

Aneurin Bevan Local Health Board

**Announced Inspection
Compliance with Ionising Radiation
(Medical Exposure) Regulations
2000 and Amendments 2006
and 2011 (IR(ME)R)**

**Date of Inspection:
4 and 5 October 2012**

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications and Facilities Manager
Healthcare Inspectorate Wales
Bevan House
Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED**

Or via

Phone: 029 20 928850
Email: hiw@wales.gsi.gov.uk
Fax: 029 20 928877
Website: www.hiw.org.uk

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1 Introduction

1.1 A compliance inspection against the Ionising Radiation (Medical Exposure) Regulations 2000 and regulation amendments 2006 and 2011 for diagnostic imaging was undertaken on 4 and 5 October at the Radiology Department of Nevill Hall Hospital, Aneurin Bevan Health Board. The review was by Healthcare Inspectorate Wales (HIW) and supported by the Health Protection Agency (HPA).

Methodology for Inspection

1.2 This is the first time that an IR(ME)R inspection has been undertaken at this Health Board by HIW.

1.3 The Health Board was provided with eight weeks notice of the inspection and asked to complete a self-assessment return and collate supporting evidence. This completed self-assessment formed the basis of our diagnostic imaging inspection visit.

1.4 During the site visit the inspection team discussed the information detailed in the self-assessment with key staff. We reviewed policies, procedures, protocols, patient records (reviewed as a patient journey approach) and staff training records as required under IR(ME)R. We also undertook observations within the clinical settings and interviewed a cross-section of staff in order to establish whether the information declared in the self-assessment and employer's written procedures was reflected in practice.

1.5 Detailed findings and associated recommendations were provided through verbal feedback throughout the inspection and more formally at the feedback meeting held on the second day of the visit. The key issues emerging from the inspection were also notified to Aneurin Bevan Health Board in a management letter, three weeks following the inspection, so that immediate action could be taken to discharge the recommendations.

Background to the Department

1.6 Nevill Hall Hosital (NHH) is part of the Aneurin Bevan Health Board (ABHB) and is located in Abergavenny, Monmouthshire.

1.7 At the time of the inspection, the self-assessment form stated that the number of examinations performed by the Radiology Department at NHH over the year was on average: 65,200 general radiology, 17,400 Computed Tomography (CT) scans, 6,200 fluoroscopy, 630 symptomatic and 940 screening mammography, 1,100 dental, 180 cardiology and 450 interventional radiology procedures. This inspection predominantly focused on general radiology (X-ray) and CT scans carried out in the department.

1.8 Staffing comprised 5.2 whole time equivalent (WTE) consultant radiologists, 0.4 specialist registrars, 36.3 radiographers, 2.6 reporting radiographers, 2 assistant practitioners, 3 radiation protection supervisors and between 0-6 students. The medical physics experts were not directly employed by NHH but contracted through an agreement with Velindre NHS Trust.

1.9 NHH staff also provided support for three satellite sites within the Aneurin Bevan HB: Ysbyty Aneurin Bevan (Ebbw Vale), Chepstow Hospital and Monnow Vale Hospital. The hospital had not taken part in any research programmes or medico-legal exposures in the last two years and there were no plans for the future.

1.10 During our visit we met with the director of Therapies and Health Science, directorate manager, Radiology manager, superintendent radiographer, CT radiographer and radiation protection supervisor (RPS), plain film radiographer and RPS and a medical physics expert as well as interviewing a cross section of radiology staff.

2. Executive Summary

2.1 As a result of this inspection, HIW can provide assurance that the Radiology Department of Nevill Hall Hospital (NHH) and the Health Board more generally is in the main compliant with IR(ME)R.

2.2 We received evidence from Aneurin Bevan that a framework of written procedures were in place and discussions with staff highlighted that there was compliance with IR(ME)R, however the procedures did not always reflect the practice at NHH.

2.3 During the inspection we recognised areas of noteworthy practice at NHH, in particular these included:

- A timely and thorough review process for procedures and protocols with staff involvement which are agreed at the appropriate radiology committees.
- Liaison with a specialist paediatric unit to determine the appropriate dose settings on equipment when treating children and young people.
- A well written identification procedure which was understood by staff and highlighted to patients via posters and information boards throughout the hospital.
- A training programme for new equipment which evidences understanding and competence before manager sign off.

2.4 Some of the key issues, identified as part of the inspection, included the entitlement procedure:

- The need to review the entitlement matrix as it was highlighted that some staff had erroneous entitlement.
- Groups of staff such as cardiologists and orthopaedics were entitled generically without an appropriate scope of practice for their role.

- There was some confusion over the use of Delegated Authority Guidelines both within the written procedures and amongst staff.
- The process to award entitlement needed to be made more formal, with a link to the employer and reflected in the written procedures.

2.5 We also noted that there wasn't a presence from other hospitals within the Health Board at the two day inspection, therefore we encourage Aneurin Bevan to share the lessons learned from the inspection across the Health Board.

2.6 We would like to thank staff at the Radiology Department at Nevill Hall Hospital for their cooperation and assistance during our review.

2.7 On publication this report has been made available on the HIW website www.hiw.org.uk

3. Findings

3.1 We have structured our findings from the inspection around the key areas of IR(ME)R and the patient journey. The recommendations arising from the findings are covered in Section 4 of this report.

Duties of Employer

3.2 IR(ME)R states that the employer is any person that carries out (other than as an employee), or engages others to carry out, medical exposures at a given radiological installation. For ABHB the Chief Executive is the employer and there were appropriate reporting lines in place to evidence the employer's authority.

3.3 ABHB's Ionising Radiation Safety Policy states that the Chief Executive carries the overall responsibility for implementing IR(ME)R. Also the Radiation Protection Committee and Medical Exposures Committee (RPC and MEC), chaired by the Radiology Directorate Clinical Director, report to the Chief Executive.

Procedures and Protocols

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

3.5 The Health Board's radiation protection committee has established an '*ionising Radiation Safety Policy*' with supporting IR(ME)R procedures for all ABHB sites, including NHH.

3.6 The review identified that there were some areas for improvement in relation to the policy and procedures:

- Discussions identified some procedures that could be developed to provide more detail for completeness and clarity.

- Procedures did not always reflect the noteworthy systems that staff described as taking place in practice.
- Staff explained that there could be different practices across Aneurin Bevan sites, which was not reflected in the procedures.
- Reference was made to IR(ME)R 2000, however the amendments required by the Regulations of 2006 and 2011 hadn't been updated into the procedures.
- There were no procedures for the entitlement of duty holders by the employer and for making enquiries regarding pregnancy (although a flow chart exists).

3.7 The staff we met during the inspection had a good understanding of the procedures and were aware of where they could obtain a copy to read. However, there was no read and sign procedure in place. Instead, changes to procedures were communicated through team meetings, however these were infrequent and minutes did not appear to note the relevant amendments.

3.8 The regulations state that written protocols should be established for every type of standard radiological practice for each piece of equipment.

3.9 We reviewed a sample of written protocols, which were available both electronically and in each of the examination rooms and confirmed that the protocols viewed addressed the standard radiological practice for the equipment in each room.

Incident Notifications

3.10 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, which for Welsh organisations is HIW.

3.11 ABHB maintains a record of incidents in its Radiology Department, including near misses. Incidents are reported to the RPC, MEC and Health Board risk

management group so that lessons are learned and implemented across the Health Board.

3.12 Between the period April 2011 and the time of our inspection, NHH had reported one incident to HIW. The incident related to an in-patient identification error. On the inspection, we were able to observe the actions that have been taken to mitigate similar incidents occurring in the future, such as identification posters for patients and staff and raising a general awareness amongst staff of the incident and the steps that should be taken to prevent similar occurrences.

Diagnostic Reference Levels

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

3.14 In August 2012, NHH worked alongside the medical physics experts from Velindre NHS Trust to introduce national DRLs and establish local DRLs for some general examinations. This comparison of DRLs has shown that the local levels used by NHH are significantly lower than the national, evidencing that the exercise has identified an appropriate benchmark for the hospital.

3.15 As NHH have only recently started to introduce DRLs, there remain DRLs to establish, such as paediatrics and NHH has not yet commenced reviews of patient doses against DRLs. New systems have recently been established for staff to record when doses used exceed DRLs, there are intentions to audit these results in the future.

Duties of Practitioner, Operator and Referrer

Entitlement

3.16 The regulations require that persons acting as referrer, practitioner and/or operator must be entitled, in accordance with the employer's procedures for the tasks they undertake under IR(ME)R.

3.17 ABHB has an entitlement matrix which records the duty holders, who have been entitled to carry out medical exposure functions, however there was a need for the process to be formally documented in the procedures, to clarify the process and provide guidance for staff.

3.18 Our review also noted that there were a few errors in the matrix where staff had been incorrectly entitled for duties they did not undertake or the scope of practice (for example cardiologists and orthopaedic surgeons), was broad and did not reflect clinical practice.

3.19 There was also an entitlement matrix for CT scanning which included reference to the use of delegated authority guidelines (DAG). However, there was some confusion within the written procedures and amongst staff regarding the role of the practitioner, the justification of CT scans and the use of DAGs

Referrer

3.20 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.

3.21 NHH uses the Radiology Information System (RadIS), which has an integrated list of entitled referrers. If the referrer is not on the list, staff will clarify with the referring healthcare organisation and escalate within NHH to confirm that the referrer is entitled.

3.22 NHH also has established procedures to train and test competence of non-medical referrers before awarding entitlement through a contract. Even though this is not specified within IR(ME)R, we recognise this as noteworthy practice. However, staff recognised that there was a need to review the entitlement of non-medical referrers as this did not reflect current practice. We noted that the entitlement contract should contain a scope of practice.

3.23 ABHB had well-designed referral forms, which cover the appropriate information in respect of patient, examination and authorisation. However, referral forms were completed by the radiographers for radiology procedures in theatre, even for elective surgical cases; based on the information provided in the theatre schedule rather than the completion of the referral forms.

3.24 Under IR(ME)R, the employer is obliged to establish recommendations concerning referral criteria and make these available to referrers. The referral criteria used by NHH within the department is the Royal College of Radiologists (RCR) Guidelines '*Making the Best Use of Clinical Radiology*' 6th Edition. Whilst we recognise RCR guidelines to be noteworthy practice, these have now been superseded with iRefer (7th edition), which we are aware are available on HOWIS and should now be used.

Justification of Individual Medical Exposures

3.25 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 in place, an operator.

3.26 In NHH all examinations are justified and authorised by a practitioner, therefore removing the need for justification guidelines. However, the entitlement matrix and justification procedures imply that there were guidelines in place to allow operators to justify, but this was not evident from our discussions with staff in respect

of what happens in practice. This confusion was compounded by the entitlement matrix.

3.27 We reviewed a selection of request forms for a number of examinations and found that the patients' medical history and the reason for referral were clearly documented and authorised by entitled practitioners.

Identification

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

3.29 We noted posters were displayed within the department, which informed patients that they may be requested for their identification details on several occasions.

3.30 A review of the patient identification written procedures confirmed that they were comprehensive and detailed, especially those relating to those situations where it may be more difficult to obtain confirmation of correct patient identity. Discussions with staff confirmed that they understood the identification procedure and followed them in practice.

Females of Child Bearing Age

3.31 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 they maybe pregnant.

3.32 ABHB did not have a specific written procedure for checking for pregnancy in female patients; however there was a pregnancy flow chart. The flow chart was displayed in each of the examination rooms providing information for patients and a quick reference for staff.

3.33 Discussions with staff, during the inspection, found that they had an appropriate understanding of the need to check for pregnancy prior to relevant examinations. However, this should be formalised in a written procedure that clearly describes the process to be undertaken and the associated responsibilities.

Optimisation

3.34 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.

3.35 Discussions with staff highlighted that NHH has a number of practical controls in place to support optimisation during the examination, these include:

- Periodic checks of equipment by MPEs.
- Image intensifiers close to patients.
- National and local DRLs.
- Patient lead protection aprons.
- Adapting exposure factors from manufacturer guidelines.

3.36 We were also made aware of an action folder, which contained suggestions for changes to practice which were reviewed by the team, and where appropriate changes were made to practice.

Paediatrics

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

3.38 The majority of paediatric examinations are undertaken at NHH's sister site, the Royal Gwent Hospital, however, equipment at NHH had paediatric settings for children, which provide lower doses than adult settings. The department had also

been in discussion with specialist paediatric radiologists to facilitate the review and amend some of the settings.

3.39 However, as DRLs were only recently established across ABHB, there were no paediatric specific DRLs in place for the Radiology Department.

Clinical Evaluation

3.40 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.

3.41 NHH has set performance indicators for clinical evaluation turnaround times and uses the RadIS database to send notifications and reminders to staff highlighting images, which required clinical evaluation.

3.42 The written procedures only referred to clinical evaluations performed by the Radiology Department and not those undertaken by non-radiology staff such as staff working at the fracture clinic. NHH have a contract with radiographers in Australia to support out of hours reporting. A review of the contract confirmed that the radiologists were appropriately qualified and had been entitled by ABHB.

3.43 We reviewed a number of examinations and found that there was an organised queuing system to ensure that images were clinically evaluated in a timely basis and that all clinical evaluations were recorded in the patients' records. Work lists of unreported images are sent to appropriate staff every Monday morning for action.

Clinical Audits

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

3.45 We reviewed the outcomes of recent clinical audits, such as use of double markers, audit of request forms and quality of DR paediatric imaging undertaken by staff at NHH as part of their continuous professional development. However, it was noted that the double marker review had been undertaken three times, highlighting the same issues, before improvements were noted.

3.46 We consider that the governance and structure of the audits should be strengthened to ensure that an appropriate selection of audits are undertaken each year and the results are formally fed back to staff so that lessons are learnt and implemented. There were some areas where an audit review would be beneficial such as reject analysis, referrers and clinical evaluation. At the time of our inspection there was no written procedure in place, which outlining the approach to the undertaking of audits.

Expert Advice

3.47 IR(ME)R states that the employer shall ensure a medical physics expert (MPE) is involved as appropriate in every radiological medical exposure.

3.48 A service level agreement (SLA) contract has been established for the receipt of radiation protection advice and support from two Velindre NHS Trust colleagues, which includes the role of MPE. At the time of the inspection, the latest SLA had expired in April 2012 and was still under discussion.

Equipment

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

3.50 NHH provided an up to date inventory of all radiology equipment at the hospital which is organised by each examination room, and includes the details of manufacturer, model, serial number, year of manufacture and year of installation.

Training

3.51 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.

3.52 We reviewed a sample of training records, for staff who joined the hospital at different times and worked at different grades. We found that their records were generally complete and authorised by management.

3.53 However, as part of the staff file review, we did not see any reference to specific training for practitioners or documentation outlining formal authorisation of their entitlement.

4 Recommendations

4.1 The recommendations set out below address any non-compliance with the Ionising Radiation (Medical Exposure) Regulations 2000 and amendments 2006 and 2011 that we identified as a result of the inspection;

IR(ME)R Regulation	Finding (Paragraph Reference)	Recommendation
IR(ME)R Reg 4 (1) IR(ME)R Reg 5 (1)	3.6 – 3.7	<p>Procedures</p> <p>We recommend that Aneurin Bevan reviews its procedures to ensure that they contain the required information, are fit for purpose, capture the differences in procedures between sites and where applicable, share noteworthy practice.</p> <p>Any amendments made to the procedures should be clearly and effectively highlighted to staff, through team meetings or read and sign etc. Following updates, all appropriate duty holders should read and understand the employer’s written procedures.</p>
IR(ME)R Reg 4 (3)(c), 4 (6)	3.14	<p>Dose Audits</p> <p>We recommend that DRLs for all standard examinations are established and that periodic dose audits are undertaken to review DRLs and to investigate trends when DRLs are consistently exceeded.</p>
IR(ME)R Reg 4(1) and Schedule 1(b)	3.15 -3.17	<p>Entitlement</p> <p>We recommend that the entitlement matrix is reviewed for accuracy and the process of entitlement is clarified within the employer’s written procedures to ensure that duty holders are appropriately entitled for tasks they undertake. Staff need to be made aware of their entitlement and scope of practice.</p> <p>We also recommend that the delegated authority guidelines are reviewed for appropriateness, relevant entitlement and to ensure that they are fit for purpose.</p>

IR(ME)R Regulation	Finding (Paragraph Reference)	Recommendation
IR(ME)R Schedule 1(b)	3.20- 3.21	<p>Referrers</p> <p>The entitlement of non-medical referrers requires review as the existing entitlement does not appear to reflect current practice</p> <p>The entitlement, for both medical and non-medical referrers, should include a scope of practice to identify the range of requests that may be made.</p>
IR(ME)R Reg 9	3.47	<p>Expert Advice</p> <p>We recommend that a contract for the provision of medical physics expertise is put in place and renewed on a timely basis.</p>
IR(ME)R Reg 11	3.53	<p>Training</p> <p>We recommend that appropriate training and documentation of entitlement is introduced for practitioners.</p>

5 Next Steps

5.1 The Health Board has accepted all of the findings detailed in the report and developed an action plan to address the issues raised (attached to this report at Appendix D).

5.2 The Health Board has confirmed that all actions will be completed by May 2013, within seven months of the inspection. HIW has reviewed the action plan and is satisfied that the concerns raised by the inspection will be appropriately addressed.

5.3 HIW will monitor the progress of Aneurin Bevan Health Board implementing the actions agreed and review policies and procedures where applicable. Based on the level of assurance we receive, Aneurin Bevan may be included as part of an IR(ME)R follow up review in the future.

The Role and Responsibility of Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all healthcare in Wales. HIW's primary focus is on:

- Making a significant contribution to improving the safety and quality of healthcare services in Wales.
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee.
- Strengthening the voice of patients and the public in the way health services are reviewed.
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW's core role is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, the Welsh Government and healthcare providers that services are safe and good quality. Services are reviewed against a range of published standards, policies, guidance and regulations. As part of this work HIW will seek to identify and support improvements in services and the actions required to achieve this. If necessary, HIW will undertake special reviews and investigations where there appears to be systematic failures in delivering healthcare services to ensure that rapid improvement and learning takes place. We also protect the interests of people whose rights are restricted under the Mental Health Act. In addition, HIW is the regulator of independent healthcare providers in Wales and is the Local Supervising Authority for the statutory supervision of midwives.

HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Government, protocols have been established to safeguard its operational

autonomy. HIW's main functions and responsibilities are drawn from the following legislation:

- Health and Social Care (Community Health and Standards) Act 2003
- Care Standards Act 2000 and associated regulations
- Mental Health Act 1983 and the Mental Health Act 2007
- Statutory Supervision of Midwives as set out in Articles 42 and 43 of the Nursing and Midwifery Order 2001
- Ionising Radiation (Medical Exposure) Regulations 2000 (amendments 2006 and 2011).

HIW works closely with other inspectorates and regulators in carrying out cross sector reviews in social care, education and criminal justice and in developing more proportionate and co-ordinated approaches to the review and regulation of healthcare in Wales.

IR(ME)R Context

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) came into force in 2000. The 2000 regulations and amended regulations 2006 and 2011 lay down measures for the health protection of individuals against the dangers of ionising radiation in relation to medical exposure for diagnostic, therapeutic, occupational health, health screening, research or medico-legal purposes.

IR(ME)R places responsibilities on practitioners, operators, those who refer patients for medical exposure and the employers of these three groups. The employer is obliged under the regulations to create a framework for the safe, efficient and effective delivery of ionising radiation by the provision of written procedures and protocols. The employer is also responsible in law for ensuring that these procedures are in place and are complied with.

Healthcare Inspectorate Wales (HIW) are the appropriate authority with associate powers for the inspection and enforcement of IR(ME)R. This role has been transferred to HIW from the Welsh Ministers under the Health and Safety at Work Act.

HIW undertakes a programme of routine inspections to services which undertake activities regulated by IR(ME)R. A breach of the regulations can result in the issue of improvement notices, prohibition notices or criminal proceedings.

TERMS OF REFERENCE

HEALTHCARE INSPECTORATE WALES ANNOUNCED INSPECTION: COMPLIANCE AGAINST IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS

In accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 and regulation amendments 2006 and 2011, Healthcare Inspectorate Wales (HIW) will conduct an announced inspection of Nevill Hall Hospital, Abergavenny in Aneurin Bevan Local Health Board.

The inspection will take place between Thursday 4 and Friday 5 October 2012. Nicola Bresner, inspection manager and Sarah Lewis, assistant inspection manager will lead on the review, accompanied by Kathlyn Slack from the Health Protection Agency.

OBJECTIVE

The objective of the inspection is to provide assurance that Nevill Hall Hospital and the Local Health Board is compliant with IR(ME)R for diagnostic imaging.

SCOPE

The scope of the inspection will include compliance with IR(ME)R in respect of:

- The duties of the employer.
- The duties of the referrer, operator and practitioner.
- Justification of individual medical exposures.
- Optimisation.
- Clinical audit.
- Expert advice.

- Equipment.
- Training.
- Any other matters which are considered to be under the scope of IR(ME)R.

APPROACH

We will initially ask that management submit a self-assessment tool 10 working days prior to the inspection. This will enable us to pre-assess the framework of policies and protocols to undertake appropriate tests at inspection.

On inspection we will interview staff and speak with patients where appropriate, review relevant documentation and assess the environment.

We will then form our conclusions on the adequacy of the systems and practices in place and to frame recommendations for improvement, as appropriate.

REPORTING

At the end of the two-day inspection, the team will hold a meeting to provide initial feedback and the opportunity to discuss the issues raised at inspection.

A management letter will be issued to the Local Health Board shortly after the inspection, which outlines the key findings arising from the review. The purpose of this letter is to provide you with the opportunity to address some of these matters in advance of the publication of the report.

A draft report will be issued to the Local Health Board, which will enable you to comment on the overall factual accuracy and points raised. We would expect to receive your formal response to the report and a corresponding action plan, which addresses and implements the recommendations made within the report, within 10 working days.

On publication, we will then place the final report and your action plan in response to the recommendations on the HIW website.

HEALTHCARE INSPECTORATE WALES

2012-13

Action Plan

IR(ME)R Reference	Recommendation	LHB Action	Responsible Officer	Target Date
IR(ME)R Reg 4 (1) IR(ME)R Reg 5 (1)	Procedures – We recommend that Aneurin Bevan reviews its procedures to ensure that they contain the required information, are fit for purpose, capture the differences between sites and where applicable share noteworthy practice. Any amendments made to the procedures should be clearly and effectively highlighted to staff through team meetings or read and sign etc. Following updates, all appropriate duty holders should read and understand the employer’s written procedures.	The radiation protection committee will review all current procedures at its yearly audit, paying particular attention to site variations in practice and subtle variations in day to day practice not currently reflected in the procedures, for all departments in ABHB. As discussed new procedures have been developed for pregnancy checking to sit alongside the existing pregnancy flow chart, detailing the entitlement of duty holders by the employer and a separate procedure for clinical and dose audit. Once agreed by the radiation protection committee the procedures will be highlighted at staff meetings and all staff will read the procedures and sign to say they have done so, this record will then be kept.	Radiology manager	01.03.13, the last meeting was cancelled due to the adverse weather conditions.
IR(ME)R Reg 4 (3) (c), (4) (6)	Dose audits – We recommend that DRLs for all standard examinations are established and that periodic dose audits are undertaken to review DRLs and to investigate trends when DRLs are consistently exceeded.	Radiology is currently working with the Radiation Protection service to establish DRLs for all our standard examinations. We will then audit by examination and room to check for trends that may be present.	Radiology manager	01.05.13 to undertake our first audits

IR(ME)R Reference	Recommendation	LHB Action	Responsible Officer	Target Date
IR(ME)R Reg 4 (1) and Schedule 1 (b)	<p>Entitlement – We recommend that the entitlement matrix is reviewed for accuracy and the process of entitlement is clarified within the employer’s written procedures to ensure that duty holders are appropriately entitled for tasks they undertake. Staff need to be made aware of their entitlement and scope of practice. We also recommend that the delegated authority guidelines are reviewed for appropriateness, relevant entitlement and to ensure that they are fit for purpose.</p>	<p>The entitlement matrix has been reviewed and any erroneous entries corrected. A procedural document clarifying the entitlement of duty holders by the employer will be reviewed by the radiation protection committee. Once agreed the procedure will be highlighted at staff meetings and all staff will read the procedures and sign to say they have done so, this record will then be kept.</p> <p>We have sought advice on the use of delegated authorisation guidelines and have reviewed those currently in use, these have been re-drafted and after being reviewed at the (RPC) staff will be made aware of the new guidelines, all staff will then read the procedures and sign to say they have done so, this record will then be kept.</p>	Radiology manager.	01.03.13
IR(ME)R Schedule 1 (b)	<p>Referrers - The entitlement of non-medical referrers requires review as the existing entitlement does not appear to reflect current practice. The entitlement, for both medical and non-medical referrers, should include a scope of practice to identify the range of requests that may be made.</p>	<p>The entitlement matrix is being reviewed and those non-medical referrers not requesting are being removed after communication from the Radiology Department. Once a core of staff using the system has been established regular auditing of requesting in relation to relevance and outcome will start. The entitlement for non-medical referrers contains a scope of practice for that individual. For medical referrers a scope of</p>	Radiology manager	01.04.13

IR(ME)R Reference	Recommendation	LHB Action	Responsible Officer	Target Date
		requests is being developed based on the medical specialty. This will be reviewed by the radiation protection committee. Once agreed the procedure will be highlighted at staff meetings and all staff will read the procedures and sign to say they have done so, this record will then be kept.		
IR(ME)R Reg 9	Expert Advice – We recommend that a contract for the provision of medical physics expertise is put in place and renewed on a timely basis.	There is agreement with the radiation protection service to sign off the principles of the SLA including the medical physics expert element. Although discussions are ongoing over the cost of the SLA, there has been no interruption to the delivery of the SLA during this process.	Radiology manager	01.03.13
IR(ME)R Reg 11	Training - We recommend that appropriate training and documentation of entitlement is introduced for practitioners.	We are developing a training schedule for practitioners for which they will then receive formal authorisation of their entitlement.	Radiology manager	01.04.13