

Appendix C – Improvement plan

Hospital: Royal Glamorgan Hospital
Ward/department: Nuclear Medicine Department
Date of inspection: 4/5 October 2021

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
Quality of the patient experience				
The employer must ensure that patients are given written information, where relevant, on who to contact for advice about any after effects from any treatments they had received.	4.2 Patient Information	To review and amend patient information in line with the requirement	Superintendent Radiographer	14 th January 2022 Draft completed 22.12.2021
The employer must ensure that: <ul style="list-style-type: none">• Arrangements are in place to routinely collate patient feedback on the services provided within the department	6.3 Listening and Learning from feedback	Annual patient experience survey is currently underway and will be maintained on a regular basis. Results will be fed back at audit for staff and also to patients via noticeboards in relevant waiting areas.	Superintendent Radiographer	25 th February 2022 Data collection in progress – Jan 2022

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Systems are in place to provide staff and patients with regular updates on the patient experience feedback received by the service, as well as any subsequent actions taken. 		Civica Patient Experience system due to be launched for all patients to access from January 2022. Several members of Radiology department being trained during December 2021	Locality Nurse Director	February 2022
Delivery of safe and effective care				
<p>The employer must ensure that:</p> <ul style="list-style-type: none"> Referral guidelines are written for sentinel lymph node biopsies (SLNB) The referral policy is updated to include the process for cancelling referrals. 	IR(ME)R 2017 section 6(5)(a)	To prepare and amend guidelines and policy as indicated Sent to Consultant Radiologist for approval 21.12.2021 for SLNB, Cancellations also added 21.12.2021	Superintendent Radiographer	14 th January 2022 Completed and issued 24.12.21
The employer must ensure that the Ionising Radiation Protection Policy is updated to clarify the current arrangements for entitlement and appointment of the MPE.	IR(ME)R 2017 Section 10 (3) & Schedule 2 para 1(b)	Entitlement arrangements to be clarified within the policy Clarified that no change to Policy required. Assistant Director of Therapies & Health Sciences will appoint and entitle the Medical Physics Expert (MPE) as per current wording	Superintendent Radiographer	24 th December 2021 Completed 13th December 2021

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
The employer should ensure that the dose constraints set for exposures to carers and comforters, in the relevant procedure, be lowered to a more realistic value.]	IR(ME)R 2017 Regulation 6(5)(d)(ii) Schedule 2 para 1(n)]	Dose constraint to be lowered in line with discussions with MPE Employers Procedure amended – dose constraint lowered from 5mSv to 1mSv]	Superintendent Radiographer]	24 th December 2021 Completed and issued 24 th December 2021]
The employer must ensure that the SLA accurately reflects the work of the MPE within the department and the health board.]	IR(ME)R 2017 Section 14]	To review the content of the service level agreement in line with renewal for 1 st April 2022]	Clinical Support Services Group Manager]	31 st March 2022]
The employer must ensure that all staff are up to date with their IPC training to the required level.]	2.4 Infection Prevention and Control (IPC) and Decontamination]	To identify relevant staff who are in need of renewing their training and identifying appropriate time for the training to be completed]	Superintendent Radiographer]	25 th February 2022]
The employer must ensure that all staff are up to date with their safeguarding training to the required level.]	2.7 Safeguarding children and adults at risk]	To identify relevant staff who are in need of renewing their training and identifying appropriate time for the training to be completed]	Superintendent Radiographer]	25 th February 2022]

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
<p>The employer must ensure that the:</p> <ul style="list-style-type: none"> MPE entitlement certificate is correctly completed, including the record of competency assessment 	3.3 Quality Improvement, Research and Innovation	Issue MPE entitlement certificate appropriately	Superintendent Radiographer	24 th December 2021 Sent to FJ 22.12.21
	IR(ME)R 2017 Section 14(2)			
<ul style="list-style-type: none"> Written procedure for research exposures is revised to reflect the actual procedure and includes reference to the MPE role. 	IR(ME)R 2017 Schedule 2 para 1(g)	Amend procedure as appropriate	Superintendent Radiographer	14 th January 2022 Sent to MPE 24.12.21
The employer must ensure that all staff are reminded of the employer's procedure relating to pregnancy status checks, including the need to record that the check had been completed.	3.5 Record keeping	To inform all staff of this requirement	Superintendent Radiographer	Complete – sent 7 th December 2021
	IR(ME)R 2017 Section 11(1)(f)	Email sent to all Radiographers and Radiologists identifying this requirement		
Quality of management and leadership				
<p>The employer should consider:</p> <ul style="list-style-type: none"> Informing HIW of the lacrimal drainage studies have been carried out using a different radiopharmaceutical to that 	IR(ME)R 2017 Regulation 5(1)	To liaise with MPE and Superintendent Radiographer and submit a voluntary notification regarding lacrimal drainage studies Submitted to patient safety	Superintendent Radiographer	24 th December 2021 Submitted to patient safety

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
<p>listed on the practitioner and employer licence, as a voluntary notification</p> <ul style="list-style-type: none"> The arrangements for remote practitioner support. The reliance on DAG to authorise procedures are compliant with regulations but are not best practice. 	IR(ME)R Regulation 11(5)	New Consultant has recently been appointed to the Health Board specifically for nuclear medicine. This Consultant has recently received their licence and entitlement will be updated which should further limit the use of a DAG for authorisation of procedures	Clinical Director	<p>13th December 2021 – awaiting feedback regarding submission to HIW</p> <p>24th December 2021 Completed 21st December 2021 New Consultant now entitled appropriately and new DAG agreed which is more limited for other Consultants</p>

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
				authorising examinations
<p>The employer must ensure that the process for communicating changes of procedures to staff, is described in the employer's procedures.</p> <p>The employer should consider rationalising the different employer's procedures (corporate, radiology and supplementary nuclear medicine).</p>	IR(ME)R 2017 Sections 6(1), (2), (5)(b)	<p>To document within Employer's Procedures Now included within Employers Procedure 9 – Quality Assurance Programmes</p> <p>To be done in line with ongoing renewals of procedures either in line with appropriate review date or changes in legislation</p>	Superintendent Radiographer	<p>24th December 2021</p> <p>Completed and issued 24th December 2021</p> <p>Ongoing</p>
The employer must amend the relevant employer's procedure to include the information contained in the self-assessment questionnaire relating to incidents or near misses. This includes how the investigation is carried out and ensuring that lessons learned are informed to the relevant staff.	IR(ME)R 2017 Section 8	To document within the appropriate Employer's Procedure Added to Employers Procedure 12b – Investigation of significant accidental or unintended exposures	Superintendent Radiographer	<p>14th January 2022</p> <p>Completed 24th December 2021</p>

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
<p>The health board must ensure that processes are in place:</p> <ul style="list-style-type: none"> To allow any member of staff to report any issues of concern internally, as well as to ensure that any concerns raised are appropriately investigated and responded to To ensure that staff are treated fairly and equally and that any instances of discrimination will not be tolerated and appropriate action taken. 	<p>Standard 7.1 Workforce Standard 6.2 Peoples Rights</p>	<p>Inform staff of recent concerns raised and to provide assurance and commitment to all staff that any concerns raised will be treated appropriately</p>	<p>Clinical Support Services Group Manager Email sent by Acute Services General Manager</p>	<p>24th December 2021 Completed 23rd December 2021</p>
<p>The employer must ensure that:</p> <ul style="list-style-type: none"> Mandatory training for staff is improved and plans put in place to ensure in date compliance with the required training Appraisals are carried out for all staff in a timely manner 	<p>7.1 Workforce</p> <p>IR(ME)R 2017 Section 17 and Schedule 3</p> <p>IR(ME)R 2017 Section 6, 17 and Schedule 3</p>	<p>As above</p> <p>Improvements in mandatory are ongoing for all staff with site leads tasked to prioritise training appropriately</p> <p>As above, there is a schedule for staff PDRs to be completed (in line with increment dates as per policy)</p> <p>Please see 'factual comment' return</p>	<p>Superintendent Radiographer</p> <p>Superintendent Radiographer</p> <p>Superintendent Radiographer</p>	<p>Immediately and ongoing</p> <p>Immediately and ongoing</p>

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<ul style="list-style-type: none"> • Training and entitlement records are available for all staff, whether they are full time or considered as ad-hoc employees • Nuclear medicine training record documents are part of the documented QA system. 		To be amalgamated with next review of QA programme documentation	Superintendent Radiographer	31 st March 2022

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): | Paul Johnston |

Job role: | Superintendent Radiographer |

Date: | 8 December 2021 |