

**Ionising Radiation  
(Medical Exposure)  
Regulations Inspection  
(announced)**

Hywel Dda Health Board:  
Bronglais Hospital, Withybush  
Hospital and West Wales  
General Hospital  
Radiology Departments

23<sup>rd</sup>, 24<sup>th</sup> & 25<sup>th</sup> March 2015

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## 1. Introduction

A compliance inspection against the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 and regulation amendments 2006 and 2011 for diagnostic imaging was undertaken on 23<sup>rd</sup>, 24<sup>th</sup> and 25<sup>th</sup> March 2015 at the radiology departments at Bronglais General Hospital, Withybush General Hospital and West Wales General Hospital which are all part of Hywel Dda Health Board.

Our inspection considers the following issues in the context of the regulations:

- Quality of the Patient Experience
- Compliance with IR(ME)R
- Staffing Management and Leadership
- Delivery of a Safe and Effective Service

## 2. Methodology

HIW's IR(ME)R Inspections, selects a healthcare organisation as part of the annual announced IR(ME)R Inspection Programme.

We review documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients, relatives and discussions with staff
- Discussions with senior management within the health board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which are required by IR(ME)R
- General observation of the environment of care and care practice

These inspections capture a snapshot of the standards of care patients receive. These inspections may point to wider issues about the quality and safety of services provided.

### 3. Context

Hywel Dda University Health Board provides healthcare services to a total population of around 372,320 throughout Carmarthenshire (178,119), Ceredigion (78,200) and Pembrokeshire (116,001). It provides Acute, Primary, Community, Mental Health and Learning Disabilities services via General and Community Hospitals, Health Centres, GP's, Dentists, Pharmacists and Optometrists and other sites. Hywel Dda UHB has 4 General Hospitals, 14 Health Centres, 8 Community Hospitals and Comprehensive Mental Health Services. The Board consists of 10 Independent Members and 10 Executive Directors including the Chief Executive, Steve Moore.

Bronglais General Hospital is located in Aberystwyth and primarily serves the population of Ceredigion. Withybush General Hospital is located at Haverfordwest, and serves the population of Pembrokeshire. Glangwili General Hospital is located in Carmarthen and provides services to the population of Carmarthenshire along with Prince Philip General Hospital, which is located in Llanelli. On this occasion we did not visit Prince Philip Hospital.

Radiology services 'sit' within the unscheduled care directorate in the Health Board and have a Clinical Lead and a Head of Service.

Radiology services at each hospital site are managed by a Lead Superintendent Radiographer who reports to the Head of Service.

At the time of the visit the service informed us that as part of the 1,000 lives Campaign in Wales an independent review of capacity and demand issues from the point of referral through to reporting had taken place across radiology services in the Health Board. The final report was due to be published soon and presented at the next all Wales Chief Executives meeting.

Radiology services provided at all three of the general hospitals visited include:

- General radiography
- Fluoroscopy
- Computed Tomography (CT)
- Interventional Radiology
- Mammography (symptomatic)
- Magnetic Resonance Imaging (MRI)
- Ultrasound

- Nuclear Medicine

We were informed that the department at Bronglais is also responsible for ionising radiation at Cardigan Memorial Hospital and the department at Withybush Hospital is responsible for ionising radiation at both Tenby and South Pembrokeshire Hospitals

## 4. Summary

HIW experienced a delay in receiving pre-inspection information from the health board, despite this being an announced inspection with sufficient time provided to make this submission. It is understood that this related to a communication issue within the health board that resulted in a much shorter timescale being available for each Lead Superintendent Radiographer and the Radiology Service Manager to collate all the pre-inspection information.

The teams within each of the departments approached the inspection in a very positive way and were keen to receive constructive feedback to support their approach to continuous improvement. We also received a positive welcome from both staff and patients who provided feedback on a number of issues.

At the end of the inspection we provided feedback on our main findings and key recommendations. The health board will be submitting an improvement plan in response to our findings.

Whilst we were satisfied that there were no major safety concerns a number of key issues for action were identified during our visit. A number of the issues related to the need for corporate action across all sites within the Health Board.

The main issue was the need for a standardised procedures, as currently each hospital has their own. This principle also applies to the approach taken with staff training records. In addition some further work is required to clarify and refine some of the detail within the over-arching Ionising Radiation Safety Policy. There is a need also to develop a more structured and planned approach to clinical audit.

Some further comments were made in relation to individual procedures at each of the hospital sites which are further outlined in the report.

## 5. Findings

### *Quality of the Patient Experience*

**Overall we found that the patients felt the quality of their experience whilst visiting the departments in all three hospitals was good. Positive feedback was received about the staff, the information they received and most people said they had not experienced delays**

We sought the views of patients and their families about the service they received from the radiology departments at all three hospitals we visited, via brief questionnaire.

The comments made about staff at all three hospitals were positive. At Bronglais hospital staff were viewed as:

*“pleasant, very efficient, friendly and helpful”*

One patient at Bronglais hospital added:

*“I have been to this hospital several times and staff are always very helpful. Not long waiting times and I would rate this hospital very highly”*

At Worthybush hospital the general consensus of all responses was that staff are polite, professional and very helpful. At Glangwili hospital all staff were rated as ‘good’.

All patients agreed they had received enough information, however at Worthybush hospital two people stated that although they were provided with the information about their examination they were not entirely sure why they needed it.

At Glangwili Hospital one person commented that it would be helpful to have a clear explanation of where results will be sent and what the time factor for receiving them is.

The majority of patients across all three hospitals said they were generally happy with the standard of cleanliness with positive comments made including:

*“Always clean, no complaints with regards to cleanliness”*

*“Extremely clean and tidy”*

At Withybush hospital a comment was made that the work surfaces looked 'tired'

None of the patients who responded said they had experienced any delays other than one person at Glangwili hospital who said they had to wait half an hour for their X ray.

In relation to the signage to the department, the comments received were 'mixed'. At Bronglais hospital everyone said they felt it was appropriate. At Withybush the majority of people said they felt it was appropriate, however one person said they had a lot of trouble finding where to go and that bigger signs would be helpful. At Glangwili hospital one person commented that the staff working in the outpatients department should know not to direct CT patients to the reception of the X ray department.

### ***Recommendation***

***Glangwili hospital - 'front of house' staff should be clear about where to direct patient for the different diagnostic tests.***

***Glangwili hospital – ensure patients are provided with clear information about when and how they will receive their results and what if any action they then need to take.***

***Withybush hospital – Consider reviewing the signage to the radiology department.***

## **Compliance with IR(ME)R**

### **Duties of Employer**

*The definition in IR(ME)R means any natural or legal person who, in the course of a trade, business or other undertaking, carries out (other than as an employee), or engages others to carry out, medical exposures or practical aspects, at a given radiological installation*

*Hywel Dda University Health Board has a policy document in place entitled 'Ionising Radiation Safety Policy' that explains the duties of the employer. It would be helpful, however, to include some further details to clarify the reporting arrangements work as well as some of the individual roles described within it.*

*The overarching policy is generally well written and defines the duties and responsibilities of the employer as required under IR(ME)R. The policy clearly defines the Chief Executive of the Health Board as having the responsibility as the employer for ionising radiation across the region.*

*Document and version control for this Policy are in place, however the process for authorisation and ratification of the policy was unclear and could do with being described in the document.*

*The Policy describes individual responsibilities, however, greater clarity needs to be provided in relation to how such responsibilities are delegated. The term 'granting entitlement' is used often in the document when it is simply 'entitle'.*

*Greater clarity needs to be provided within the Policy about the committee structure and feedback links in place to the Chief Executive as the Employer. This was described well in the in the self assessments submitted prior to the inspection, but not described anywhere in the Policy*

### **Recommendation**

***To review the Ionising Radiation Safety Policy to take account of the need to clarify how individual responsibilities are delegated as well as how the line of communication works back to the Employer***

### **Procedures and Protocols**

*The regulations require the employer to have written procedures and protocols in place.*

**Each individual hospital site has their own set of IR(ME)R procedures in place. Whilst each of the sets of procedures are broadly compliant with IR(ME)R, they need to be reviewed to ensure a consistent corporate approach.**

All of the procedures required under IR(ME)R are in place in all three hospitals. There were, however, individual sets of IR(ME)R procedures in place at each of the hospital sites we visited. All of the sets were designed differently and some were called employers procedures whilst other were referred to as IR(ME)R Standards Operating Procedures (SOP's). At one site the Employers Procedures are also referred to as policy documents.

It would be far more efficient for the Health Board to have a consistent corporate set of IR(ME)R procedures in place in terms of clarity to support operational working as well as management in terms of updating and review.

Some work had commenced to address this issue and three of the procedures in place were corporate and were attached to the Ionising Radiation Safety Policy document.

The work to review the procedures currently in place and develop one corporate suite of Health Board procedures needs to be completed ensuring the positive content from each of the sites is retained as part of this process.

From our discussions with staff in the departments at both Bronglais and Glangwili hospitals they were able to demonstrate a good understanding of their roles and responsibilities and describe their scope of practice which was in line with the procedures.

At Worthybush hospital, however, we felt one of the staff members we spoke to was unclear about the roles they fulfilled under IR(ME)R. When enquiring about the procedure used to check pregnancy in the general radiography department the staff member questioned also failed to mention use of the 28 day rule to check pregnancy even after prompting and was not sure of the chest DRL in the room in which they were working . Staff within the CT department however were clear about their roles and the procedures under IR(ME)R.

### ***Recommendation***

***To collectively review each of the IR(ME)R procedures currently in place to develop a corporate suite of procedures that apply to all sites within the Health Board***

***At Withybush hospital there is a need to ensure that all staff members are clear of their roles and responsibilities under IR(ME)R and are aware of and understand the procedures in place.***

### **Incident notifications**

*IR(ME)R states that where an incident has occurred in which a person, whilst undergoing a medical exposure, has been exposed to ionising radiation much greater than intended, this should be investigated by the healthcare organisation and reported to the appropriate authority (HIW).*

#### **There is a clear process in place for the notification of incidents**

The procedure for the notification of incidents was one of the three corporate procedures that had been put in place and staff at each site were able to explain the notification process clearly.

One of the concerns prior to the inspection was the significantly low number of notifications received by HIW from the Health Board over the last two years with only two incidents having been reported. Having had a detailed discussion with the teams about incidents and how they are recorded and reported the inspection team were satisfied that the information received provided an accurate picture of all reportable incidents

All incidents are recorded on DATIX when they occur and these are reviewed by the management team including the Head of Service and the RPA to determine whether they meet the threshold for reporting. Incidents recorded are also a standing agenda item on the Medical Exposure Committee (MEC) agenda. The department had, however, prior to the inspection visit identified their own concerns regarding the low number and this had been discussed at their Quality Forum. Despite being content that all notifiable incidents had been reported, the Head of Service was going to review all of the DATIX entries involving radiology services.

#### ***Recommendation***

***To review all radiology incidents recorded on DATIX to confirm appropriate and relevant reporting***

### **Diagnostic reference levels**

*The regulations require the employer to establish diagnostic reference levels (DRL) for radio diagnostic examinations stating that these are not expected to be exceeded for standard procedures when good and normal practice regarding diagnostic and technical performance is applied.*

**Positive work had been undertaken to develop local DRLs and dose monitoring was being undertaken across all sites to further progress the implementation of local DRL's in all areas**

Procedures in all three hospitals were in place in relation to DRLs which explain the process to follow if DRLs are consistently exceeded.

A lot of work had been progressed in relation to DRLs and local DRLs (LDRLs) were in place for mammography across all sites. Work on dose data collection to inform the setting of LDRLs for general radiography, which has been initiated and supported by the RPA, was in the process of being collated at the time of the visit.

### ***Recommendation***

***To continue to progress the work initiated on dose data collection to enable local DRLs to be implemented across all areas within radiology***

***It was suggested that Withybush and Glangwili hospitals consider including in their respective 'Use of DRLs' employer's procedure the statement:***

***"DRLs are expected not to be exceeded for standard procedures when good and normal practice regarding diagnostic and technical performance is applied"***

### **Duties of Practitioner, Operator and Referrer**

#### **Entitlement**

*The regulations require that duty holders must be entitled, in accordance with the employer's procedures for the tasks they undertake.*

**There is a clear procedure in place that identifies by staff group those individuals entitled to act as duty holders as defined by IR(ME)R.**

The procedure for entitlement is one of the corporate procedures that has been developed by the Health Board.

The Policy was well structured and key points and groups were included. There were, however, areas which would benefit from further detail to help with clarification of how delegated responsibilities and entitlement are communicated. These were discussed with the management team during the Bronglais visit.

## ***Recommendation***

***To include greater detail in the policy on how delegated responsibilities are communicated and resolve the inaccuracies discussed.***

## **Referrer**

*IR(ME)R states that a referrer is a healthcare professional who is entitled in accordance with the employer's procedures to refer individuals to a practitioner for medical exposures.*

**There is a clear process in place for referrer entitlement. Consideration should, however, be given to issuing an annual reminders to referrers of their responsibilities and requirements under IR(ME)R**

The Royal College of Radiologists' referral guidelines, 'iRefer, Making the Best Use of Clinical Radiology Services' is used and is available electronically across the Health Board

We were informed that Referrers' responsibilities are made clear to them at induction however it was suggested that this could be backed up annually by reminder letters to clinical leads and GPs to update them of their responsibilities and requirements

At Withybush hospital junior doctors are provided with induction training by the lead superintendent radiographer. We were informed this includes guidance on how and what to refer, the IR(ME)R regulations, radiation protection and responsibilities associated with ionising radiation all of which is noteworthy practice.

## ***Recommendation***

***Letters to be sent annually to clinical leads and GPs to remind them of the requirements and their responsibilities under IR(ME)R***

## **Justification and Authorisation of Individual Medical Exposures**

*The regulations require that all medical exposures should be justified and authorised prior to the exposure. The practitioner is responsible for the justification of the medical exposure. Authorisation is the means by which it can be demonstrated that justification has been carried out and may be undertaken by the practitioner or, where justification guidelines are used, an operator.*

**There is matrix of entitlement in place in all three hospitals identifying individuals' scope of practice and associated training**

There are individual procedures in place in each of the hospitals in relation to justification and authorisation of a medical exposure.

There was evidence that all exposures are justified and authorised by a practitioner which was observed by the inspection team reviewing the request forms during each visit

At all three sites the radiographers, once trained and competent, act as practitioners justifying general radiography examinations. Those staff we spoke with were aware of their role with respect to IR(ME)R, as practitioner for general radiography

At Withybush the Employers Procedure - Justification of Medical Exposures - includes an annex which is a list of examination codes describing examinations radiographers are entitled to justify as practitioners. The list contains several examinations which are no longer performed and a number of fluoroscopy/interventional/operative examinations. This annex requires updating to reflect current and appropriate practice

Delegated authorisation guidelines were in place for specific CT examinations and pathways. At each site the guidelines were signed and dated by the Clinical Lead for Radiology and in the two sites where we were able to speak with the CT radiographers' staff were aware that this person was the practitioner for those examinations.

The specific examinations were:

CT head scan (non contrast) for possible thrombolysis using the Royal College of Physicians criteria.

CT head(non contrast) /cervical spine for head/neck injury using the NICE guidelines CG 176(2014)

Only one of the sites had a list of indications which would enable justification for non contrast CT scan. This however was not clear in as much as it did not state if one or more than one indication would permit justification.

There was only one site that could show us a copy of the NICE and RCP guidelines. Delegated authorisation guidelines should have clear and concise criteria listed for the radiographers to refer to and indeed the NICE and RPC guidelines should also be easily accessible.

### ***Recommendation***

***The NICE and RCP guidelines to support the delegated authorisation guideline in CT needs to be 'at hand' for staff and the delegated***

***authorisation guideline document needs to be expanded to contain clear and unambiguous criteria for the radiographers to authorise against.***

### **Patient Identification**

*The regulations state that written procedures for medical exposures should include procedures to correctly identify the individual to be exposed to ionising radiation.*

**There were clear written procedures in place at all sites relating to the identification of patients. The procedure does however need to be consistent across all sites**

There were patient identification procedures in place across all three sites visited, however they all need to contain the same clarity and level of information.

All request forms checked at Bronglais and Withybush hospitals were completed with patient identification appropriately signed off. However several completed referral forms, including some in CT, were checked at Glangwili -all had ID sign off missing. The lead superintendent radiographer has recognised there is an issue with ID sign off relating to a new design of request form and assured us work was in progress to address the problem. The work included audit and highlighting the problem at staff meetings.

At Withybush the procedure covered the key points and there was noteworthy practice in that the team had recognised there had been issues in relation to addressographs and as a result had designed a poster and specific training on the importance of patient identification. The WHO procedure for identification was apparently used in theatres for patient identification and there were discussions as to whether the employer's procedure would benefit from having these attached as an appendix

### ***Recommendation***

***There needs to be a corporate ID procedure developed ensuring the positive points from each of the individual sites procedures are incorporated***

### **Females of child bearing age**

*IR(ME)R states that written procedures for medical exposures should include procedures for making enquiries of females of child bearing age to establish whether the individual is or maybe pregnant.*

**As with many of the other procedures there are currently three different versions in place across the three sites. Work needs to be undertaken to consolidate these and provide consistent guidance for staff.**

The procedures in place at all three sites are clear and contain the age range for whom an enquiry must be made, it also states the person responsible for making the enquiry.

Flow charts are also attached to the procedures which illustrate the process for establishing pregnancy status.

The procedure at Glangwili contains reference to child protection procedure should a child under the age of 14 give a positive response to the pregnancy questions. This noteworthy practice could be included in any HB wide revised version of the procedure.

### ***Recommendation***

***Work needs to be undertaken to consolidate this procedure to ensure consistent guidance is provided for staff***

***In the revised procedure it would be good practice to include reference to the child protection procedure should a minor provide a positive response to the pregnancy question***

### **Optimisation**

*The regulations state that the operator and practitioner should ensure that the dose arising from the exposure is kept as low as reasonably practicable for the intended purpose.*

**There appeared to be arrangements in place to ensure medical exposures are kept as low as reasonable practicable (ALARP) in all three sites**

Generally, the team witnessed a good culture and attitude towards keeping doses ALARP and optimising exposures. The purchase of VEO a dose reduction package with all CT scanners across the HB is a demonstration of a corporate approach to dose reduction. However we were told this was used widely at Bronglais but less so, due to time limitations of the package, at the more acute hospital in Glangwili. A CT user group has been established and is lead by the MPE service. This ensures health board wide learning and optimisation of protocols which is noteworthy practice

Paediatric optimisation was evident at Wthybush and Glangwili.

The recently installed health board wide mammography equipment has LDRLs in place.

### ***Recommendation***

***Consider additional collaboration with the MPE for cross site optimisation of protocols, exposure charts and practice.***

### **Paediatrics**

*IR(ME)R states that the practitioner and operator shall pay special attention to the optimisation of medical exposures of children.*

**A lot of positive work had been undertaken particularly by the teams at Withybush and Glangwili in relation to paying special attention to the medical exposures of children.**

The self assessment form in relation to paediatrics had been comprehensively completed by the team at Glangwili in relation to paediatrics with great clarity provided about how optimisation on exposures to children is achieved. The site also has a SOP (Employers Procedure) specifically relating to paediatric exposures

At Withybush hospital there had been a radiologist in post who specialised in paediatrics however she has since left. There are three radiographers with a specialist interested and training in performing paediatric radiography in an adult hospital. Along with an assistant practitioner and play therapists the radiographers have formed a paediatric group to discuss and optimise practice and introduce service improvements specifically relating to paediatrics. Withybush have also identified a specific x-ray room to examine paediatric patients

At Bronglais hospital the paediatric exposure charts for plain films were in the form of a log book which dated back to 2000 and often referred to equipment that no longer existed. There were also no guidelines available on the day for non accidental injury (NAI) despite being told they were available.

### ***Recommendation***

***The team at Bronglais need to develop a revised approach to paediatric protocols/exposure charts and to ensure that the guidelines for NAI are available and able to be located by all staff at all times.***

## **Clinical evaluation**

*The regulations state that the employer shall ensure a clinical evaluation of the outcome of each medical exposure is recorded in accordance with written procedures.*

### **Procedures are in place in all three sites relating to the clinical evaluation of examinations.**

All three procedures in place refer to the importance of 'timely' evaluations. At Withybush we had some concerns prior to the inspection about the timeliness of reporting following examinations and the impact on patients. It was clear from our discussions that the Health Board, that the radiology department had recognised this and taken the need for action seriously. As a result, one of the positive things that had happened which made a significant difference to the timescales for reporting was the appointment of a radiographer whose role focuses entirely on reporting. This has resulted in the reporting times being significantly reduced.

At Bronglais hospital we asked to see training records of non-radiology staff /non-medical staff who were clinically evaluating, however these were not provided to us at the time.

### ***Recommendation***

***There is a need for managers to ensure and evidence that training records are in place for all non-radiology / non-medical staff who were undertaking clinical evaluations and ensure they are readily available for the inspection team***

## **Clinical audits**

*IR(ME)R states that employer's procedures shall include provision for carrying out clinical audits as appropriate.*

**Clinical audits were being carried out by each of the sites however the quality of them in terms of presentation varied greatly. The department would benefit from the development of a service wide audit programme supported by 'local' audit for any specific departmental issues**

There was evidence of audit activity being carried out in all three sites visited however there was no dedicated audit programme in place for radiology services.

The standard of audits presented to us at the visit varied greatly in terms of quality. The standard of those audits provided by Withybush and Glangwili were of a high standard providing detail explaining background, context and outcomes whereas at Bronglais the audits were often in the form of a table of figures which were meaningful to those involved however was difficult for anyone outside of the process to understand. It was also unclear how learning from the audit process was shared.

### ***Recommendation***

***To develop and implement an audit programme for radiology services across the organisation***

***To develop guidelines for undertaking and reporting on audits***

### **Expert advice**

*IR(ME)R states that the employer shall ensure a Medical Physics Expert (MPE) is involved as appropriate in every radiological medical exposure*

### **Conclusion**

**The MPE service provided to the Health Board works well and the benefits are clearly evident and recognised by the management team.**

Medical physics expertise is provided to all three hospitals by a contract in place with Abertawe Bro Morgannwg University Health Board. The MPE is a member of the Medical Exposures Committee (MEC) and the Radiation Protection Committee (RPC).

The MPE's working with the Health Board are proactive in working with the services which was clearly evident at the time of the inspection. In addition it was evident that cross Health Board learning and service development was provided by the MPE service including the radiation protection newsletter and the active move to LDRLs, which is noteworthy practice

### **Equipment**

*The regulations state that the employer shall keep an up to date inventory of equipment for each radiological installation.*

**There was a clear and up to date inventory in place**

The equipment inventory was seen at inspection and contains all required information including installation dates, planned replacement dates, year of manufacture, maintenance expiry dates and serial numbers.

At Glangwili Hospital a 'fitness of equipment for medical exposure' SOP which, whilst helpful is not required as an employer procedure under IR(ME)R

## ***Management and Leadership***

**It was clear from the inspection that the radiology management team at Hywel Dda University Health Board are committed to providing a high standard of service that is safe and compliant with IR(ME)R. There was evidence of senior management support also during both the inspection itself and the feedback session.**

**The team recognised the work that needs to be undertaken and is clearly committed to taking this forward. It was surprising, however, that given the length of time the organisation has been working as a single organisation that more progress had not been made to consolidate procedures and work as a single service within a directorate**

It was evident from our inspection that despite the geographical difficulties in relation to where services are located the Clinical Director and the Radiology Services Manager work with the Lead Superintendent Radiographers at each of the hospitals to ensure compliance with IR(ME)R and that standards in radiology services are met and maintained.

There are clearly a number of significant challenges that radiology services face as they develop across the Health Board. The difficulties faced when moving towards consolidating procedures and practices with limited capacity are well recognised and having an individual whose role it is to coordinate these activities can often be beneficial. It is, however, for the organisation to consider and decide how the more corporate approach to radiology services can best be achieved in the future.

From discussions with the management teams over the three days we were informed of the difficulties experienced in relation to recruiting radiologists. It is clear that managers are taking a range of appropriate actions to do everything they can to improve the situation.

### **Training**

*The regulations require that all practitioners and operators are adequately trained for the tasks undertaken and the employer keeps up to date records of this training.*

**Training records are available at all three hospitals however the records and approaches used are different in each location.**

Training records are in place at all three hospitals, however the format of the records is different at each of the sites

At Bronglais hospital records were department and equipment specific. The dates the individuals were 'signed off' as competent were however not included and there was also different forms in terms of design in place in different rooms. We also discussed the need for a more detailed breakdown of competency training records for operators however these were not seen at the time of the visit.

At Withybush hospital the Lead Superintendent Radiographer provides IR(ME)R training for non-medical referrers. He is also currently working with the junior doctors to provide on-line IR(ME)R training as well as information about the departmental training package which will be available Health Board wide. It was notable practice to observe that training for users outside radiology had been developed and delivered. We were able to see current and complete training records for both radiology staff and examples of non medical referrers training records.

At both Glangwili and Withybush hospitals training records including competency assessments for both medical and clinical staff were observed. In addition the training records scrutinised were all completed, signed off, dated and well presented.

At all hospital sites staff retain their own CPD records. Protected CPD time and annual appraisals also take place.

As part of the tendering exercise for the remote reporting service training records were requested and provided. The Clinical Director as part of this process scrutinised curriculum vitae's and training records as part of the appointing process and prior to undertaking any reporting duties.

### ***Recommendation***

***To undertake a review of all training records currently being used across all sites and develop a consistent corporate approach across the Health Board ensuring the good practice in each of the approaches is retained.***

## ***Delivery of a Safe and Effective Service***

*People's health, safety and welfare must be actively promoted and protected.  
Risks must be identified, monitored and where possible, reduced or prevented.*

**The inspection team were content and reassured that there were no breaches in relation to the regulations. It was clear from our discussions with staff that patient and staff safety was the key priority for the department**

The introduction to the 'Ionising Radiation Safety Policy' confirms that the Health Board prioritises the health and safety of its employees, contractors and members of the public who may be exposed to the hazards arising from the use of ionising radiation.

From what the inspection team observed and discussed during the course of the inspection we are satisfied that the above statement is upheld

## 6. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit their improvement plan to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified at the inspection will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/ units of the health board.

The health board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing IR(ME)R inspection process.

**Appendix A**

**IR(ME)R: Improvement Plan**

**Hospital: Bronglais Hospital, Withybush Hospital and West Wales General Hospital**

**Ward/ Department: Radiology Departments**

**Date of Inspection: 23<sup>rd</sup>, 24<sup>th</sup> & 25<sup>th</sup> March 2015**

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<b>Quality of the Patient Experience</b>			
7	Glangwili hospital - 'front of house' staff should be clear about where to direct patient for the different diagnostic tests.	Reception staff to be made aware of location of CT waiting area and to direct patients appropriately	Karen Barker, Service Delivery Manager, Scheduled Care (communication to nurses)  Steven Bennett, Medical records manager	Completed

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
			(communication to clerical staff)	
7	Glangwili hospital – ensure patients are provided with clear information about when and how they will receive their results and what if any action they then need to take	<p>Patients to be informed in a consistent manner regarding likely timescale for obtaining results. This will be communicated to staff at the next staff meeting. This will include recommending:</p> <p>For GP referrals: contact with GP practice after this time period to ascertain receipt of report prior to attending the practice</p> <p>For out-patients: result will be available at their next OPD appointment</p>	Peter Davies, Lead Superintendent Radiographer, Glangwili Hospital	1 <sup>st</sup> May 2015
7	Withybush hospital – Consider reviewing the signage to the radiology department.	Signage was reviewed in 2013 and won the “Citizens at the Centre of Service Redesign and Delivery” award. This review included extensive input from user groups including those with or representing patients with disabilities. Feedback from this patient appears at odds to that received from others, but the health board welcomes such feedback which it will take into account when signage is further reviewed and/or replaced.	Rob Elliot, Assistant Director, Estates Facilities and Capital Management	Ongoing action – no completion date as feedback will continue to be considered
<b>Duties of Employer</b>				
8	To review the Ionising Radiation Safety Policy to take account of the need to clarify how individual responsibilities are delegated as	To review this policy to accommodate these points and to discuss at the next Radiation Protection Committee meeting prior to submitting	Tony Clarey, Radiology Services Manager	31 <sup>st</sup> June 2015

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	well as how the line of communication works back to the Employer	for authorisation at executive director level for health board release.		
10	To collectively review each of the IR(ME)R procedures currently in place to develop a corporate suite of procedures that apply to all sites within the Health Board	To review all current IR(ME)R procedures and ensure all procedures are corporate as far as local clinical practice allows. To be tabled for approval at the next Medical Exposures Committee meeting	Mark Davies, Site Lead Superintendent Radiographer, Prince Philip Hospital	30 <sup>th</sup> June 2015
10	At Withybush hospital there is a need to ensure that all staff members are clear of their roles and responsibilities under IR(ME)R and are aware of and understand the procedures in place.	To be communicated to staff at next staff meeting. All staff will be required to re-read the IR(ME)R procedures and sign to confirm that they understand their responsibilities. If required by staff, additional training with site lead superintendent is available. Individual concerned had one-to-one meeting with lead superintendent to clarify IR(ME)R responsibilities on 26 <sup>th</sup> June 2015.	Barry Denton, Site Lead Superintendent, Withybush General Hospital	6 <sup>th</sup> May 2015
11	To review all radiology incidents recorded on DATIX to confirm appropriate and relevant reporting	An open approach is in place encouraging reporting of incidents. Radiology datix incidents for 2014/15 will be reviewed and ensure that all those notifiable have been reported appropriately. In addition MPE will raise at WSAC regarding reporting criteria and possible over-reporting from some organisations as discussed with HIW inspection team.	Tony Clarey, Radiology Services Manager	1 <sup>st</sup> June 2015

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11	To continue to progress the work initiated on dose data collection to enable local DRLs to be implemented across all areas within radiology	To continue as recommended	Site Lead Superintendent Radiographers, Simon Evans, Medical Physics Expert	Complete – work is continuing
11	It was suggested that Withybush and Glangwili hospitals consider including in their respective 'Use of DRLs' employer's procedure the statement:  "DRLs are expected not to be exceeded for standard procedures when good and normal practice regarding diagnostic and technical performance is applied"	To be included in review required to produce corporate procedures	Mark Davies, Site Lead Superintendent Radiographer, Prince Philip Hospital	30 <sup>th</sup> June 2015
12	To include greater detail in the policy on how delegated responsibilities are communicated and resolve the inaccuracies discussed.	To be included in review of Ionising Radiation Safety policy.	Tony Clarey, Radiology services Manager	30 <sup>th</sup> June 2015
13	Letters to be sent annually to clinical leads and GPs to remind them of the requirements and their responsibilities under IR(ME)R	Letter to be sent to clinical leads and GP practices within time specified and to be reviewed and reissued on annual basis.	Phil Kloer, Medical Director	1 <sup>st</sup> June 2015

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	<b>Justification of individual medical exposures</b>			
14	The NICE and RCP guidelines to support the delegated authorisation guideline in CT needs to be 'at hand' for staff and the delegated authorisation guideline document needs to be expanded to contain clear and unambiguous criteria for the radiographers to authorise against	Notice to be prominently displayed in all CT departments summarising these guidelines.  Delegated authorisation document to be reviewed to provide clear criteria as recommended	Site Lead Superintendents  Dr Ali Moalla, Clinical Director, Radiology	Complete  15 <sup>th</sup> may 2015
	<b>Patient Identification</b>			
15	There needs to be a corporate ID procedure developed ensuring the positive points from each of the individual sites procedures are incorporated	To be included in review required to produce corporate procedures	Mark Davies, Site Lead Superintendent Radiographer, Prince Philip Hospital	30 <sup>th</sup> June 2015
	<b>Females of child bearing age</b>			
16	Work needs to be undertaken to consolidate this procedure to ensure consistent guidance is provided for staff	To be included in review required to produce corporate procedures	Mark Davies, Site Lead Superintendent Radiographer, Prince Philip Hospital	30 <sup>th</sup> June 2015

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16	In the revised procedure it would be good practice to include reference to the child protection procedure should a minor provide a positive response to the pregnancy question	To be included in review required to produce corporate procedures	Mark Davies, Site Lead Superintendent Radiographer, Prince Philip Hospital	30 <sup>th</sup> June 2015
<b>Optimisation</b>				
16	Consider additional collaboration with the MPE for cross site optimisation of protocols, exposure charts and practice.	MPE collaboration to be expanded. To be discussed at next Medical Exposures Committee meeting to identify way forward.	Site Lead Superintendents Simon Evans, Medical Physics Expert	4 <sup>th</sup> June 2015
<b>Paediatrics</b>				
17	The team at Bronglais need to develop a revised approach to paediatric protocols/exposure charts and to ensure that the guidelines for NAI are available and able to be located by all staff at all times.	The employer's procedure for paediatrics will be included in the review required to produce corporate procedures. This will include the provision and review of paediatric exposure charts.  To ensure guidelines for NAI are readily accessible and that staff are reminded of where these are kept (communicated at team meeting 29 <sup>th</sup> April 2015).	Mark Davies, Site Lead Superintendent Radiographer, Prince Philip Hospital  Mark Sherratt, Site Lead Superintendent Radiographer, Bronglais Hospital	30 <sup>th</sup> June 2015  Complete

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<b>Clinical evaluation</b>				
18	There is a need for managers to ensure and evidence that training records are in place for all non-radiology / non-medical staff who were undertaking clinical evaluations and ensure they are readily available for the inspection team	Nurse practitioner image evaluation training is managed corporately. However, it is recognised that records need to be readily available on all sites. This will be ensured.	Dr Jeremy Williams, Clinical Director, Unscheduled Care	30 <sup>th</sup> June 2015
<b>Clinical audits</b>				
19	To develop and implement an audit programme for radiology services across the organisation	Each site to develop an audit programme to reflect local practice. This will be collated and shared between sites.	Site Lead Superintendent Radiographers Tony Clarey Radiology Services Manager	30 <sup>th</sup> June 2015
19	To develop guidelines for undertaking and reporting on audits	Corporate guidelines already exist and apply to the whole of the organisation. These are available via the intranet. Referral to these is mandatory for all audits undertaken.  A standard format for audit within radiology will be developed and used on all sites.	Ian Bebb, Clinical Audit manager  Peter Davies, Site Lead Superintendent Glangwili Hospital	Complete  30 <sup>th</sup> June 2015

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	<b>Management and leadership- Training</b>			
22	To undertake a review of all training records currently being used across all sites and develop a consistent corporate approach across the Health Board ensuring the good practice in each of the approaches is retained.	Corporate training record format to be produced utilising best points from each of the existing formats.	Barry Denton, Lead Superintendent Radiographer, Withybush Hospital	30 <sup>th</sup> June 105

**Health Board Representative:**

**Name (print):** Tony Clarey.....

**Title:** Radiology Services Manager.....

**Signature:** .....

**Date:** 30<sup>th</sup> April 2015.....