

Chris Kalinka
Radiology Department
Royal Glamorgan Hospital
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Date: 26th October 2015

Dear Mr Kalinka,

RE: Ionising Radiation (Medical Exposure) Regulations – Follow up inspection.

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a 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 is responsible for monitoring compliance against the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 (and its subsequent amendments 2006 and 2011). We achieve this through a programme of assessment and inspection of services in the NHS and independent sectors that use ionising radiation.

The regulations place responsibilities on practitioners, operators, those who refer patients for medical exposures and the employers of these three groups. The employer is required 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. A breach of the regulations can result in the issue of prohibition notices, improvement notices or criminal proceedings.

The regulations are designed to ensure that:

- Patients are protected from unintended, excessive or incorrect exposure to medical radiation and that, in each case, the risk from exposure is assessed against the clinical benefit (justification)
- Patients receive no more exposure than necessary to achieve the desired benefit within the limits of current technology (optimisation),
- Volunteers in medical research programmes are protected.

HIW completed an announced follow-up inspection of Royal Glamorgan Hospital Radiology Department within Cwm Taf University Health Board, on the 16 October 2015. The team for this inspection consisted of an HIW inspection manager (inspection lead), HIW inspection officer, Senior Clinical Officer, Medical Exposures Group Public Health England. As you are aware, the purpose of this visit was for HIW to seek further assurance about the progress made by the Health Board to address the areas for improvement identified during our inspection of the radiology departments at the Royal Glamorgan and Prince Charles Hospital that took place in November 2014.

Overall, HIW concluded that the action taken by the health board to address the areas for improvement identified during our previous inspection visit have either been addressed and/or there is evidence to demonstrate that progress is being made. Our specific findings in this respect are set out below.

Diagnostic Reference Levels (DRL's)¹

HIW recommended that work needed to be undertaken to review the approach being taken in respect of DRL's.

- **Local DRL's needed to be established to reflect local patient demographics.**
- **Where National DRL's were in place they were regularly being exceeded and as such they required to be reviewed.**
- **The areas that were using National DRL's required dose audits to be undertaken**

We noted that a survey of the local population had been undertaken to determine a local weight average on which to base local DRL's. Local DRL's had been set but in so doing it was noted that the local DRL was often above the national due to the weight of the local population. Where local DRL's exceed National DRL's, a further audit is being carried out, as well as a review of the techniques used, to ensure that protocols are well optimised. Doses are now also being recorded in the Radiology Information System (RIS) to support dose audits and extra computers have been installed to enable this to happen.

HIW were satisfied with the action taken in response to the recommendations made in relation to DRL's.

¹ DRLs are dose levels for typical examinations on standard sized adults or children for broadly defined types of equipment. They are used as a guide to help promote improvements in radiation protection practice.

Policies and Procedures

HIW recommended that the Radiation Safety Policy be reviewed and approved by the Radiation Safety Committee to ensure it was fit for purpose, the content streamlined with the employers procedures and duplication removed

This action had been completed and the document approved by the Radiation Safety Committee in December 2014. It was noted that the document was also taken to the Medical Leadership Forum to ensure the Medical and Clinical Directors understand their responsibilities under IR(ME)R. It is also planned that the Radiation Safety Committee will prompt audit to determine the extent to which the leaders are fulfilling their roles as required under IR(ME)R.

It was recommended by HIW that the employer's procedures be reviewed and that a process for review focusing on the importance of version control, review dates, author and date approved is established. It was also stated that the Standard Operating Procedures (SOP's) and Standard Views documents need to be reviewed and clarification provided for staff as to their requirement and use.

It was noted that a great deal of work had been undertaken to review and revise the procedures and the SOP's and Standard Views. We were informed that staff are made aware of any changes to procedures in a number of ways including, publishing them on sharepoint² and informing staff of the revisions, carrying out both group and individual sessions with staff to ensure they are aware of the content and that they are applying it consistently in their practice. On the day of our visit we tested this with some radiographic staff and were satisfied that they were aware of their responsibilities under IR(ME)R and that they were applying the procedures in a consistent way. All of the actions in relation to procedures detailed in the report had been addressed, with the exception of including a read and sign sheet for staff when a revised procedure is issued. This was highlighted to us by the management team as an action that was imminent

In our previous report we highlighted that we were concerned that staff did not always understand what they should do to report any incidents that may occur. Actions to address this included the procedure being displayed on notice boards in the examination rooms and it was a key area of discussion in the group or one to one sessions undertaken with staff. We were also told that if an incident is due to a referrer error the manager will write to the referrer outlining the issue and reminding of their responsibilities as a referrer. It was previously highlighted that the entitlement procedure required revision and staff needed to understand their entitlement as duty holders along with their individual scope of practice. Since the inspection a master document for entitlement had been established along with personalised competence sign off sheets. We were told that non medical referrers have to complete the 2 day Cardiff IR(ME)R course before they will be considered as referrers

The Standard Views and SOP's had also been reviewed and revised and were now contained in one document. A review of the document showed that the content appeared appropriate.

² Sharepoint is the information system used within NHS Wales.

The inspection team were satisfied that a great deal of work had taken place since the previous inspection to address the recommendations in the inspection report which was reflected in the procedures and in the understanding of the staff.

Training

It was highlighted in the previous report that progress to develop appropriate training records had been slow and was at that time still incomplete. It was recommended that this needed to be completed ensuring that all staff groups including medical staff were included in this work.

It was noted that the work on developing training records had been completed and these were in place for all staff including medical staff. This work supports the entitlement process and clearly identifies each individual's scope of practice.

The inspection team were satisfied that a great deal of work had taken place since the previous inspection and that all of the actions identified in the improvement plan had been completed.

Whilst the progress identified in this letter is notable, the health board should ensure that it understands why such concerns arose and what lessons can be learned from this in order to reduce the risk of reoccurrence.

In line with our purpose, which is to provide the citizens of Wales with independent and objective assurance of the quality, safety and effectiveness of healthcare services, HIW will publish this letter on our website. You will be notified of the date of publication.

Do not hesitate to contact me should you wish to discuss the content of this letter.

Yours sincerely,



**Head of Inspection
Healthcare Inspectorate Wales**

CC: Ms Allison Williams, Chief Executive – Cwm Taf University Health Board
Dr Chris Jones, Chair – Cwm Taf University Health Board
Ms Chris Morrell, Acting Chief Scientific Adviser, Welsh Government
Quality and Patient Safety, Welsh Government