean and, in their opinion, IPC measures were being followed.

All staff respondents to the questionnaire thought there were appropriate IPC procedures in place, that appropriate PPE was supplied and used, and that the environment allowed for effective infection control. All bar one member of staff agreed there was an effective cleaning schedule in place.

There was clear evidence that staff had completed IPC training. Staff we spoke with were aware of their responsibilities in relation to IPC and decontamination.

Safeguarding of Children and Safeguarding Adults
Staff we spoke with were aware of the health board's safeguarding policies and procedures and where to access these. They were also able to describe the actions they would take if they had a safeguarding concern.

We checked a sample of five staff records and these showed that the appropriate level of safeguarding training had been completed.

Effective

Record Keeping
We checked a sample of five current referrals and three retrospective referrals. The sample we reviewed had generally been completed in full. However, we noted that different referral forms were used which had different information on them, as a result the completion of the forms was not consistent and information was not always put on the form in the place that was specified. It was not always clear from the referral form that identity checks, justification or authorisation had been

completed appropriately and as specified in the employer's procedures, particularly when multiple operators were involved.

The employer is required to review the referral forms alongside the procedure for the completion of referral forms to ensure that the method for the completion of forms is consistently applied. Ideally the documentation should be standardised to aid completion.

Quality of Management and Leadership

Staff Feedback

HIW issued an online questionnaire to obtain staff views on services carried out by Princess of Wales Hospital and their experience of working there. The questionnaire complemented the HIW inspection in March 2024. In total, we received 14 responses from staff.

Responses from staff were generally positive, with all respondents being satisfied with the quality of care and support they give to patients and they agreed that they would be happy with the standard of care provided by their hospital for themselves or for friends and family. All respondents would recommend their organisation as a good place to work. The two comments we received on the setting were:

> *"Excellent team of staff working well together in nuclear medicine in POW and across the health board."*

> *"Very supportive place to work. Senior management communicate with lower staff grades. Changes have been well supported. The department is well supported by the clinical scientists."*

Leadership

Governance and Leadership

The Chief Executive had overall responsibility for the implementation of IR(ME)R with tasks, not responsibility, delegated through the management structure. The key responsibilities under IR(ME)R for the Chief Executive and duty holders were provided in the Ionising Radiation Protection Policy which showed clear lines of reporting and accountability.

To assist the Chief Executive in discharging their responsibilities, they delegated the Medical Director, then the Clinical Director for Radiology to assume the general responsibility for ensuring radiation safety arrangements throughout their directorate. Also, to ensure these were representative of best practice and satisfied the requirements of the regulations.

Senior staff described appropriate systems to provide oversight of compliance with this policy and to consider patient safety matters arising from medical exposures within the health board.

There was also a clear governance and management structure demonstrated within the self-assessment, which was completed comprehensively, was clear, as well as being provided within the timescale required. The management team demonstrated a commitment to learn from HIW's inspection findings and make improvements where identified.

Senior staff we spoke with said that they engaged with staff on a regular basis, through meetings at most levels.

Generally, staff responded positively regarding both immediate and senior management. There was clearly a good culture on site with a willingness to improve and adapt processes and change where required.

All staff agreed that their immediate manager gave clear feedback on their work. All bar one member of staff agreed that their immediate manager asked for their opinion before making decisions that affected their work. All respondents agreed that their immediate manager could be counted on to help with a difficult task at work and that their senior managers were committed to patient care. However, fewer (86%) felt that communication between senior management and staff was effective. All bar one member of staff believed that senior managers were visible.

Workforce

Skilled and Enabled Workforce

We were provided with details of the numbers and skill mix of staff working at or on behalf of the Nuclear Medicine Department. Staff we spoke with believed that staffing numbers were appropriate, providing there was a full complement of staff available. Senior staff believed that the number and skill mix of staff in the department was appropriate. Staff were also rotated within the wider department which showed evidence of a skilled workforce with upskilling evident.

Staff described two induction and training programmes for newly appointed duty holders under IR(ME)R. As required other staff groups would receive tailored local inductions.

We reviewed the mandatory training records of five staff members. These records contained the relevant and expected details of training. We saw clear evidence that staff had completed relevant mandatory training to the required level, this included safeguarding training, safe moving and handling, and IPC training.

Based on information supplied by management, appraisals were at 100% and mandatory training was at 100%.

Culture

People Engagement, Feedback and Learning

Senior staff we spoke with said that information from complaints was shared with staff and there was sharing of learning across the department and the organisation. A root cause analysis was completed and the results shared with all staff on site as well as the relevant governance groups.

Whilst two out of five patients said they would not know how to complain about poor service if they wanted too, we saw information clearly displayed for patients on how they could provide feedback or make a complaint.

We were told that a new wellbeing initiative had been introduced to support staff, which the wellbeing service was impressed with. Information on the service was distributed to all staff, which was very comprehensive and signposted staff to a pathway. Staff were aware of how to access any additional support should they need it including occupational health and wellbeing initiatives.

In the staff questionnaire 86% of staff believed that in general, their job was not detrimental to their health, their current working pattern and off duty allowed for a good work-life balance and they were aware of the occupational health support available. Slightly more staff, 93% believed their organisation took positive action on health and wellbeing.

Whilst 86% of staff stated that the patient / service user experience feedback was collected within the department, the other 14% did not know. Also, 72% of staff said they received regular updates on patient and service user experience feedback, whereas 21% said they did not know. Similarly, whilst 72% of staff said that feedback from patients and service users was used to make informed decisions within the department, 28% did not know.

All staff we spoke with said that they had completed performance appraisals and were up to date with their mandatory training. Also, all respondents to the staff questionnaire felt they had appropriate training to undertake their role and in the last 12 months, all bar one said they had an appraisal, annual review or development review. In addition, we saw evidence of additional training completed including learning disability awareness, Welsh language awareness and dementia awareness. The training records available on ESR, was managed by the Superintendent Radiographer Quality and Governance who informed staff monthly, when they were due the relevant training.

All staff who completed the questionnaire said that:

- Their organisation was supportive
- Their organisation supported staff to identify and solve problems
- Care of patients was their organisation's top priority
- They were content with the efforts of their organisation to keep them and patients safe
- They had adequate materials, supplies and equipment to do their work.

Additionally, all bar one thought that they were able to meet the conflicting demands on their time at work. All bar two members of staff said their organisation took swift action to improve when necessary and around two thirds of staff respondents felt there were enough staff for them to do their job properly. There were 79% of staff who thought they were involved in deciding on changes introduced that affected their work area.

Whilst one respondent told us that they had faced discrimination at work, all staff said that they had fair and equal access to workplace opportunities.

The employer should consider the comments of staff and inform HIW of the actions they will take to resolve these.

Staff we spoke with said that they were aware of the Duty of Candour and senior staff said that the Duty of Candour was part of the investigation process. However, they were unsure who had been through the training as it was not mandatory.

All staff in the questionnaire said they knew and understood the Duty of Candour and that they understood their role in meeting the Duty of Candour. Additionally, they said that their organisation encouraged them to raise concerns when something had gone wrong and to share this with the patient.

4. Next steps

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 how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

Appendix A - Summary of concerns resolved during the inspection

The table below summaries 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 on this inspection.			

Appendix B - Immediate improvement plan

Service: Princess of Wales Hospital, Nuclear Medicine Department

Date of inspection: 5 and 6 March 2024

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
There were no immediate assurance issues.					

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: Princess of Wales Hospital, Nuclear Medicine Department

Date of inspection: 5 and 6 March 2024

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
There were a number of discrepancies noted between the Ionising Radiation Protection Policy (IRRP), radiology employer's procedures (EP) and nuclear medicine procedures. We also noted differing levels of details for the information in the employer's procedure relating to diagnostic radiography and nuclear medicine. There is a need to ensure that radiology employer's procedures, ionising radiation protection	The employer is to ensure that the ionising radiation protection policy, nuclear medicine procedures and radiology employer's procedures are reviewed for consistency, to remove duplication and ensure accuracy. Consideration should be given to having one set of procedures that cover radiology and nuclear medicine.	The Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017) regulation 6 (1)	Discrepancies between the Ionising Radiation Protection Policy (IRPP) and Employers Procedures (EPs) will be addressed and the documents will be consolidated into one set of procedures. The nuclear medicine procedures will be incorporated into these.	Radiology Quality & Governance Manager	15th August 2024

policy and nuclear medicine procedures are consistent, appropriate and reviewed to remove all duplication. Consideration should be given to consolidating the radiology written employer's procedures and the nuclear medicine procedures into one set of procedures where appropriate.					
We noted that documentation on display in the injection room included a list of the local DRL's and a list of all national DRL's, these should be combined to provide a single list with whichever DRL is to be used for each procedure.	The employer is to ensure that the lists of local and national DRL's are combined into a single list with the DRL's used for each procedure for display in the injection room.	IR(ME)R 2017 regulation 6 (5) (c)	A single List of Diagnostic Reference Levels (DRL's) has now been placed in the injection room	Nuclear Medicine Superintendent	Completed 15th May 2024
The employer's procedures and the IRPP were not clear on how the employer had	The employer needs to ensure that the relevant employer's procedure and	IR(ME)R 2017 regulation 6 (1) (a) Schedule 2 (1)(b)	Both of these documents will be reviewed for	Radiology Quality &	15th August 2024

delegated the task of entitlement to appropriate persons in the framework. There were a number of inconsistencies with the IRPP and the employer's procedure regarding the processes of entitlement that should be resolved.	IRPP are reviewed to ensure the process for entitlement is consistent between the two documents and accurate with current practice.		consistency and current practice.	Governance Manager	
We also viewed the IR(ME)R training records and entitlements of four staff members including one consultant radiologist. Records displayed inconsistencies between the level of details for scope of practice of different staff groups and on the terminology used. There were particularly discrepancies for the consultant radiologists when working as operators.	The employer must ensure that the entitlement documentation for all staff includes their scope of practice for all of their duty holder roles.	IR(ME)R 2017 regulation 6 (1) (a) Schedule 2 (1)(b)	Entitlement records are being completely overhauled with the introduction of an Entitlement Certificate for each individual which will detail entitlement for individual IR(ME)R tasks.	Radiology Quality & Governance Manager	15th August 2024

Whilst there were dates on the entitlement for each area but there was also a single additional "date of entitlement", which was not clear on what it related to. We also noted that two members of staff signed each other off on the IR(ME)R training records which was not appropriate.	The employer needs to ensure that: • Entitlement documentation is completed in full, with appropriate information on entitlement • Training records of the staff should be updated to ensure that staff competences were assessed by an appropriate individual who has been delegated the task by the employer.	IR(ME)R 2017 regulation 6 (1) (a) Schedule 2 (1)(b) IR(ME)R 2017 regulation 17 (1)	Entitlement records are being completely overhauled with the introduction of an Entitlement Certificate for each individual which will detail entitlement for individual IR(ME)R tasks. This will remove the additional 'date of entitlement'. Training records are being updated to ensure correct authorisation of training.	Radiology Quality & Governance Manager	30th September 2024
The IRPP stated that a letter would be sent by the receiving service clinical director to entitle medical	The employer must ensure that the medical referrers are sent a letter of their	IR(ME)R 2017 regulation 6 (1) (a) Schedule 2 (1)(b)	This item is under review by Clinical Director and other parties to define	Radiology Quality & Governance Manager,	15th August 2024

referrers, but this only occurred for non-medical referrers. Medical Referrers were not informed that they were entitled, this needs to be reviewed.	entitlement as required by the IRPP.		how this requirement will be addressed	Clinical Director	
There was a delegated authorisation guidelines (DAG) for the administration of radiopharmaceuticals. Whilst this document was not within the IR(ME)R framework, the department needed to update this document in line with the terminology surrounding the entitlement of individuals to administer.	The employer needs to review the use of the DAG for the administration of radiopharmaceuticals and update this to reflect the entitlement process for individuals entitled to administer radiopharmaceuticals.	IR(ME)R 2017 regulation 6 (1) (a) Schedule 2 (1)(b)	Delegated authorisation guidelines (DAGs) are being phased out and encompassed within the individual entitlement certificates. Any terminology changes will be made during this process	Radiology Quality & Governance Manager	15th August 2024
The employer's written procedure in place to correctly identify the individual to be exposed included details of the action to be taken where patients	The employer needs to ensure that the: • Employer's procedure includes instructions on how	IR(ME)R 2017 regulation 6 (1) (a) Schedule 2 (1)(a)	Employers procedure will be updated to cover this situation	Radiology Quality & Governance Manager	15th August 2024

were unable to identify themselves. However, the procedure did not include details of what to do when a referral form would include multiple exposures or contact points. The self-assessment form explained how staff would record which operator(s) identified the individual, with the operator who had confirmed the individual's identity would initial or sign next to the details on the referral to confirm that they have satisfactorily carried out the checks. This was not being consistently reflected on referral forms.	to evidence patient identification checks have been made where there are multiple exposures or operators involved • Completion of referral forms are clear where there are multiple operators and contact points.				
We identified some improvement could be made to clarify written procedures in relation to pregnancy	The employer must ensure that the relevant employer's procedure includes the process for	IR(ME)R 2017 regulation 6 (1) (a) Schedule 2 (1)(c)	Employers procedure will be updated to cover this situation	Radiology Quality & Governance Manager	15th August 2024

enquiries. This related to the need for the operator to sign the referral form, but there was not a place on the form. In addition, the procedure needed to include that the practitioner needed to be contacted where a patient who lacked capacity or was unable to respond and confirm their pregnancy status.	verifying pregnancy and breastfeeding status when the patient is unable to respond and the subsequent agreement of the practitioner.				
We viewed the written employer's procedure and the nuclear medicine procedure for providing written instructions and information to each patient or the patient's representative. This included considerable duplication and the written employer's procedure referred to the nuclear medicine procedure with the information to be	The employer must review the information in the written employer's procedures and the nuclear medicine procedure for providing written instructions and information to the patient for accuracy and to remove duplication. Consideration should be given to having a single procedure only.	IR(ME)R 2017 regulation 12 (6)	Employers procedures will be updated with any duplication addressed. A single document will capture all procedures.	Radiology Quality & Governance Manager	15th August 2024

provided. Additionally, the nuclear medicine procedure stated that the practitioner was responsible for ensuring that advice was available, this was usually an employer responsibility. The advice also did not match the patient breastfeeding leaflet.					
The examples of audits provided were in the form of presentations. However, for two of the documents provided there did not seem to be evidence of how practice was changed, actions required, who was responsible for the actions and how the completion of the actions was verified. Additionally, the presentations did not include all of the requirements of an audit report as set out in the	The employer is to ensure that audit reports are updated to include evidence of how practice was changed, actions required, who was responsible for actions and how the completion of actions was verified is always included.	IR(ME)R 2017 regulation 7	Audit documentation has been updated to include evidence of how practice was changed, along with action taken. The action owner is responsible for sharing the audit outcome via email, CPD workshops and feedback sessions.	Superintendent Radiographer - Audit	Completed 15th May 2024

relevant employer's procedure.					
The nuclear medicine procedure for undertaking clinical audit of procedures relating to IR(ME)R related to IR(ME)R audits only and not clinical audit.	The employer is to consider the differences between IR(ME)R audits and clinical audits and ensure that appropriate procedures reflect this difference and ensure that feedback from IR(ME)R audits are communicated with the MPE.	IR(ME)R 2017 regulation 7	Employers procedure will be updated to address this.	Radiology Quality & Governance Manager	15th August 2024
There was an employer's procedure for the reporting and investigation of accidental and unintended exposures. However, the procedure included a reference to benefits and risks which may have been included in error and needed to be updated with the definition of a significant	The employer is to ensure that the employer's procedure for the reporting and investigation of accidental and unintended exposures is updated to include: • Delete references which were not	IR(ME)R 2017 regulation 8 (4)	Employers procedure will be updated to address this issue	Radiology Quality & Governance Manager	15th August 2024

accidental or unintended exposure. Additionally, the reference to the criteria to notify HIW needs to be improved.	relevant to the procedure • Update the definition of a significant accidental or unintended exposure to reference the guidance supported by HIW • Refer to the notification criteria required by HIW.				
There was an employer's procedure relating to the practical training for practitioners and operators, mainly relating to operating equipment. However, this procedure did not include nuclear medicine items such as the relevant equipment and administering radiopharmaceuticals. This was covered in the nuclear medicine procedure relating	The employer must ensure that the: • Employer's procedure for practical training for practitioners and operators is reviewed and includes the relevant nuclear medicine tasks and equipment as appropriate	IR(ME)R 2017 regulation 6 (3) (b) regulation 17 (1)	Employees procedure will be updated to provide clarity with a standard approach in all documentation	Radiology Quality & Governance Manager	15th August 2024

to the record of staff competency and scope entitlement. However, the staff training records showed different versions of forms to that included in the procedures.	• The record of staff competency and scope entitlement procedure is reviewed alongside the employer's procedure and includes the correct forms which are used in staff training records.				
We were told that practitioners received appraisals through the Medical Appraisal Revalidation System (MARS), an All-Wales system which facilitated the appraisal and revalidation of doctors and that this included confirmation and a record of their continued training and competence. This needed to be reflected in the employer's procedures.	The employer must ensure that the employer's procedures reflect the use and scope of MARS for recording training records of practitioners.	IR(ME)R 2017 regulation 17(4)	Employers procedure will be updated to reflect that the use of the Medical Appraisal Revalidation System (MARS) is used for the training records of practitioners.	Radiology Quality & Governance Manager	15th August 2024

We were told that when a referral was sent in by a registrar (and signed by them) the referral would still be considered as coming from the consultant. This process was not clear as the referrer under IR(ME)R should be the individual who had signed the form if they were appropriately entitled to do so.	The employer is to ensure that the individual signing the form as referrer is acknowledged as the referrer.	IR(ME)R 2017 regulation 6 (2)	The current Employers procedure (EP) is clear on this that the referrer is the person making the referral and signing the referral form. The consultant is recorded on the current version of Radis only for paper applications. As we are moving towards electronic requesting both the consultant and referrer on the form are recorded on Radis.	Radiology Quality & Governance Manager	Competed 15th May 2024
There was a written employer's procedures for the justification and authorisation of medical exposures. However, the employer's procedure needed to reflect the processes in nuclear	The employer must ensure that the employer's procedure relating to justification and authorisation: • Is reviewed and updated to refer to	IR(ME)R 2017 regulation 11	The Employers Procedures (EPs) are being updated to cover all areas in radiology, including Nuclear Medicine	Radiology Quality & Governance Manager	15th August 2024

medicine and the appropriate duty holders involved in the tasks. The procedure could be clearer, for example it referred to requiring special attention needing justification by a radiologist, but this was out with the scope of the other practitioners. There was also reference to authorisation under guidelines here, if this practice was performed then this procedure required further clarifications. Additionally, there was a need to clarify this procedure as it was not clear on the lines of responsibility.	the duty holders and their scope using appropriate terminology with reference to IR(ME)R and to clarify the lines of responsibility for justification and authorisation • Reflects the processes used in nuclear medicine.				
There were inconsistencies between the employer's procedure and the nuclear medicine procedure. The nuclear medicine procedure related to paediatrics as	The employer must ensure that the written employer's procedure and the nuclear medicine procedure for paediatrics are reviewed and updated for accuracy	IR(ME)R 2017 regulation 12 (8) (a)	The Employers procedure (EP) is being updated to reflect current legislation with the correct age for	Radiology Quality & Governance Manager	15th August 2024

being under 16 and did not include the scaling factors to be used in the DRL. The employer's procedure was mainly focused on diagnostic imaging with no reference to nuclear medicine and stated that the practitioner was a radiographer which was not appropriate terminology.	of terminology and to be clear on the age range that it applies to.		paediatrics in both procedures		
We were told that acceptance testing was undertaken by the clinical scientists prior to clinical use and supported by a scheduled quality assurance (QA) programme. This was supplemented by a local QA programme using procedures and work instructions provided and advised by the MPE. Equipment QA issues were reported to the Health Board Radiation Safety Committee.	The employer needs to eliminate the duplication between the QA handbook and the other nuclear medicine QA procedures and consolidate these within the QA handbook as appropriate.	IR(ME)R 2017 regulation 15 (1) (a)	There are separate Quality Assurance (QA) books provided by the Medical Physics Expert (MPE) for general radiology and nuclear medicine. This duplication has arisen as the new nuclear medicine camera has a CT element. We will combine the Quality Assurance (QA)	Radiology Quality & Governance Manager	15th August 2024

There was duplication noted between the QA handbook on equipment quality assurance in nuclear medicine and other separate procedures			handbooks and work with the Medical Physics Expert (MPE) to achieve this.		
We were told the main reasons that referrals were returned was due to insufficient information. Where there were regular instances of a lack of referral information, these were sometimes discussed at the multi-disciplinary team meetings at the local medical committee or the GP. Whilst there was not an issue with this process there was a need to formalise and document the process.	The employer is required to review the referral forms alongside the procedure for the completion of referral forms to ensure that the method for the completion of forms is consistently applied. Ideally the documentation should be standardised to aid completion.	IR(ME)R 2017 regulation 6 (2)	The POW referral form is going to be replaced with the CTMUHB electronic form. We acknowledge that in the meanwhile we will make sure our EPs are followed regardless of the referral form submitted and will be vigilant during the transition period.	Radiology Quality & Governance Manager	15th August 2024
Whilst one respondent told us that they had faced discrimination at work, all staff said that they had fair	The employer should consider the comments of staff and inform HIW of the	Health and Care Quality Standards 2023 – Workforce	We have informed all staff that there is an open door policy. If anyone needs to discuss	Radiology Quality & Governance Manager	Completed 15th May 2024

and equal access to workplace opportunities.	actions they will take to resolve these.		any concerns they are aware of who they can come to. We used the following methods to address this: • Section Heads Meeting • All Staff Meeting • Email from Radiology Services Manager to all staff The department aims to support staff and takes all concerns seriously.		

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): **Sharon Donovan**

Job role: **Superintendent Radiographer**

Date: **20th May 2024**