



Health Information and Quality Authority

Report of the assessment of compliance with medical exposure to ionising radiation regulations

Name of Medical Radiological Installation:	Connolly Hospital
Undertaking Name:	Health Service Executive
Address of Ionising Radiation Installation:	Mill Road, Abbotstown, Dublin 15
Type of inspection:	Announced
Date of inspection:	03 March 2020
Medical Radiological Installation Service ID:	OSV-0007352
Fieldwork ID:	MON-0028421

About the medical radiological installation:

Connolly Hospital is part of the RCSI Hospitals Group with a catchment population of over 331,000 covering Dublin West, North Kildare and South Meath. Connolly Hospital is a major teaching hospital providing a range of acute medical and surgical services, day care, outpatient, diagnostic and support services. The hospital has a current bed complement of 391 beds. Emergency services are provided 24 hours, seven days a week (24/7). Connolly Hospital is part of the EuroSafe Imaging initiative to promote quality and safety in medical imaging. Referrals for medical radiological procedures are accepted for inpatients and outpatients. General practitioner (GP) referrals are also accepted on a walk-in and appointment basis.

Connolly Hospital performs approximately 96,820 medical radiological procedures annually across a variety of modalities including; computed tomography (CT), interventional radiology, fluoroscopy and general radiography. The hospital has one interventional suite, one fluoroscopy room, and four general X-ray rooms, three of which are digital. The hospital has five mobile machines, one of which is digital, and a dedicated ceiling suspended X-ray unit located in the resuscitation area of the emergency department. The fluoroscopy room and interventional suite provide inpatient and outpatient services for a range of procedures involving barium studies, peripherally inserted central catheter (PICC) line insertions and complex interventional studies. The department also performs the following non-ionising radiation imaging; magnetic resonance (MR) imaging and ultrasound.

How we inspect

This inspection was carried out to assess compliance with the European Union (Basic Safety Standards for Protection against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018 and 2019. The regulations set the minimum standards for the protection of service users exposed to ionising radiation for clinical or research purposes. These regulations must be met by each undertaking carrying out such practices. To prepare for this inspection, the inspector¹ reviewed all information about this medical radiological installation². This includes any previous inspection findings, information submitted by the undertaking, undertaking representative or designated manager to HIQA³ and any unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- talk with staff and management to find out how they plan, deliver and monitor the services that are provided to service users
- speak with service users⁴ to find out their experience of the service
- observe practice to see if it reflects what people tell us
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

About the inspection report

In order to summarise our inspection findings and to describe how well a service is complying with regulations, we group and report on the regulations under two dimensions:

1. Governance and management arrangements for medical exposures:

¹ Inspector refers to an Authorised Person appointed by HIQA under Regulation 24 of S.I. No. 256 of 2018 for the purpose of ensuring compliance with the regulations.

² A medical radiological installation means a facility where medical radiological procedures are performed.

³ HIQA refers to the Health Information and Quality Authority as defined in Section 2 of S.I. No. 256 of 2018.

⁴ Service users include patients, asymptomatic individuals, carers and comforters and volunteers in medical or biomedical research.

This section describes HIQA’s findings on compliance with regulations relating to the oversight and management of the medical radiological installation and how effective it is in ensuring the quality and safe conduct of medical exposures. It outlines how the undertaking ensures that people who work in the medical radiological installation have appropriate education and training and carry out medical exposures safely and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Safe delivery of medical exposures:

This section describes the technical arrangements in place to ensure that medical exposures to ionising radiation are carried out safely. It examines how the undertaking provides the systems and processes so service users only undergo medical exposures to ionising radiation where the potential benefits outweigh any potential risks and such exposures are kept as low as reasonably possible in order to meet the objectives of the medical exposure. It includes information about the care and supports available to service users and the maintenance of equipment used when performing medical radiological procedures.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 March 2020	09:00hrs to 17:00hrs	Kirsten O'Brien	Lead
Tuesday 3 March 2020	09:00hrs to 17:00hrs	Agnella Craig	Support

Governance and management arrangements for medical exposures

Connolly Hospital had local governance and management arrangements in place to facilitate the safe delivery of medical exposure to ionising radiation. The general manager was the designated person responsible for the radiation protection of service users at the hospital. The radiographic services manager (RSM), the radiologist acting as chairperson of the radiation safety committee (RSC), the radiation protection officer (RPO) and the medical physics experts (MPEs) had been formally sub-delegated responsibility locally within the hospital's governance structure for medical exposure to ionising radiation.

Inspectors were satisfied that all medical radiological procedures took place under the clinical responsibility of a practitioner, as defined in the regulations. There was evidence that referrers and practitioners were involved in the justification of individual medical radiological procedures. Furthermore, radiographers, radiologists and MPEs were found to be involved in optimising medical exposures. However, the service level agreement (SLA) that was in place on the day of inspection was for the provision of radiation protection adviser (RPA) services rather than MPE services to Connolly Hospital. For example, the role and responsibilities of the MPE, as distinct from the RPA, should be consistently recorded. Documentation and policies should be reviewed to ensure that these are aligned with the regulations.

Connolly Hospital's RSC was found to be the main forum for providing oversight to senior management regarding the radiation protection of services users at the hospital. Terms of reference and minutes for the RSC were reviewed by inspectors. The RSC met twice a year and its membership included representation from all areas where medical exposures were conducted at the hospital, as well as other relevant departments, such as the Quality and Safety Department. However, representatives from certain areas had not attended RSC meetings in 2019. Connolly Hospital should review attendance at RSC meetings so that all areas are adequately represented to ensure full oversight of radiation protection across its services. Inspectors were informed that following the recent appointment of the new general manager at the hospital, a monthly meeting had been set up between the RSM, the RPO and the general manager. This was seen as a positive measure to ensure that the hospital had appropriate oversight of the delivery of medical exposures to ionising radiation allowing for the frequency of RSC meetings.

On the day of inspection, governance and management arrangements, through the Health Service Executive (HSE) National Radiation Protection Office (NRPO), were not clearly communicated to inspectors. While management were able to describe how significant events were communicated to the HSE NRPO, inspectors were not assured of the mechanism to escalate other radiation protection issues to the NRPO, such as areas for improvement relevant to the regulations. Additionally, information provided to inspectors on the responsibilities and governance of a dental X-ray unit located at the hospital was inconsistent with information previously declared to

HIQA by the undertaking.

Notwithstanding the areas for improvement identified over the course of the inspection, Connolly Hospital demonstrated a clear commitment to ensuring the radiation protection of service users undergoing medical radiological procedures at the hospital.

Regulation 4: Referrers

All referrals reviewed by inspectors were from referrers as defined in the regulations. Staff were familiar with, and could describe who was entitled to refer individuals for medical radiological procedures in line with Connolly Hospital's local policies.

Judgment: Compliant

Regulation 5: Practitioners

Inspectors were satisfied that only practitioners, as defined in the regulations, took clinical responsibility for individual medical exposures.

Judgment: Compliant

Regulation 6: Undertaking

The governance for the allocation of responsibility within the hospital for radiation protection was reviewed by inspectors. Inspectors also spoke with staff and management and found that the quality and safety department had a more detailed role in reporting and providing oversight regarding the protection of service users from medical exposure to ionising radiation in practice than stated in policies and the diagram of local governance structures for medical exposure to ionising radiation. The inclusion of the quality and safety department was seen as a positive measure and documentation should be updated to clearly explain the reporting structures within the hospital.

Inspectors were informed that a monthly meeting had been recently established between management of the radiology department and the general manager of the hospital. This was seen as a positive development to ensure that radiation protection matters can be escalated directly to the designated person responsible for the radiation protection of service users at the hospital. Connolly Hospital also had a RSC which met twice a year. The RSC was found to be the main hospital forum for

governance and oversight to ensure the radiation protection of service users attending Connolly Hospital. While representation from all areas where medical exposures were conducted was included in the RSC's membership, it was noted that representatives from some areas outside of the radiology department, such as theatre, had not attended meetings in 2019.

Staff described an awareness of communicating significant events to the HSE NRPO. However, the specific relationship between the hospital and the HSE, as the undertaking with overall responsibility for this installation, was not made clear to inspectors. Arrangements to communicate issues relating to medical exposures, other than significant events, with the HSE, through the NRPO, were not known by staff or documented in any documentation reviewed by inspectors. This was recognised by management on the day of inspection.

Furthermore, inspectors were informed that a dental X-ray unit located within Connolly Hospital's operating theatre was not under the remit of the designated manager at the hospital. This was also noted in the minutes of the RSC meeting which had been attended by a representative that used this equipment. This did not align with information provided to HIQA as part of the declaration process regarding the allocation of governance and responsibility for this unit. Clarity from the HSE, as the undertaking, on the allocation of responsibility and arrangements for appropriate governance and oversight to ensure the radiation protection of service users must be established and maintained.

Connolly Hospital should address the areas for improvement and this will provide additional assurance that mechanisms are in place to ensure safe delivery of medical exposures at the hospital.

Judgment: Substantially Compliant

Regulation 10: Responsibilities

Inspectors were satisfied that all individual medical exposures took place under the clinical responsibility of a practitioner, as defined in the regulations. There was evidence that practitioners and MPEs were involved in the optimisation process for medical exposures. Staff who spoke with inspectors were clear about their role in the justification of medical radiological procedures, and practice was found to align with local policies and procedures.

Connolly Hospital had retained the presence of radiographers in areas where medical exposures were conducted outside the radiology department, typically theatre. In the absence of new training requirements being implemented, as per Regulation 22, this is viewed as good practice to ensure the protection of service users from medical exposure to ionising radiation.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

Staff communicated to inspectors that there were adequate arrangements in place to ensure the continuity of medical physics expertise at Connolly Hospital. Inspectors were informed that the SLA in place on the day of inspection was for the provision of an RPA service and not that of an MPE. A draft SLA and minutes of RSC meetings were also reviewed. Inspectors found that management at the hospital were aware of this issue and communication was currently on-going to resolve it. Arrangements to ensure the formalisation of MPE services should be updated by the hospital to ensure that continuity of access to medical physics expertise is maintained.

Judgment: Substantially Compliant

Regulation 20: Responsibilities of medical physics experts

MPE involvement and contribution to the radiation protection of service users at Connolly Hospital was in line with the requirements of the regulations. Documentation reviewed by inspectors demonstrated that MPEs contributed to areas such as, diagnostic reference levels (DRLs), quality assurance (QA) programmes, acceptance testing, analysis of significant events and training.

Judgment: Compliant

Regulation 21: Involvement of medical physics experts in medical radiological practices

Staff who spoke with inspectors reported that they had good access to medical physics expertise as needed. Documentation reviewed also provided evidence that MPEs were involved, commensurate with the radiological risk, in medical radiological procedures.

Judgment: Compliant

Safe Delivery of Medical Exposures

Inspectors reviewed records and other documentation and communicated with staff

and management to assess the safe delivery of medical exposures at Connolly Hospital. Written protocols were available for standard medical radiological procedures. Leaflets and posters containing information about the benefits and risks associated with medical exposure to ionising radiation were also observed in waiting rooms. Staff informed inspectors that radiographers or radiologists justified all medical exposures in advance. While all referrals reviewed were in writing, inspectors found that justification in advance was not consistently recorded for all medical radiological procedures. This record should be maintained as required under Regulation 8.

Referrers and or practitioners at the hospital inquired about the pregnancy status of individuals, where appropriate. These inquiries were recorded in writing and radiography staff could clearly describe this process to inspectors. In addition, although arrangements were found to be in place regarding recording and analysing actual accidental and unintended exposures to ionising radiation, potential radiation incidents were not consistently recorded and this was identified as an area for improvement.

Diagnostic reference levels (DRLs) were established and regularly reviewed for radiodiagnostic procedures and for interventional radiology procedures, where appropriate. DRLs were used as an alert level to raise awareness to promote optimisation within the CT department of the hospital. This is an example of good practice in promoting awareness of the benefits of DRLs amongst staff. However, an area that requires further attention is in relation to recording of information relating to patient exposure which did not form part of the reports of medical radiological procedures at Connolly Hospital reviewed on the day.

Inspectors found that the hospital had a quality assurance programme, including performance testing, in place for general X-ray, interventional radiology and fluoroscopy. However, while records documenting regular performance testing had been performed were available, these indicated that weekly performance testing of the CT equipment was not carried out. Additional records reviewed demonstrated that annual QA, performed by the MPE, and manufacturer maintenance had been carried out on CT equipment. As CT is an area where high doses may be delivered to a service user, the hospital must take steps to ensure that CT equipment is kept under strict surveillance regarding radiation protection.

The hospital had measures in place to ensure that the referrer or a practitioner carried out an inquiry as to the pregnancy status of service users, where appropriate. This inquiry was recorded in writing and adherence regularly audited. Additionally, inspectors observed posters in waiting areas to raise awareness of the the importance of special protection during pregnancy.

Subject to addressing areas for improvement noted in this section, inspectors were satisfied that Connolly Hospital had good systems in place to help ensure safe delivery of medical exposures.

Regulation 8: Justification of medical exposures

Leaflets and posters containing information about the benefits and risks associated with medical exposures were observed in waiting areas in the radiology department. Inspectors reviewed a sample of records of medical radiological procedures. All referrals reviewed were in writing and stated the reason for requesting the particular procedure. However, while staff informed inspectors that medical exposures were justified by a practitioner in line with local policies and procedures, justification in advance was not consistently recorded for all procedures performed at the hospital.

Judgment: Substantially Compliant

Regulation 11: Diagnostic reference levels

Connolly Hospital had established DRLs for radiodiagnostic procedures and for interventional radiology procedures, where appropriate. These were regularly reviewed in line with the hospital's DRL policy. Inspectors noted that in the CT department, DRLs were used as an alert level. Guidance to optimise CT procedures was also available for staff in the CT area. The use of DRLs to promote optimisation within the CT department of the hospital was noted as an example of good practice.

Judgment: Compliant

Regulation 13: Procedures

Written protocols were in place for standard medical radiological procedures. These were available to staff electronically on a shared drive and in hard copy. Connolly Hospital had adopted referral guidelines which were available to referrers on the hospital's intranet. Staff informed inspectors that information about referral guidelines was communicated to new non-consultant hospital doctors (NCHDs) at induction.

On the day of inspection, information relating to patient exposure did not form part of the reports of medical radiological procedures reviewed by inspectors. Staff spoken with also confirmed that this information was not included. Management acknowledged this as an area which needed to be addressed to become compliant with Regulation 13(2).

Judgment: Substantially Compliant

Regulation 14: Equipment

An up-to-date inventory was provided for all medical radiological equipment which was under the governance of the designated manager at the time of inspection. Documentation and records relating to Connolly Hospital's quality assurance programme for medical radiological equipment were reviewed by inspectors. This included a policy for in-house QA testing and the hospital's QA schedules for 2019 and 2020. Inspectors also spoke with staff regarding acceptance testing, regular performance testing and annual QA testing of medical radiological equipment at the hospital.

The in-house QA testing policy provided information on the routine tests that were carried out on equipment at the hospital. Descriptions of specific testing to be undertaken for some of the hospital's medical radiological equipment was documented in this policy. Records were available for regular performance testing of general X-ray, fluoroscopy and interventional radiology rooms, and mobile radiography equipment consistent with the QA policy.

The in-house QA policy stated that CT had its own check-up and calibration programmes which should be performed daily and or weekly. The particular nature of these check-up and calibration programmes were not documented in the local in-house QA policy. However, inspectors found that there was a lack of records and documentation to demonstrate that routine performance testing of CT equipment, consistent with MPE or manufacturer recommendations, was performed. Staff additionally confirmed to inspectors that weekly performance testing on the CT equipment was not carried out.

All medical radiological equipment must be kept under strict surveillance regarding radiation protection, and an appropriate quality assurance programme must be implemented and maintained. Inspectors highlighted the inconsistency between the MPE and manufacturer's recommendations and the regular performance testing to management.

Judgment: Substantially Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

Multiple notices were observed in waiting rooms and public places to raise awareness of the special protection required during pregnancy in advance of medical exposures. Referrers and practitioners inquired, and recorded in writing, the pregnancy status of service users, where relevant. Where pregnancy could not be ruled out, staff communicated to inspectors how special attention was given to the justification, and the manner in which this was recorded.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

Inspectors were satisfied that Connolly Hospital had arrangements in place to minimise the probability and magnitude of accidental and unintended exposures. The hospital had processes to ensure that significant events were reported to HIQA within the required time frame. Similarly, inspectors found that Connolly Hospital had appropriate measures to ensure that the results of the investigation and corrective measures following were provided to HIQA in a timely manner, as required.

However, while actual accidental and unintended incidences were recorded and analysed, there was a lack of documentation to demonstrate that potential accidental and unintended incidents were consistently recorded at the hospital. Staff who spoke with inspectors communicated that while some potential radiation incidents were followed up on, for example inaccurate procedure orders, they were not recorded as potential incidents that could be utilised as learning. Additionally, the procedure for reporting potential radiation incidents was not specifically described in the hospital's radiation incident reporting policy. The hospital should review their policy and increase staff awareness of reporting both actual radiation incidents and potential accidental and unintended medical exposures to ionising radiation.

Judgment: Substantially Compliant

Appendix 1 – Summary table of regulations considered in this report

This inspection was carried out to assess compliance with the European Union (Basic Safety Standards for Protection against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018 and 2019. The regulations considered on this inspection were:

Regulation Title	Judgment
Governance and management arrangements for medical exposures	
Regulation 4: Referrers	Compliant
Regulation 5: Practitioners	Compliant
Regulation 6: Undertaking	Substantially Compliant
Regulation 10: Responsibilities	Compliant
Regulation 19: Recognition of medical physics experts	Substantially Compliant
Regulation 20: Responsibilities of medical physics experts	Compliant
Regulation 21: Involvement of medical physics experts in medical radiological practices	Compliant
Safe Delivery of Medical Exposures	
Regulation 8: Justification of medical exposures	Substantially Compliant
Regulation 11: Diagnostic reference levels	Compliant
Regulation 13: Procedures	Substantially Compliant
Regulation 14: Equipment	Substantially Compliant
Regulation 16: Special protection during pregnancy and breastfeeding	Compliant
Regulation 17: Accidental and unintended exposures and significant events	Substantially Compliant

Compliance Plan for Connolly Hospital OSV-0007352

Inspection ID: MON-0028421

Date of inspection: 03/03/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the undertaking is not compliant with the European Union (Basic Safety Standards for Protection against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018 and 2019.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the undertaking must take action on to comply. In this section the undertaking must consider the overall regulation when responding and not just the individual non compliances as listed in section 2.

Section 2 is the list of all regulations where it has been assessed the undertaking is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of service users.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the undertaking or other person has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the undertaking or other person has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance — or where the non-compliance poses a significant risk to the safety, health and welfare of service users — will be risk rated red (high risk) and the inspector will identify the date by which the undertaking must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of service users, it is risk rated orange (moderate risk) and the undertaking must take action *within a reasonable timeframe* to come into compliance.

Section 1

The undertaking is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the medical radiological installation back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the undertaking's responsibility to ensure they implement the actions within the timeframe.

Compliance plan undertaking response:

Regulation Heading	Judgment
Regulation 6: Undertaking	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Undertaking: Action Dental Unit [Reg.6[3] Undertaking] Responsibility RSC, CEO, MPE Time To Be Completed by 20/6/2020 Status Ask for representative of the HSE Dental to attend next RSC meeting and get a formal signed document which states that governance is with the HSE Dental – This issue to be escalated to the National Radiation Protection Committee on the 19th May 2020</p> <p>Action Relationships and communication with NRPO for non radiation incident issues eg to highlight the issue of the undertaking of the Dental unit in theatre [Reg.6 Undertaking] Responsibility RPO Time To Be Completed by 20/5/2020 Status X at the NRPO was contacted [24/4/20] and this issue was highlighted on what arrangements other sites have and to develop similar communication process – X replied on the 27/4/20 to confirm that they are engaging with HIQA to provide clarification on the issues raised For Connolly hospital, we have included on our radiation safety organogram/the pathway for issues to contact the NRPO/NRPC. We have contacted NRPO re a number of national issues to ensure non incident issues are escalated to a national level. All Quality and Safety issues are also raised through the RCSI Hospital Group mechanism.</p>	
Regulation 19: Recognition of medical physics experts	Substantially Compliant

Outline how you are going to come into compliance with Regulation 19: Recognition of medical physics experts:
 Action MPE Contracts [Reg.19 [Recognition of MPE]
 Responsibility RSM MPE CEO
 Time To Be Completed by 30/06/2020
 Status Draft contracts have been written by the X and require input from our management, legal, insurance and financial teams. However, given the current Covid crisis and recent complex cooperate relationships of the private hospitals with the state; it is not likely that this will be fully resolved prior to a return to a normal governance footing. X contacted 14/5/2020 to ask if the contracts can be sent to CHB from the X for approval.

Regulation 8: Justification of medical exposures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Justification of medical exposures:
 Action Justification of Exposures [Reg. 8]
 Responsibility RSM RPO
 Time To Be Completed by 20/04/2020
 Status Needs discussion/agreement at a national level with HIQA/NIMIS for a process which will be satisfactory/workable for both sides. It is not possible to have a vetting process on all general imaging requests therefore. This issue will be raised with the NRPO/C on 19/5/2020. Advancement on justification, prior to any exposure taking place that has not been through vetting process, the Radiographer will read the clinical history/information and indicate on the RIS system that this examination has been justified in advance with their initials. CORU registration numbers are on NIMIS system so traceability is assured
 Process will Audited by RPO/RSM.

Regulation 13: Procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: Procedures:
 Action Dose on Radiologist's Report [Reg.13 Procedures]
 Responsibility NIMIS HIQA
 Time To Be Completed By 12/2020
 Status Dose cannot be transferred automatically at the moment
 Dependent on National NIMIS developing software for transferring over information to PACS

Not possible at local level, needs HIQA and NIMIS agreement/discussion
 Issue escalated to the NRPO/NRPC ON THE 19/5/2020 to determine escalation of this issue on 19/5/2020.

Regulation 14: Equipment	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 14: Equipment:
 Action C.T. Q.A [Reg.14 Equipment]
 Responsibility CSR in CT, RSM, RPO, MPE
 Date To Be Complied By Commenced 9/3/20 and ongoing
 Status Daily + Weekly [Phantom] QA performance testing, has been progressing since 9/3/20 by the Radiographer.
 Test Results are recorded and to be available for bimonthly discussion with MPE.
 CT QA Testing and Results to be discussed at next RSC Meeting.

Regulation 17: Accidental and unintended exposures and significant events	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Accidental and unintended exposures and significant events:
 Action Near Miss Recording [Regulation 17: Accidental and unintended exposures and significant events]
 Responsibility RSM, RPO, MPE, Quality and Safety Dept
 Time To Be Complied By 1/5/20
 Status Potential Accidental and Unintended incidents procedure has been updated in the radiation incident policy.
 Near Miss forms been developed and are available in xray rooms for staff to records these records will be checked fortnightly and RSM/RSO to communicate with the Quality + Safety dept and MPE for bimonthly conference to assess and address any actions that are required. This conference will also review actions of previous conference and ensure follow up.
 Incidents to be discussed at each RSC Meeting

Section 2:

Regulations to be complied with

The undertaking and designated manager must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the undertaking and designated manager must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the undertaking must include a date (DD Month YY) of when they will be compliant.

The undertaking has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 6(3)	An undertaking shall provide for a clear allocation of responsibilities for the protection of patients, asymptomatic individuals, carers and comforters, and volunteers in medical or biomedical research from medical exposure to ionising radiation, and shall provide evidence of such allocation to the Authority on request, in such form and manner as may be prescribed by the Authority from time to time.	Substantially Compliant	Yellow	20/06/2020
Regulation 8(8)	An undertaking shall ensure that all individual medical exposures carried out on its behalf are justified in advance, taking into account the	Substantially Compliant	Yellow	20/04/2020

	specific objectives of the exposure and the characteristics of the individual involved.			
Regulation 8(15)	An undertaking shall retain records evidencing compliance with this Regulation for a period of five years from the date of the medical exposure, and shall provide such records to the Authority on request.	Substantially Compliant	Yellow	20/04/2020
Regulation 13(2)	An undertaking shall ensure that information relating to patient exposure forms part of the report of the medical radiological procedure.	Not Compliant	Orange	31/12/2020
Regulation 14(1)	An undertaking shall ensure that all medical radiological equipment in use by it is kept under strict surveillance regarding radiation protection.	Substantially Compliant	Yellow	09/03/2020
Regulation 14(2)(a)	An undertaking shall implement and maintain appropriate quality assurance programmes, and	Substantially Compliant	Yellow	09/03/2020
Regulation 14(3)(b)	An undertaking shall carry out the following testing on its medical radiological equipment,	Not Compliant	Orange	09/03/2020

	performance testing on a regular basis and after any maintenance procedure liable to affect the equipment's performance.			
Regulation 17(1)(c)	An undertaking shall ensure that for all medical exposures, an appropriate system is implemented for the record keeping and analysis of events involving or potentially involving accidental or unintended medical exposures, commensurate with the radiological risk posed by the practice,	Substantially Compliant	Yellow	01/05/2020
Regulation 19(9)	An undertaking shall put in place the necessary arrangements to ensure the continuity of expertise of persons for whom it is responsible who have been recognised as a medical physics expert under this Regulation.	Substantially Compliant	Yellow	30/06/2020