

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

Diagnostic Imaging Department,
Werndale Hospital, Carmarthen

Inspection date: 28 and 29 June 2022

Publication date: 30 September 2022



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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced Ionising Radiation (Medical Exposure) Regulations inspection of the Diagnostic Imaging Department at Werndale Hospital, Carmarthen on 28 and 29 June 2022.

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

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

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found staff were committed to provide patients with a good experience when visiting the diagnostic imaging department. This was confirmed by patients who made comments to HIW.

Suitable arrangements were in place to promote the privacy and dignity of patients and we saw staff treating patients with respect and kindness.

Information was available to patients on how to provide feedback and how to raise a concern about their care.

This is what the service did well:

- Comments received from patients confirmed they were highly satisfied with their experience of visiting the department
- Staff placed an emphasis on promoting the privacy and dignity of patients
- A good system was in place to share patient feedback with staff.

Safe and Effective Care

Overall summary:

We found good compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 and appropriate arrangements were in place to promote the safety and wellbeing of patients having X-ray procedures.

We found suitable arrangements were in place to promote effective infection prevention and control and decontamination within the department.

This is what we recommend the service can improve

- Some of the written employer's procedures require further details to be added to reflect national guidance and support staff with clear procedures to follow
- The employer should make suitable arrangements to confirm with individuals entitled to act as referrers that they can access referral guidelines.

This is what the service did well:

- A range of clinical and IR(ME)R audits had been conducted and good systems were in place to conduct follow up audits and share findings with relevant staff.

Quality of Management and Leadership

Overall summary:

The hospital director was the designated employer under IR(ME)R and clear lines of reporting and responsibilities under IR(ME)R were described and demonstrated.

The employer had suitable written procedures in place to identify individuals to act as duty holders under IR(ME)R and for the analysis, recording and reporting of accidental or unintended exposures.

Comments made by staff confirmed the organisation encouraged teamwork and was supportive. Staff also made positive comments regarding their immediate line manager and senior managers.

This is what we recommend the service can improve

- Letters of entitlement sent to orthopaedic consultants should refer to all the duty holder roles that they may perform
- Arrangements should be made to make staff aware of on call radiologists who can provide advice 'out of hours'.

This is what the service did well:

- A good system was in place to share learning from incidents relating to medical exposures
- We found good staff training compliance in relation to IR(ME)R and other mandatory training
- Staff made positive comments regarding the action taken by the organisation on health and wellbeing.

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

3. What we found

Quality of Patient Experience

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of 22 were completed. Not all the respondents answered all the questions.

Patient comments included the following:

“Felt very comfortable and reassured with the staff and whole experience I had in imaging.”

“Staff made me feel relaxed and involved in my examination and I felt that I was in safe hands.”

“X-ray equipment ... looked new which gave me confidence in the service at Werndale.”

“Staff were very helpful. Top service.”

“The radiographer that assisted me was helpful, professional and friendly.”

“... it was an excellent experience, so caring and looked after me so well!”

Health promotion, protection and improvement

We saw that information was clearly displayed advising patients to inform staff if they were pregnant or breastfeeding.

There was no other health promotion material displayed in the waiting area and staff explained this had been removed in response to Covid-19. However, senior staff confirmed that patients attending the hospital would be provided with relevant health promotion advice during their consultations with healthcare professionals.

Dignity and respect

We found that staff placed an emphasis on promoting the privacy and dignity of patients visiting the department.

We also observed staff to be friendly, yet professional, and treating patients with respect and kindness.

All patients who completed a HIW questionnaire agreed staff treated them with dignity and respect, and measures were taken to protect their privacy. They also agreed they were able to speak to staff about their procedure or treatment without being overheard by other patients, and staff listened to them and answered their questions.

During the inspection we used online questionnaires to obtain feedback and views from staff working in the department. A total of eight were completed.

All staff who completed a HIW questionnaire agreed that patient privacy and dignity is maintained and patients were involved in their care. All staff agreed that they were satisfied with the quality of care and support they gave to patients.

Patient information and consent

Information for patients on the benefits and risks associated with having an X-ray was readily available within the department. All patients who completed a HIW questionnaire agreed they were given enough information to understand the risks and benefits of the procedure or treatment.

All 21 patients who answered the question in the HIW questionnaire agreed staff had explained what they were doing.

All 20 patients who answered the question in the HIW questionnaire agreed they had been given information on how to care for themselves following their procedure or treatment.

Fifteen of the 17 patients who answered the question in the HIW questionnaire agreed they had been given written information on who to contact for advice about any 'after-effects' from their procedure or treatment and two disagreed.

Communicating effectively

We saw bilingual signage within the department and bilingual information displayed advising patients to inform staff if they were pregnant or breastfeeding and information describing an X-ray.

All patients who completed a HIW questionnaire agreed they were able to find the department easily.

Five patients who completed a HIW questionnaire indicated that Welsh is their preferred language. All five felt comfortable using Welsh within the hospital. Two said they were actively offered the opportunity to speak Welsh throughout their patient journey, two said they sometimes were, and one said they were not.

Care planning and provision

All patients who completed a HIW questionnaire agreed they were involved as much as they wanted to be in any decisions about their procedure or treatment.

We found patients were seen promptly when attending the department. Staff described suitable arrangements for informing patients of delays.

Twenty-one patients who completed a HIW questionnaire agreed it was easy to get an appointment and one disagreed.

Twenty patients who completed a questionnaire agreed they were told at the department how long they would likely have to wait and two disagreed.

Nineteen of the 22 patients who completed a HIW questionnaire said they had waited less than 15 minutes to have their procedure or treatment, one waited between 15 and 30 minutes and two waited for more than 30 minutes.

Equality, diversity and human rights

Staff we spoke to provided examples of reasonable adjustments having been made so that patients could access the department to have their X-ray procedure.

None of the 21 patients who answered the question in the HIW questionnaire indicated they had faced discrimination when accessing or using the service.

Citizen Engagement and Feedback

Senior staff described suitable arrangements being in place for patients to provide feedback or raise a concern about their care.

We saw that patient feedback forms were available at the main reception desk and a poster was displayed in the waiting room advising patients on the hospital's complaints procedure.

Staff we spoke to confirmed patient feedback had been shared with them together with any learning identified.

All staff who completed a HIW questionnaire confirmed patient experience feedback was collected within the department and that this was regularly shared with them and acted upon. All staff also agreed the organisation acts upon concerns raised by patients.

Delivery of Safe and Effective Care

Compliance with Ionising Radiation (Medical Exposure) Regulations

HIW required senior staff within the department to complete and submit a self-assessment questionnaire prior to our inspection. This was to provide HIW with detailed information about the department and the employer's key policies and procedures in respect of the Ionising Radiation (Medical Exposure) Regulations 2017. This document and the supporting documents submitted were used to inform the inspection approach.

The self-assessment questionnaire was returned to HIW within the agreed timescale and was comprehensive. Where we required additional information or clarification in respect of the responses within the self-assessment, senior staff provided this promptly.

Duties of employer

Patient identification

The employer had a suitable written procedure to correctly identify the individual to be exposed to ionising radiation. We saw this set out the procedure to follow when patients were unable to confirm their identity verbally or in writing such as patients who are unconscious.

We saw evidence to demonstrate that staff correctly confirmed the identity of patients in accordance with the employer's procedure. Staff we spoke to had a clear understanding of the patient identification procedure.

All patients who completed a HIW questionnaire agreed they were asked to confirm their personal details.

Individuals of childbearing potential (pregnancy enquiries)

The employer had a suitable written procedure for making enquiries of individuals of childbearing age. We saw that this reflected the diversity of the gender spectrum in the population when making pregnancy enquiries as staff were required to ask all individuals within the specified age group.

We saw written evidence to demonstrate that staff had made enquiries in accordance with the employer's procedure.

Non-medical imaging exposures

Senior staff confirmed that non-medical imaging exposures were performed at the department.

The employer had a written procedure for these types of exposures.

Referral guidelines

We confirmed that the employer had established referral guidelines for the range of exposures to be performed at the department.

The name and version number of these guidelines were made available to referrers via a letter of entitlement issued by the employer. However, we were not assured that all referrers would be able to access the guidelines as this relied on individuals either purchasing the guidelines or having a subscription to access them.

Duties of practitioner, operator and referrer

Departmental staff we spoke to demonstrated a good understanding of their roles and responsibilities under IR(ME)R.

Senior staff described appropriate arrangements to audit compliance with the employer's written procedures by those entitled as referrer, practitioner and operator.

Justification of individual exposures

Senior staff provided written protocols for X-ray examinations performed in the department. The written protocols also included authorisation guidelines and identified who the practitioner was for exposures being authorised by the operator to these guidelines.

We identified that the document made incorrect references to terms 'justification' and 'authorisation' and highlighted the radiographers using the guidelines were acting as operators not as practitioners. We discussed this with senior staff who took immediate action and revised the document.

We examined the referral forms for a random sample of eight patients. We saw operators had endorsed the form with the practitioner's initials to show that justification of the medical exposure had been carried out. However, we recommended to senior staff that where operators perform exposures against the authorisation guidelines, they should endorse the form using their initials, so they may be identified and show they are authorising the exposure having confirmed the guidelines have been met.

The employer had a written procedure to establish dose constraints and guidance for the exposure of carers and comforters.

There was also a standard operating procedure in place providing a local process for staff to follow for the management of carers and comforters, which acted as authorisation guidelines. However, this document should be reviewed and revised to improve clarity around who the practitioner is for carers and comforters' exposures and provide more detail in the authorisation guidelines.

Optimisation

Senior staff described and demonstrated suitable arrangements for the optimisation of medical exposures performed at the department.

The employer had a written procedure for providing the individual to be exposed or their representative with adequate information relating to the benefits and risks associated with the radiation dose from the exposure. However, further details of how the information will be provided, including where verbal communication is not possible, who will provide the information, how staff can access further support and the staff training required should be included in the procedure.

Diagnostic reference levels

The employer had a written procedure for the use and review of diagnostic reference levels (DRLs) established for X-ray examinations performed at the department.

While an annual review of local doses was mentioned in the written procedure, radiographers may identify issues in their day-to-day practice. Staff we spoke to described good practice and demonstrated a good understanding around DRLs. Radiographers reviewed DRLs at each exposure and knew what to do if they felt the DRL was consistently exceeded for standard sized patients. This detail should be included within the written procedure or an associated standard operating procedure.

We saw that both National and Local Diagnostic Reference Levels were clearly displayed within the department for staff to see. Staff we spoke to described the process for checking and recording these.

Paediatrics

Senior staff confirmed that medical exposures were not performed on children at the department.

Clinical evaluation

The employer had a written procedure in place for the carrying out and recording of an evaluation for each exposure performed at the department. However, details of the process to follow for unexpected findings should be included within the written procedure.

Equipment: general duties of the employer

Senior staff provided an equipment inventory that contained all the information required under IR(ME)R.

We saw written evidence to demonstrate that a suitable quality assurance programme was in place in respect of the diagnostic imaging equipment used at the department.

The employer also had a written procedure in this regard.

Safe Care

Managing risk and health and safety

We found suitable arrangements were in place to promote the health and safety of patients visiting the department and staff working there.

Clear signage was displayed to alert patients, visitors and staff to areas where X-ray equipment was located. Access to these areas was also controlled to prevent unauthorised access when equipment was in use.

We saw that the department was located on the ground floor making it easily accessible to patients, including patients with mobility difficulties.

All staff who completed a HIW questionnaire agreed they were content with the efforts of the organisation to keep patients and staff safe

Infection prevention and control (IPC) and Decontamination

We found suitable arrangements were in place to promote effective infection prevention and control.

All areas we inspected were visibly clean and tidy and the environment was well maintained. We saw that personal protective equipment was readily available for staff to use. Suitable handwashing and drying facilities and hand sanitiser were also readily available within the department.

All 21 patients who answered this question in the HIW questionnaire said the department was 'very clean'.

All staff who completed a HIW questionnaire agreed appropriate infection prevention and control measures were in place.

All staff who completed a HIW questionnaire agreed they had access to sufficient personal protective equipment and decontamination arrangements were in place for equipment and relevant areas.

Safeguarding children and safeguarding vulnerable adults

Senior staff described a suitable process for responding to safeguarding concerns.

Staff we spoke to were aware of their responsibilities around reporting safeguarding concerns and described the process they would follow. We saw that a flowchart was readily available for staff to refer to which provided an overview of the process to follow.

We examined training information for a sample of five staff and saw that all staff had attended safeguarding training at a level appropriate to their role.

Effective care

Participating in quality improvement activities

Clinical audit

Senior staff provided examples of clinical audits carried out in the past year. We saw that a range of audit activity had taken place and good systems were in place to conduct follow up audits and share findings with relevant staff.

Expert advice

We confirmed the employer had appointed and entitled a medical physics expert to provide advice on medical exposures and compliance with IR(ME)R.

Senior staff described and demonstrated suitable arrangements for the medical physics expert to be involved in and provide advice on medical exposures performed at the department.

Medical Research

Senior staff confirmed that research involving medical exposures was not performed at the department.

The employer had a written procedure in place in relation to research involving medical exposures. However, as this is not applicable to Werndale Hospital, this should be clearly stated.

Records management

We found suitable arrangements in place for the management of records used within the department.

Quality of Management and Leadership

During the inspection we used online questionnaires to obtain feedback and views from staff working in the department. A total of eight were completed.

Staff comments included the following:

- *“I have worked in a few different radiology departments and I’ve never seen staff work so hard to make the patient’s experience the best they can. They really go above and beyond.”*
- *“Happy with everything.”*
- *“I am extremely happy within my workplace and although we have busy and stressful moments and days, I am always supported by colleagues and management.”*

When asked what improvements could be made staff comments included the following:

- *“A changing room for patients in the X-ray room.”*
- *“Everything satisfactory.”*
- *“By investing further in space so that there are more rooms and space to complete scans such as Ultrasounds. Also more staff and equipment to complete more scans and treatments which would boost the hospital.”*

Governance and accountability framework

The hospital director was the designated employer under IR(ME)R.

Senior staff submitted details of the organisational structure and clear lines of reporting and responsibilities under IR(ME)R were described and demonstrated.

Duties of the employer

Entitlement

The employer had a suitable written procedure to identify individuals entitled to act as practitioner or operator or referrer.

Senior staff confirmed that the above duty holders are issued with a letter of entitlement confirming their entitlement and scope of practice.

For orthopaedic surgeons working at the hospital the letter did not refer to all the duty holder roles that they may perform, such as referrer, practitioner (when justifying exposures for surgical procedures using fluoroscopy equipment) and operator for the clinical evaluation recorded post procedure.

Procedures and protocols

We confirmed the employer had in place written procedures and protocols required under IR(ME)R.

Senior staff described the process for reviewing and revising the employer's written procedures and protocols. A system was also described for staff to access the written procedures and protocols and inform them of any changes made.

It was clear from the documentation provided:

- a standard template was used for written procedures and protocols
- an authorisation process was in place
- an identified person is responsible for reviewing the written procedures and protocols.

While an employer's procedure for the quality assurance of written procedures and protocols was in place, this should include more details of the process as described above.

Significant accidental or unintended exposures

Senior staff described suitable arrangements for the analysis, recording and reporting of accidental or unintended exposures. We saw that guidance was readily available in the department for staff should they suspect an accidental or unintended exposure has taken place. The employer also had a written procedure in this regard.

We saw good arrangements were in place for the sharing of learning from incidents with departmental staff and with wider teams within the organisation.

All staff who completed a HIW questionnaire agreed the organisation encouraged staff to report incidents and that staff involved were treated fairly. All staff agreed that action was taken to prevent similar incidents happening again and that feedback from incidents and changes made as a result was shared.

Workforce planning, training and organisational development

Senior staff provided details of the number and skill mix of staff working in the department and confirmed this was sufficient to deliver the services that were provided.

Senior staff confirmed that radiologists were available to provide advice 'out of hours' however we were told that this was not formalised using an on-call duty rota.

Seven staff who completed a HIW questionnaire agreed that there were enough staff for them to do their job properly, with one respondent who disagreed.

We examined the training records, in relation to IR(ME)R, of two staff working in the department. These showed that staff had completed training relevant to their area and their competency had been assessed. Their entitlement and scope of practice was clear from the records.

We also examined the training records, in relation to other mandatory topics, of the above staff and an additional three staff working in the department. We saw good compliance with mandatory training.

A suitable system was in place to identify when mandatory training was due.

All staff who completed a HIW questionnaire felt they had received appropriate training to perform their role within the department. All agreed that the training had helped them do their job more efficiently, had helped them stay up to date with professional requirements and deliver a better patient experience.

All staff who completed a HIW questionnaire confirmed that they had received an appraisal of their work within the last 12 months. Where training, learning or developments needs were identified, all staff confirmed they had been supported by their manager to receive this.

All staff who completed a HIW questionnaire agreed that the organisation encouraged teamwork and was supportive.

Seven of the eight staff who completed a HIW questionnaire confirmed they felt secure raising concerns about unsafe practice and that the organisation would act upon these.

All staff agreed that their line manager could be counted upon to help them with a difficult task, provided them with clear feedback on their work and asked their opinion before making decisions that affect their work.

All staff who completed a HIW questionnaire agreed that communication between senior management is good and that senior managers are committed to patient care. Seven staff who completed a HIW questionnaire agreed that senior managers were visible, with one respondent disagreeing.

When asked about health and wellbeing at work, all staff who completed a HIW questionnaire agreed the organisation takes positive action on health and wellbeing.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns identified on this inspection	-	-	-

Appendix B - Immediate improvement plan

Service: Werndale Hospital

Date of inspection: 28 and 29 June 2022

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvement plan required following this inspection	-	-	-	-

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

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Werndale Hospital

Date of inspection: 28 and 29 June 2022

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The employer is required to provide Healthcare Inspectorate Wales (HIW) with details of the action taken to add to the following procedures in response to HIW’s findings from the inspection.</p> <p>Employer’s written procedures in relation to:</p>	<p>IR(ME)R Regulation 6 (1)(a), 1(b) Schedule 2</p>			
<ul style="list-style-type: none"> providing the individual to be exposed or their representative with adequate information relating to the benefits 		<p>The latest version of Employer’s written procedure CHG-IMG-EP2I identifies the information to be provided. A section will also be added to</p>	<p>Imaging Lead</p>	<p>October 2022</p>

and risks associated with the radiation dose from the exposure		this Employer's procedure to identify how information will be provided for patients with communication issues		
<ul style="list-style-type: none"> the use and review of diagnostic reference levels 		The latest version of Employer's Procedure CHG-IMG-EP2F outlines the action to be taken by Radiographers if DRLs are consistently exceeded for standard sized patients. The Clinical Services Manager (Imaging) would raise the issue with the local MPE who would investigate the causes and implement appropriate corrective action.	Imaging Lead	Completed
<ul style="list-style-type: none"> carrying out and recording of an evaluation for each exposure 		<p>The Employer's procedure WER IMASOP18 was updated in March 2022 and outlines the management and escalation process for all radiological examination findings, including unexpected findings.</p> <p>An updated Employer's Procedure (CHG-IMG-EP2J) was</p>	Imaging Lead	Completed

		<p>implemented in June 2022. Under this EP, auto-reporting images will be escalated to a radiologist if there is the suspicion of other notable pathology.</p>		
<ul style="list-style-type: none"> the quality assurance programme in respect of written procedures and protocols 		<p>The responsible committee within Circle Health Group for the Employer's Procedures is the Imaging and Diagnostics Committee.</p> <p>A routine review is carried out within the scheduled review date for each EP by the CHG Imaging Lead in conjunction with the Corporate MPE and Radiation Safety Advisory Group. The EP is then ratified by the Imaging and Diagnostics Committee and circulated to all Clinical Services Managers (Imaging) to cascade.</p> <p>Any ad hoc amendments can be raised to the Imaging and</p>	Imaging Lead	Completed

		<p>Diagnostics Committee which meets quarterly.</p> <p>Employer's Procedure (CHG-IMG-EP2D) will be updated to clarify this process.</p>		
<ul style="list-style-type: none"> • medical research programmes 		<p>A watermark will be added to CHG-IMG-EP2M to clearly identify that this is not in use at Werndale as no research is carried out at the site.</p>	Imaging Lead	Completed
<p>The employer is required to provide Healthcare Inspectorate Wales (HIW) with details of the action taken to add to the authorisation guidelines in relation to establishing dose constraints and guidance for the exposure of carers and comforters in response to HIW's findings from the inspection.</p>	<p>IR(ME)R Regulation 11 (3)(b)</p>	<p>The Standard Operating Procedure (WERIMAsop20 - Carers and Comforters in Imaging") will be reviewed to remove content contained within that now forms part of the revised Employer's Procedure "EP2N - Procedure to establish appropriate dose constraints and guidance for the exposure of Carers and Comforters" including reference to establishing dose constraints to Carers and Comforters for standard diagnostic radiological examinations. The primary objective of the amended SOP</p>	Imaging Lead	Completed

		<p>document will then be to act as 'Authorisation Guidelines' for C&C's at Werndale Hospital.</p> <p>An amendment will be made to "EP2N - Procedure to establish appropriate dose constraints and guidance for the exposure of Carers and Comforters" in section 1.2 which will be revised to state; "the exposure to the C&C must be justified by an appropriate IR(ME)R practitioner. The IR(ME)R practitioner/s responsible for this process with C&C will be clearly defined within EP2B where all entitled IR(ME)R practitioners are listed for Werndale Hospital within Table 3.1 'Entitled Practitioners.'"</p>		
<p>The employer is required to provide HIW with details of the action taken to confirm that entitled referrers are able to access the established referral guidelines.</p>	<p>IR(ME)R Regulation 6 (5)(a)</p>	<p>Consultant with practicing privileges at Werndale are provided with access to established referral guidelines and Hywel Dda University Health Board have confirmed</p>	<p>Imaging Lead</p>	<p>Completed</p>

		<p>that all NHS practitioners have access to iRefer via NHS Wales which includes GP referrers.</p> <p>The 2 private referrers have access to iRefer.</p>		
<p>The employer is required to provide HIW with details of the action taken to inform orthopaedic surgeons of all the duty holder roles they may perform</p>	<p>IR(ME)R Regulation 6 (1)(a), 1(b) Schedule 2</p>	<p>All orthopaedic consultants will be entitled.</p>	<p>Imaging lead</p>	<p>Completed</p>
<p>The employer is required to provide HIW with details of the action taken to make staff aware of on call radiologists who can provide advice 'out of hours'</p>	<p>The Independent Health Care (Wales) Regulations 2011 Regulation 20</p>	<p>An on-call radiologist service will be set up with Medica who provide 24/7 consultant radiologist cover.</p>	<p>Imaging lead</p>	<p>October 2022</p>

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

Service representative

Name (print): Jacqueline Jones

Job role: Executive Director

Date: 23/09/2022