

CQC IR(ME)R IMPROVEMENT NOTICES ACTION PLAN - January 2023

Ref No	Area	Reason(s) for Recommendation	Priority	Actions required	Action Assigned to	Action deadline	Progress / Evidence of completion	Status
IMPROVEMENT ONE: The Trust must ensure that it puts in place IR(ME)R employer's procedures to support radiation activities within cardiology which are consistent with the requirements of IR(ME)R 2017 Schedule 2 in its entirety								
Improvement Notice (IN) 01	Cardiology	Employer's procedures were not reflective of practice in cardiology but in clinical radiology.	1	New cardiology document for Ionising Radiation procedural document required to detail and cover the employee procedures in relation to IR(ME)R 2017 schedule 2	SB / EP / DB	09.01.23	DN882 Ionising Radiation Procedure for Cardiology v1.2- see action IN02 for sign off of this procedure.	Closed
IMPROVEMENT TWO: All policies that relate to regulatory requirements of IR(ME)R, radiation protection and its management at the trust must be reviewed for accuracy and be reflective of clinical practice								
IN 02	Radiology	Employer's procedures were incomplete with several mandatory procedures missing, including that which required the establishment of a quality assurance programme for the procedures. AND Overarching trust documents relating to radiation protection had not been reviewed within the trust defined review schedule and contained multiple references to IR(ME)R 2000 regulations rather than IR(ME)R 2017.	1	Review of all relevant policies (to include all updated reference to IR(ME)R 2017) for Radiation protection.	HR	13.01.23	Policy: DN006 Ionising Radiation Safety Policy v9.2 (Completed governance pathway - given Chair's Action by Chair of Quality & Risk Committee 12.01.23) Procedures: DN120 Ionising Radiation Procedures for Diagnostic Radiology v9.1 (Completed governance pathway - ratified at QRMG on 10.01.23) DN228 Radiology Referral Guidelines and Protocols for the Justification of Radiological Investigations under IRMER v10.1 (Completed governance pathway - ratified at QRMG on 10.01.23) DN120 Ionising Radiation Procedures for Diagnostic Radiology v2.1 2023 (Completed governance pathway - ratified at QRMG on 10.01.23) DN879 Management of Classified Workers Procedure v1.0 (Completed governance pathway - ratified at QRMG on 10.01.23) DN880 Multiple Employer and Outside Worker Procedure for Ionising Radiation 2023 v1.0 (Completed governance pathway - ratified at QRMG on 10.01.23) DN882 Ionising Radiation Procedures for Cardiology v1.2 (Completed governance pathway - ratified at QRMG on 10.01.23) DN878 Skin Dose Procedure v1.1 (Completed governance pathway - ratified at QRMG on 10.01.23) Governance Pathway: RPC 14.12.22, Health & Safety Committee (Chair's Action), Quality & Risk Management Group 10.01.23, Quality & Risk Committee (Policy only) (Chair's Action 12.01.23)	Closed
IMPROVEMENT THREE: The employer must ensure it establishes and reviews diagnostic reference levels in relation to clinical procedures in the catheterisation laboratories and makes them available to operators								
IN 03	Cardiology	The diagnostic reference levels made available reflected patient dose levels derived from dose audits carried out in the former hospital and hence had not been subject to regular review and were not reflective of up-to-date local practice.	1	Cath Lab DRLs to be reviewed and agreed	SB / EP / DB	13.01.23	Cath lab DRLs approved at RPC on 14.12.22	Closed
				Cardiology to provide evidence of how they have made them available to operators	SB / EP / DB	13.01.23	DRLs displayed in Cath Labs on walls. Email from Dr D Begley, Divisional Clinical Director and Consultant Cardiology, sent to all relevant staff stating that the DRLs are displayed in Cath Labs on 09.01.23	Closed
				Ensure dose monitoring is referenced in appropriate documents, including governance process for reporting of audits	SB / EP / DB	13.01.23	The process for auditing and review of DRLs is described in DN120 and will be overseen for assurance through RPC.	Closed
IMPROVEMENT FOUR: The employer must review its processes for the management of exposures judged to be accidental and unintended exposures and clinically significant unintended and accidents.								
IN 04	Radiology / Cardiology	There was no procedure in place to identify, nor share the outcome of, clinically significant unintended or accidental exposures. AND Arrangements for notification of significant accidental or unintended exposures were not effective. The Medical Physics Expert was not always involved in investigations and documents showed the criteria for notification to be those set out as 'much greater than intended' as described in IR(ME)R 2000.	1	Review all recent incidents (including near misses) linked to radiation to ensure these were graded and reported if appropriate.		13.01.23	List of Incidents for 1 year (Sept 21-22) reviewed. Two considered reportable to CQC; actions to be monitored until completion by RPC.	Closed
				Mechanism to be put in place to report incidents to Radiation Advisors as they occur.	HR	13.01.23	Full governance review undertaken and DN006 reflects these updates. New appendix added to this policy- Evidenced in Appendix 1 'Incident Reporting and Oversight of Radiation Incidents' in DN006 Ionising Radiation Safety Policy	Closed
				Mechanism to be put in place to report incidents to Radiation Advisors as they occur.	SB	13.01.23	Full governance review undertaken and DN006 reflects these updates. New appendix added to this policy- Evidenced in Appendix 1 'Incident Reporting and Oversight of Radiation Incidents' in DN006 Ionising Radiation Safety Policy	Closed
				Agree mode of sharing learning from incidents linked to radiation	HR	13.01.23	Full governance review undertaken and DN006 reflects these updates. New appendix added to this policy- Evidenced in Appendix 1 'Incident Reporting and Oversight of Radiation Incidents' in DN006 Ionising Radiation Safety Policy	Closed
				Agree mode of sharing learning from incidents linked to radiation	SB	13.01.23	Full governance review undertaken and DN006 reflects these updates. New appendix added to this policy- Evidenced in Appendix 1 'Incident Reporting and Oversight of Radiation Incidents' in DN006 Ionising Radiation Safety Policy	Closed

Governance Pathway :
Radiation Protection Committee
Health & Safety Committee
Quality & Risk Management Group
Quality & Risk Committee (sub-Board level)