

Inspection Report of Compliance with the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018

06 February 2020



Alliance Medical Craigavon, Diagnostic Imaging Department

Address: Craigavon Area Hospital, 68 Lurgan Road, Craigavon,
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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



RQIA has employed refreshed inspection methodology in relation to compliance of radiology services with The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018, known as the IR(ME)R regulations. The regulations came into force on 6 February 2018.

The inspection had a particular focus on the key changes to the regulations including:

- Communication of benefits and risks;
- Diagnostic reference levels (DRL's);
- Accidental and unintended exposures;
- Equipment;
- Carers and comforters;
- Medical physics expert advice; and
- Non-medical imaging using medical radiological equipment.

IR(ME)R is intended to protect individuals undergoing exposure to ionising radiation as medical exposures as:

- Patients as part of their own medical diagnosis or treatment;
- Individuals as part of health screening programmes;
- Patients or other persons voluntarily participating in medical or biomedical, diagnostic or therapeutic research programmes;
- To carers and comforters;
- To asymptomatic individuals; and
- Non-medical exposures using medical radiological equipment.

2.0 Service details

Name of Establishment: Alliance Medical, Craigavon	Department Inspected: Diagnostic Imaging Department
Name of Employer: Mr Malcolm Banks, Managing Director, Alliance Medical Diagnostic Imaging Ltd	Computerised Tomography (CT)Unit manager: Mr Brian Meehan
Regional Manager: Ms Helena McMullan	Medical Physics Expert: Ms Julie Smyth

3.0 Profile of services

The self-assessment form submitted prior to the inspection confirmed that each year, Alliance Medical, Craigavon, diagnostic department carries out approximately:

6500 CT scans per annum

The service is carried out from a CT modular unit situated on the grounds of Craigavon Area Hospital, Monday to Friday, five days a week. Occasionally the service is provided in the evening and at weekends in support of Trust waiting lists

Alliance Medical radiology department employs:

2	Radiographers
12	Locum (Bank) radiographers (All work within the Southern Health and Social Care Trust)
14	Reporting radiologists (off site)
1	Medical Physics Expert (MPE) under contract from the Regional Radiation Protection Service

4.0 Methodology

On 6 February 2020, warranted IR(ME)R inspectors from RQIA, with advice being provided by Public Health England (PHE) staff, carried out an announced inspection to Alliance Medical Craigavon, diagnostic imaging department, as part of RQIA's IR(ME)R proactive inspection programme.

Prior to the inspection, the service was requested to complete a self-assessment form and provide RQIA with all relevant policies and procedures. This information was shared with PHE prior to the inspection visit and was used to direct discussions with key members of staff working within the radiology department, and provide guidance for the inspection process.

Alliance Medical staff and Medical Physics Expert (MPE) staff in attendance for part or all of the inspection:

Ms Helena McMullan	Regional Manager
Mr Brian Meehan	CT Unit Manager
Ms Michelle Foley	Quality Manager
Ms Julie Smyth	Medical Physics Expert (MPE)

The inspection team reviewed relevant documentation and patient records. A tour of some areas of the Alliance Medical Craigavon diagnostic radiology department was undertaken and the inspectors took the opportunity to speak with a radiographer.

5.0 Inspection outcome

	Regulations
Total number of areas for improvement	12

Details of the Quality Improvement Plan (QIP) were discussed with senior management as part of the inspection process. The timescales for completion commence from the date of inspection.

6.0 The inspection - key findings

6.1 Review of area of improvements from previous inspection.

No previous IR(ME)R inspections have been carried out to Alliance Medical, Craigavon diagnostic radiology department.

6.2 Duties of the employer

Employer's Procedures

Alliance Medical, Craigavon had the required Employer's Procedures in place which had been reviewed and updated in accordance with IR(ME)R 2018. We found that within the document history it noted that the Employer's Procedures had a release date of 21 February 2019 and review date of 21 February 2021. However within the document details table, the review period was three years and the approval date box and release date box had not been completed. Management assured the inspection team that the Employer's Procedures are reviewed every two years or more frequently if changes are necessary. It was suggested to ensure consistency in the document control information outlined within the Employer's Procedures. We found the Employer's Procedures difficult to navigate as there were no page numbers, a combination of section numbers and Employer's Procedures numbers led to confusion. A number of the Employer's Procedures as outlined within the legislation had only a titled section and were not documented as an Employer's Procedure. It was suggested to stream line the Employer's Procedures document and advice was provided on this matter.

A Radiation Safety Policy had been approved and released on 15 January 2020. We found that the policy covered the legislative frameworks for Ionising Radiation Regulations (Northern Ireland) 2017 (IRR17) and the IR(ME)R 2018 legislation. It was difficult to ascertain clear lines of accountability in relation to the IR(ME)R legislation particularly in regards to the Employer's role and responsibilities. Management confirmed that Mr Malcolm Banks, Managing Director for Alliance Medical has overall responsibility for IR(ME)R. Terminology such as 'vetting' and 'overseeing' were used repeatedly throughout the policy which are not in keeping with the terminology used in the IR(ME)R legislation. Therefore their meaning in the context of IR(ME)R compliance was unclear. An area of improvement was identified to further develop the Radiation Safety Policy to outline the Employer responsibilities and subsequent tasks associated with these responsibilities; clear lines of accountability; meaningful organisational structures; robust governance structures which also reflects and distinguishes Alliance

Medical's involvement with the host site (Craigavon Area Hospital, Southern Health and Social Care Trust) and ensure IR(ME)R terminology is used when describing IR(ME)R compliance processes.

Review of the submitted documentation and discussion with the management team outlined that systems are in place to ensure that Employer's Procedures are complied with by Referrers, Practitioners and Operators, through audit, induction and training.

We found that staff were informed that all relevant policies and procedures can be found on Sharepoint for viewing.

Quality Assurance programme for written policies and procedures

The inspection team reviewed documentation provided and confirmed that a quality assurance system of documentation was in place. We found that relevant authors are responsible for reviewing the documents in the timescales specified according to: current practice; internal audit results; national guidelines; codes of practice and evidence based practice; statutory or regulatory requirements and standards; patient requirements; technological developments; and associated competency levels of staff. We found that changes are communicated to relevant staff via staff meetings, verbal day to day communication to staff and email communication.

'Employer's Procedure 6', outlines the quality assurance programmes in respect to equipment, written procedures and protocols. It was suggested to include the practical elements of the QA for documentation in 'Employer's Procedure 6', for example, version control, date for review and author etc. Equipment Quality Assurance (QA) is further discussed in section 6.6 of this report.

Diagnostic Reference Levels (DRLs)

The process for establishing, reviewing, and checking compliance with DRLs had been developed in collaboration with the MPE and was set out in 'Employer's Procedure 8'.

It was good to note that Alliance Medical, Craigavon diagnostic department, have established Local DRLs (LDRLs). Data collection is completed via Sectra PACS (NIPACS) in consultation with the MPE and a sample of 100 examinations are used to establish LDRLs for frequently performed examinations including abdomen and pelvis; chest abdomen and pelvis; brain; kidneys ureter and bladder (KUB) sinuses; and urogram. These LDRLs were evidenced by the inspection team.

We found that the Alliance Medical LDRLs are included and approved at the SHSCT Radiation Safety Committee. They are then adopted by Alliance Medical, Craigavon. Staff described how a record of ratification is made in the minutes of the Alliance Medical Radiation Safety Committee. The Unit Manager then informs Alliance Medical staff and displays the Alliance Medical LDRLs in the imaging room.

Paediatric exposures and protocols are weight based however staff explained there were very few paediatric patients scanned at the Alliance Medical, Craigavon site.

We found that the good practice in relation to the LDRLs was not fully reflected in 'Employer's Procedure 8,' including :

- establishing LDRLs;
- benchmarking DRLs across the organisation; and
- Alliance Medical staff participation on the SHSCT Craigavon CT Imaging Optimisation Team (IOT).

It was suggested that the above good practice should be reflected in 'Employer's Procedure 8'.

Staff spoken with demonstrated a clear understanding on the use of DRLs and the action to take in the event of a DRL being consistently exceeded. DRLs were noted to be displayed in the radiology department and are available for all staff to view on Sharepoint.

Clinical audit

We found that the imaging service has an underpinning culture of quality improvement. Management and staff demonstrated an inclusive, enthusiastic and proactive approach to patient centred service improvement.

Alliance Medical have a planned clinical audit and patient safety audit schedule. We were informed the audit programme is approved by Medical Director and the Quality Manager visits the site to complete the audit with staff. Staff are informed of non-compliance as the audit process is happening so that it is clear what needs to be addressed before the report is issued.

Audits are discussed at the monthly managers' conference call with all sites and at site monthly staff meetings. We found that audit results are also shared with SHSCT as part of the contractual agreement.

Radiation Safety Audit includes:

- Justification;
- Legislation compliance; and
- Pregnancy enquiries

Audit has lead to some improvement in practice including changes as to how LMP checks are being recorded and completed.

We found that where audit results highlighted poor compliance re-audit was not undertaken until the next annual audit and compliance benchmarks had not been identified. Within the audit reports a clear action plan had not been identified and there was only reference to Republic of Ireland legislation and their enforcing authority.

An area of improvement was identified to strengthen the audit process including:

- where poor compliance is highlighted re-auditing should occur within three to six months rather than wait until the next annual audit;
- identification of the responsible person (job role) for implementing each stage of the audit process and include this in the action plan;
- establishment of compliance benchmarking; and

- ensuring where legislation and an enforcing authority is outlined, it includes the relevant information relating to the jurisdiction of Northern Ireland.

Accidental and unintended exposures

Management and staff explained the process for reporting accidental or unintended exposures internally and then to the appropriate enforcing authority.

We found that there had been no reported radiology near misses or incidents in Alliance Medical, Craigavon.

Staff spoken to demonstrated a good understanding of the action to take in the event of an incident occurring and confirmed learning from incidents across the organisation is shared at monthly staff meetings.

Section 18 of the Employer's Procedures outlined Incident Reporting. It was suggested to include reference to the Significant Accidental or Unintended Exposures (SAUE) guidance and a copy of the guidance was provided. It also referred to 'HSEA' patients which is not relevant within the Northern Ireland jurisdiction. Management gave assurances that these matters would be addressed.

Section 20 of the Employer's Procedures outlined Clinically Significant Incidents however this was not clearly identified in the document as an Employer's Procedure as required under the IR(ME)R legislation. The role of the MPE in identifying clinically significant incidents was also not clearly outlined in the procedure. An area of improvement was identified to devise an Employer's Procedure for Clinically Significant unintended or accidental exposures which should include a clear definition of clinically significant, the role of the MPE, the detail of reporting clinically significant exposures that clearly distinguishes between the processes to follow for significant and clinically significant exposures.

All radiation incidents are collated and sent to the Alliance Medical Radiology Safety Committee through the governance framework as previously described.

Employer's Procedure 12, reducing the probability and magnitude of accidental or unintended doses to patients from radiological practices is in place. It was suggested to include the establishment of LDRLs, that Unit Manager participates in the SHSCT's CT IOT, and attendance at the SHSCT's Radiation Safety Committee.

Training, competence and entitlement

There was evidence of induction, training and continuing professional development for all grades of staff. Systems are in place to check the professional qualifications and registration of all employees with their appropriate professional bodies.

It was confirmed there are comprehensive systems in place to provide annual appraisals for all grades of staff. It was further confirmed that training and development needs are identified for individual staff as part of the appraisal process. All grades of staff are responsible for maintaining their own portfolio of evidence to maintain their individual professional registration.

The inspection team reviewed a number of completed induction programmes for radiographers, competency assessments and entitlement forms. Training and competency records for radiographers were of a satisfactory standard. We found the completed induction programme records did not clearly outline that the IR(ME)R regulations were covered as part of induction. The inspection team were assured that IR(ME)R was discussed at induction however this was not captured on the induction record. An area of improvement was identified to further develop the record of induction programme for radiology staff to include recording the training on IR(ME)R regulations. Staff confirmed that they had received update training from the MPE on the IR(ME)R regulations.

'Employer's Procedure 3' Entitlement for medical exposures with Alliance Medical was in place. The management reported that radiographers, including locum radiographers, had been appropriately entitled according to their training, competencies and individual scope of practice. Entitlement is reviewed at annual appraisal and adjusted accordingly if a staff member's scope of practice had changed.

The process of entitlement was outlined and it was explained that the referrals, justification, protocolling and booking are completed by SHSCT before the referral arrives with Alliance Medical. Therefore, the Practitioners for CT are SHSCT radiologists working under SHSCT procedures and Alliance Medical does not therefore entitle them as Practitioners. We found the 'Employers Procedure 3' does not clearly describe this process as it should.

In relation to private referrals received directly by Alliance Medical they are justified by one Alliance Medical radiologist. The Managing Director has entitled the Unit Manager and Regional Manager both of whom are delegated the task of entitling Alliance Medical radiologists as Practitioners. This approach was discussed and Alliance Medical management agreed it would be more appropriate for Alliance Medical's Medical Director to entitle the Alliance Medical radiologists as Practitioners as he currently entitles Alliance Medical radiologists as Operators for clinical evaluation. An area of improvement was identified to ensure the Medical Director for Alliance Medical entitles Alliance Medical radiologists as Practitioners in accordance with their scope of practice.

Private Referrers are entitled by the Managing Director, Alliance Medical. We found that the entitlement of GP's as Referrers is confirmed through ensuring they are on the Northern Ireland GP performers list and they receive an email confirming their entitlement and scope of practice. The entitlement of private GP's was discussed and it was confirmed that at present there are no private GP's or private doctors entitled as Referrers. Management gave assurances they would give due consideration to the matter.

We found that there are no Non-Medical Referrers at this site however Employer's Procedure 3 currently includes physiotherapists and podiatrists. This was discussed and Alliance Medical management agreed this area of the procedure would be reviewed updated and the points raised addressed.

The Unit Manager entitles radiographers as Operators and as stated previously the Alliance Medical, Medical Director entitles radiologists as Operators.

We found that MPEs are entitled by the Alliance Medical Managing Director under group entitlement arrangements and we reviewed examples of the supporting documentation. The MPEs individual scope of practice and entitlement is confirmed within an appointment letter. MPEs scope of practice, training and competence is confirmed by the Regional Radiation

Protection Service (RRPS). Locum radiographers induction, training and entitlement records were evidenced.

Radiographers are entitled as Practitioners to justify exposures to carers and comforters. This was not clear in 'Employer's Procedure 3' which referred only to providing information on the risks involved in exposure to ionising radiation.

An area of improvement was identified to amend 'Employer's Procedure 3' to accurately reflect the entitlement arrangements within Alliance Medical, Craigavon.

Referrals

The referral guidelines currently being used are the Royal College of Radiologists i-Refer Guidelines Making the Best Use of Clinical Radiology 8th edition. Referral guidelines are available for staff on the Sharepoint.

Staff described how private diagnostic referrals are made to the department, including prioritising referrals and those referrals requiring specifically timed future examinations.

A clear process was evidenced for returning/rejecting referrals which are incomplete, inappropriate or unjustified. Cancelling referrals was discussed including how Referrers are made aware of the process to cancel a referral they have made.

'Employer's Procedure 1' accepting a referral for a medical exposure, was in place. An area of improvement was identified to clearly outline the referral process and ensure that it distinguishes between SHSCT patients and private patients.

6.3 Justification and Authorisation of individual medical exposures

Medical exposures for SHSCT patients are justified by a SHSCT Consultant Radiologist which is carried out following the SHSCT procedures. Alliance Medical receive a justified referral from the SHSCT and the justification process is recorded electronically on radiology information system (RIS). An Alliance Medical Operator may authorise the medical exposure against authorisation guidelines which have been drawn up by a SHSCT Consultant Radiologist who is acting as the Practitioner.

Private patient's medical exposures are justified by Alliance Medical Consultant Radiologist who has been entitled as a Practitioner.

Justification and authorisation was discussed with staff, who demonstrated an understanding of the process and described how justification and authorisation is recorded electronically on the RIS. This was evidenced in a randomly selected number of patient records.

As stated previously the justification of carers and comforters exposures was discussed and it was confirmed that radiographers are entitled as Practitioners for carers and comforters medical exposures. Staff confirmed that they verbally outline the benefits and risks of the exposure to the carer or comforter. They complete a carers and comforters record form which includes written information on the benefits and risks, a pregnancy enquiry form (if relevant) is signed by the carer or comforter and the radiographer. We found that a carers and comforters book is also retained in the control room. An area of improvement was identified to further develop 'Employer's Procedure 13' to include specific details relating to completion of the carers and comforters documentation.

Non- medical exposures using medical radiology equipment

Staff confirmed that non-medical imaging is not carried out in Alliance Medical, Craigavon. 'Employer's Procedure 4' did not reflect this position. An area of improvement was identified to amend 'Employer's Procedure 4' to clearly outline that non-medical imaging is not carried out in Alliance Medical, Craigavon.

6.4 Optimisation

There are good arrangements in place to ensure that medical exposures are kept as low as reasonably practicable. 'Employer's Procedure 12' outlines the arrangements in place, these include:

- applications training;
- CT scanning protocols;
- standard operating protocols;
- routine equipment maintenance;
- appropriate exposure charts;
- patient dose surveys;
- daily quality assurance; and
- DRLs/LDRLs

A minor amendment was suggested to 'Employer's Procedure 12' in relation to adding the LDRLs and involvement with SHSCT CT IOT.

The MPE confirmed that they are involved in dose audits; the establishment of LDRLs; setting up of protocols and risk assessments.

Communication of benefits and risks of having an exposure to ionising radiation

Staff displayed clear understanding in relation to the process of providing the individual (or their representative) to be exposed with adequate information on the benefits of having the exposure and the risks associated with the radiation dose. It was confirmed that staff had training from the MPE in relation to providing benefits and risks information.

We observed information posters prominently displayed in the waiting areas of the imaging department. Inspectors reviewed written patient information and preparation leaflets which had been developed and found them to be well written.

Section 21 of the Employer's procedures outlines a procedure relating to information on the benefits and risks associated with radiation dose however was not titled as an Employer's Procedure as required under IR(ME)R legislation. An area of improvement was identified to devise an Employer's Procedure in accordance to Schedule 2 (1) (I).

Paediatrics

It was explained that very few paediatric CT scans were undertaken by Alliance Medical at Craigavon as this imaging service is usually provided by the radiology department. It was noted, however, that special attention is paid to optimisation when undertaking exposures of children. This includes:

- optimised weight related paediatric exposure protocols;
- consideration of alternative techniques not involving ionising radiation, where appropriate; and
- use of lead protection, where justified and appropriate.

Clinical Evaluation

'Employer's Procedure 11' is in place for the clinical evaluation for medical exposures and outlines that a documented clinical evaluation is produced for all medical exposures. Discussions with management and staff confirmed a clear understanding of the clinical evaluation for medical exposures.

There is an audit trail in the RIS which identifies which exposures have not yet been reported on. It was confirmed that there are instances where clinical evaluation is recorded directly in the patients clinical notes.

6.5 Expert Advice

Alliance Medical retains the services of a MPE on a contractual basis. The MPE was present for the duration of the inspection. It was confirmed the appointed MPE is currently Certified as competent by RPA 2000 acting as the assessing body on behalf of the Department of Health and Social Care. The MPE is entitled as an operator, is competent and appropriately trained for their scope of practice.

The MPE provides ongoing advice and support to the management team and radiographers on a range of issues including dosimetry and evaluation of dose, QA matters relating to radiation protection, and radiological equipment.

The MPE also contributes to radiation protection of patients and others; DRLs analysis; QA of the equipment; acceptance testing of equipment; installation design and technical specification of equipment; analysis of accidental or unintended exposures; selection of equipment for radiation protection measurements; and training of practitioners and other staff on radiation protection and compliance with regulations. It was confirmed the lead MPE had provided training to staff on IR(ME)R regulations 2018.

6.6 Equipment

An inventory of radiological equipment was submitted to RQIA which did not contain all of the radiological equipment, a contrast injector was not included. An area of improvement has been identified on this matter. Management and staff confirmed there is an appropriate amount of equipment available for the workload of the radiology department.

As stated previously 'Employer's Procedure 6' includes information on QA of equipment. The quality assurance records for radiology equipment were reviewed. An internal QA procedure was evidenced at inspection and QA records were found to be well completed in accordance with the QA programme.

During discussion with regards to the frequency of the MPE QA of equipment, it was confirmed that at present the QA equipment programme, as agreed in the service level agreement between the Trust and Regional Medical Physics, was on schedule.

6.7 Patient identification

'Employer's Procedure 2' is in place to correctly identify individuals to be exposed to ionising radiation. The procedure references the three point patient identification process. It clearly outlines that it is the responsibility of the Operator who carries out the medical exposure to ensure that the correct patient receives the correct medical exposure according to the referral.

There was also an Alliance Medical patient identification policy which outlined in greater detail the patient identification process. The status of this policy was discussed and it was suggested to ensure that 'Employers Procedure 2' acts as the primary source for staff in relation to patient identification.

Staff outlined the patient identification procedure and that the operator responsible must sign their name beside the identity (ID) check on the referral form or sign electronically in RIS as appropriate. Review of a sample of patient records confirmed an ID check had been recorded.

6.8 Pregnancy Enquiries

'Employer's Procedure 5' for making enquiries of individuals of childbearing potential to establish whether the individual is or may be pregnant or breast feeding was in place and found to be adequate. Staff interviewed demonstrated a very good understanding of making pregnancy enquiries, describing clearly what they would do in a range situations and where to record details of these enquiries. It was evidenced at inspection that Alliance Medical are using SHSCT pregnancy forms even for Alliance Medical private patients.

An area of improvement was identified in relation further developing 'Employers Procedure 5' to include use of SHSCT pregnancy forms and adding a link to the Alliance Medical safeguarding children procedures.

"Inform the radiographer if you are pregnant" posters were observed to be displayed in the changing areas in the department.

6.9 Research

The management team confirmed that no research is currently being conducted. 'Employer's Procedure 9' was in place for research exposures and reflected this position.

6.10 Review of environment

The inspection team reviewed the facilities available in relation to diagnostic imaging. The department was found to be clean, tidy and well organised. There were posters to provide patients with information regarding the benefit and risk of the exposure and pregnancy posters were displayed. There was a well-appointed waiting area.

6.11 Staff discussion and review of patient records

The inspection team met with a radiographer and discussed: the application of the Employer's Procedures; the role and responsibilities of duty holders; patient identification; the use of authorisation guidelines; induction; continued professional development; the use of DRLs as a reference tool; and the action to be taken if they thought a patient had received an accidental or unintended exposure. Staff demonstrated a good working knowledge of the Employer's Procedures and the other areas discussed. Review of patient records indicated that the correct procedures are being followed.

6.12 Conclusion

Radiological practice in Alliance Medical, Craigavon diagnostic imaging department was found to be safe, effective and largely in line with the principles of IR(ME)R and good practice guidelines.

The staff were found to be knowledgeable and professional. It is acknowledged the work that has been undertaken to ensure compliance with the IR(ME)R regulations 2018 including: providing a Radiation Safety Policy and the Employer's Procedures; the MPE providing training on the new regulations to management and staff; developing posters and information leaflets for the communication of the benefits and risks of medical exposures to patients (and/or their representative); and developing LDRLs.

As stated previously, it was evident the radiology department has an underpinning culture of quality improvement. Management and staff demonstrated an inclusive, enthusiastic and proactive approach to patient centred service improvement. The staff feedback provided on the day of inspection confirmed this approach.

There were 12 areas of improvement identified as a result of this inspection. These are fully outlined in the appended Quality Improvement Plan (QIP). The management team and staff are to be commended for their commitment and enthusiasm to ensuring that the department is striving to operate within the legislative framework and maintaining optimal standards of practice for patients.

The inspectors would like to extend their gratitude to the management team and staff for their hospitality and contribution to the inspection process.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with senior management as part of the inspection process. The timescales commence from the date of inspection.

It is the responsibility of the Employer to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018 known as IR(ME)R and other published standards which promote current best practice to improve the quality of service experienced by patients.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The employer should confirm that these actions have been completed and return the completed QIP via bsu.admin@rqia.org.uk for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018 and other published standards which promote current best practice to improve the quality of service experienced by patients.

<p>Area for improvement 1</p> <p>Regulation: 6</p> <p>Stated: First time</p> <p>To be completed by: 6 April 2020</p>	<p>The Employer must ensure that the Radiation Safety Policy is further developed to outline the Employer responsibilities and subsequent tasks associated with these responsibilities; clear lines of accountability; meaningful organisational structures, robust governance structures which also reflects and distinguishes Alliance Medical's involvement with the host site (Craigavon Area Hospital, SHSCT) and ensure IR(ME)R terminology is used when describing IR(ME)R compliance processes.</p> <p>Ref: 6.2</p>
	<p>Response by the Employer detailing the actions taken: Alliance Medical Radiation Safety Policy Northern Ireland has been amended to reflect the improvements outlined above.</p>
<p>Area for improvement 2</p> <p>Regulation: 7</p> <p>Stated: First time</p> <p>To be completed by: 6 May 2020</p>	<p>The Employer shall strengthen the audit process including:</p> <ul style="list-style-type: none"> • where non-compliance is highlighted, re-auditing within three to six months rather than wait until the next annual audit; • identify the responsible person (job role) for implementing each stage of the audit process and include this in the action plan; • establish compliance benchmarking; • ensure where legislation and an enforcing authority is outlined, it includes the relevant information relating to the jurisdiction of Northern Ireland. <p>Ref: 6.2</p>
	<p>Response by the Employer detailing the actions taken: The Alliance Medical Audit process for 2020 has been streamlined significantly. Compliance Benchmarking has been established and where non compliance is highlighted, re-auditing will now be carried out before the next annual audit to guarantee compliance. Legislation is appropriate and relevant to the jurisdiction of Northern Ireland. This has been incorporated into Employers Procedure 6 in the employers procedures.</p>

<p>Area for improvement 3</p> <p>Regulation: 8 (1)</p> <p>Stated: First time</p> <p>To be completed by: 6 April 2020</p>	<p>The Employer must review and amend the current Employer's Procedure for Clinically Significant Incidents. The procedure should include:</p> <ul style="list-style-type: none"> • a clear definition of clinically significant exposure; • the role of the MPE in identifying what constitutes a clinically significant exposure; • the detail of who reports clinically significant exposures; • who informs the individual involved or their representative, the Referrer and Practitioner; and • clearly distinguish between significant and clinically significant accidental or unintended exposures. <p>Ref: 6.2</p> <p>Response by the Employer detailing the actions taken: The requirements as outlined above have been added to the Employers Procedures.</p>
<p>Area for improvement 4</p> <p>Regulation: 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 6 April 2020</p>	<p>The Employer shall further develop the record of induction programme for radiology staff to include the record of training on IR(ME)R regulations.</p> <p>Ref: 6.2</p> <p>Response by Employer detailing the actions taken: This is now included in the local onsite induction as well as company induction. It is also included as part of the Radiographer training schedule in the Radiation Safety Policy Northern Ireland. CT Induction Checklist now includes a record of training on IR(ME)R and IRR Regulations. IR(ME)R - Employers Procedures read by duty holder IRR - AMDI Radiation Safety Policy and Local Rules read by duty holder.</p>
<p>Area for improvement 5</p> <p>Regulation: Schedule 2, 1 (b)</p> <p>Stated: First time</p> <p>To be completed by: 6 April 2020</p>	<p>The Employer shall ensure that the Medical Director for Alliance Medical entitles Alliance Medical radiologists as Practitioners in accordance to their scope of practice.</p> <p>Ref: 6.2</p> <p>Response by the Employer detailing the actions taken: Medical Director will now entitle Radiologists as Practitioners in accordance with their scope of practice.</p>

<p>Area for improvement 6</p> <p>Regulation: Schedule 2, 1 (b)</p> <p>Stated: First time</p> <p>To be completed by: 16 March 2020</p>	<p>The Employer shall ensure 'Employer's Procedure 3' is amended to accurately reflect and describe the entitlement arrangements within Alliance Medical, Craigavon.</p> <p>Ref: 6.</p> <p>Response by the Employer detailing the actions taken: Employer's Procedure 3 has been amended and clearly outlines entitlement arrangements for Referrers, Practitioners, Operators within Alliance Medical Craigavon.</p>
<p>Area for improvement 7</p> <p>Regulation: Schedule 2, 1 (a)</p> <p>Stated: First time</p> <p>To be completed by: 6 April 2020</p>	<p>The Employer shall ensure that 'Employer's Procedure 1' is amended to clearly outline the referral process and ensure that it distinguishes between SHSCT patients and private Alliance Medical patients.</p> <p>Ref: 6.2</p> <p>Response by the Employer detailing the actions taken: Employer's Procedure 1 now clearly outlines the referral process for SHSCT and Private Alliance Medical Patients. The process can be easily distinguished in the flow charts outlined in Employer's Procedure 1.</p>
<p>Area for improvement 8</p> <p>Regulation: Schedule (2) (n)</p> <p>Stated: First time</p> <p>To be completed by: 6 April 2020</p>	<p>The Employer shall further develop 'Employer's Procedure 13' to include specific details relating to the completion of the carers and comforters documentation and to include the justification process of exposures to carers and comforters.</p> <p>Ref: 6.3</p> <p>Response by the Employer detailing the actions taken: The CAH CT Employer's Procedure document is updated with recommendations outlining the justification process and the point at which the documentation should be signed by the carer and comforter. AMDI have elected to no longer keep a book to document this due to GDPR concerns, instead the carers and comforters form is archived on NIPACS.</p>
<p>Area for improvement 9</p> <p>Regulation: Schedule 2,1 (m)</p> <p>Stated: First time</p> <p>To be completed by: 16 March 2020</p>	<p>The Employer shall amend 'Employer's Procedure 4' to clearly outline that non-medical imaging is not carried out in Alliance Medical, Craigavon.</p> <p>Ref: 6.3</p> <p>Response by the Employer detailing the actions taken: Employers Procedure 4 now clearly outlines that non-medical imaging is not carried out in Alliance Medical Craigavon.</p>

<p>Area for improvement 10</p> <p>Regulation: Schedule 2 (1) (l)</p> <p>Stated: First time</p> <p>To be completed by: 6 April 2020</p>	<p>The Employer shall devise an Employer’s Procedure in accordance to Schedule 2 (1) (l) clinically significant exposures.</p> <p>Ref: 6.4</p> <p>Response by the Employer detailing the actions taken: Procedures relating to Clinically Significant Exposures are now an “Employers Procedure” instead of a “procedure” as they were in Version 1 of the CAH CT Employer’s Procedure document.</p>
<p>Area for improvement 11</p> <p>Regulation:15 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 6 April 2020</p>	<p>The Employer shall include the contrast injector in the radiology equipment inventory.</p> <p>Ref: 6.6</p> <p>Response by the Employer detailing the actions taken: Equipment Inventory has now been updated to include the IV Contrast Injector.</p>
<p>Area for improvement 12</p> <p>Regulation: Schedule 2,1 (c)</p> <p>Stated: First time</p> <p>To be completed by: 6 April 2020</p>	<p>The Employer shall further develop ‘Employer’s Procedure 5’ to include use of SHSCT pregnancy forms and a link to the Alliance Medical safeguarding children procedures.</p> <p>Ref: 6.8</p> <p>Response by the Employer detailing the actions taken: Employer’s Procedure 5 has been developed to include the use of SHSCT pregnancy forms and a link to the Alliance Medical safeguarding children procedures.</p>

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