Trust Standard Operating Procedure

NHS University Hospitals Plymouth NHS Trust

Radiation Safety Committee Procedure Concerning The Radiation Protection Assurance Audit Programme

Issue Date	Review Date	Version
June 2021	June 2024	3

Purpose

The Radiation Safety Committee (RSC) acts as the lead executive forum for maintaining compliance with legislation and best practice regarding the use of ionising radiations within the premises of the Trust. These responsibilities relate to patients, staff, contractors, visitors and the environment. As part of this compliance the Trust Executive (TE) tasked the RSC to provide robust assurance regarding the state of compliance termed 'The Radiation Protection Assurance Programme (RAP)'.

Who should read this document?

All managers and area leads whose staff work with ionising radiations, or who are responsible for areas where ionising radiations are used or outcomes are evaluated.

Care Groups :
Clinical Support Services: Service Lines include:
Imaging
Healthcare Science and Technology

Medicine : Service Lines include:
Oncology
Cardiology

Surgery: Service Lines include:
Orthopaedics
Plastics
Dental & Max Fax

Reference Clinical Evaluation:
Neurosurgery
Urology
General Surgery and UGI
Chronic Pain Services

Key Messages

Managers whose staff work with ionising radiations, or who are responsible for areas where ionising radiations are used *or* outcomes are evaluated (the latter is evaluated through the Trust Audit Department Programme) are responsible for demonstrating compliance with the relevant regulations governing practices involving ionising radiations, hence engagement in the RAP process or Trust Audit department respectively, which informs the RSC and TE.

Core accountabilities	
Owner	Clinical Specialist in Radiation Protection
Review	Radiation Safety Committee
Ratification	Peter Wright; RSC Chair

Dissemination	Clinical Specialist in Radiation Protection / Trust document controller
Compliance	Radiation Safety Committee
Links to other policies and procedures	

Version History		
1	May 2017	Approved by Radiation Safety Committee and Ratified by Lee Budge: Director of Corporate Business
2	May 2020	Update to current regulations, process and calendar.
3	June 2021	Update to current bi annual process and calendar

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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University Hospitals Plymouth NHS Trust

Standard Operating Procedure (SOP)

Radiation Safety Committee Procedure Concerning
The Radiation Protection Assurance Audit Programme

1 Introduction

The Trust uses ionising radiations from x-ray and radiotherapy equipment, and radioactive substances for the benefit of patients. The Radiation Safety Committee (RSC) acts as the lead executive forum for maintaining compliance with legislation and best practice regarding the use of ionising radiations within the premises of the Trust. These responsibilities relate to patients, staff, contractors, visitors and the environment. As part of this compliance the Trust Executive (TE) tasked the RSC to provide robust assurance regarding the state of compliance to the legislation stated in section 3, termed 'The Radiation Protection Assurance Programme (RAP)'

2 Definitions

Radiation Safety Committee (RSC): The delegated committee with responsibility for policy and monitoring safety of use of ionising radiations.

3 Regulatory Background

1. Ionising Radiations in the context of this procedure include x-rays, neutrons, and emissions from radioactive sources.
2. Ionising Radiations Regulations 2017(IRR17). Statutory instrument under the Health & Safety at Work etc Act 1974. Places a duty on employers to protect staff and members of the public from exposure to ionising radiations.
3. Ionising Radiation (Medical Exposure Regulations 2017). Statutory instrument under section 15 of the Health & Safety at Work etc Act 1974. Places a duty on employers to protect patients undergoing as necessary exposure to ionising radiations, whether for diagnostic or therapeutic purposes.
4. Schedule 23 of the Environmental Permitting Regulations 2016 (EPR). Places a duty on employers regarding emissions into the environment.
5. Carriage of Dangerous Goods Regulations (CDG), UK implementation of ADR European directive for the safe transport of hazardous goods.

4 Key Duties

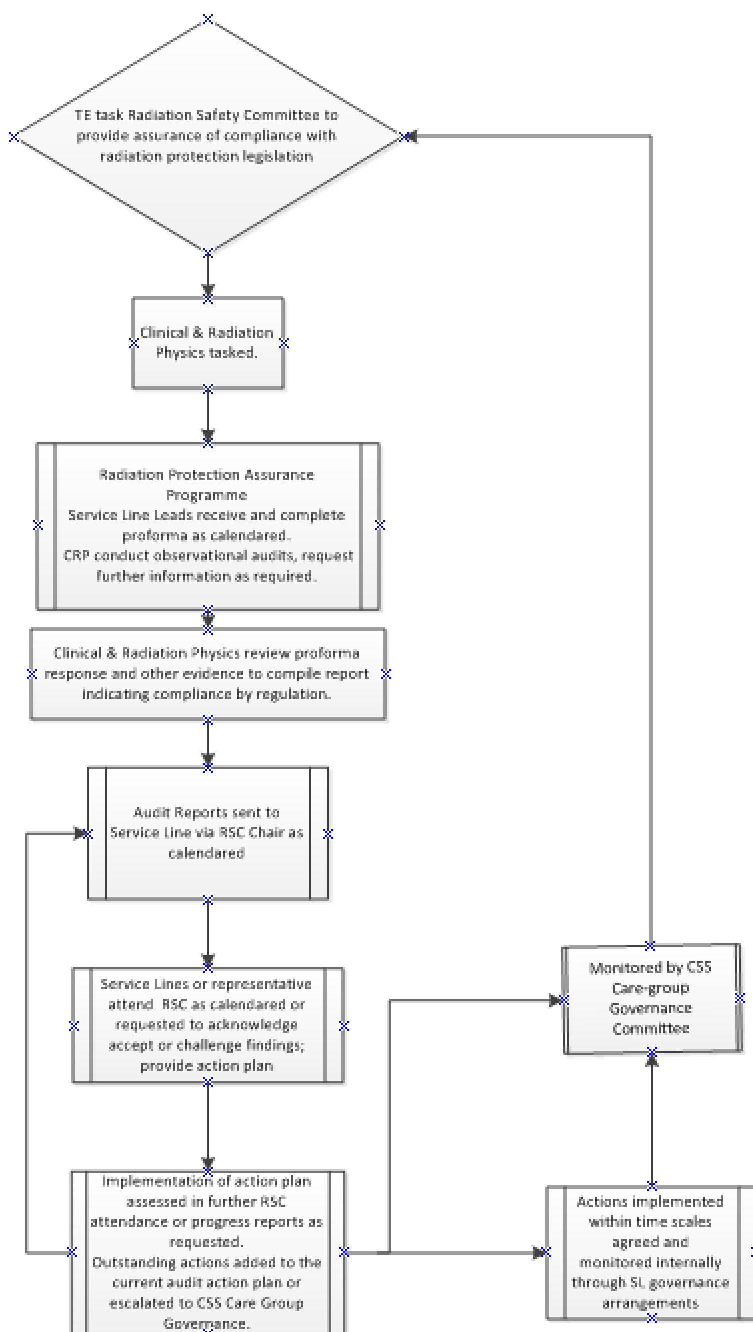
Managers whose staff work with ionising radiations, or who are responsible for areas where ionising radiations are used *or* outcomes are evaluated (the latter is evaluated through the Trust Audit Department Programme) are responsible for demonstrating compliance with the relevant regulations governing practices involving ionising radiations, hence engagement in the RAP process or Trust Audit department respectively, which informs the RSC and TE.

5 Procedure to Follow

The programme is run on a rolling cycle with an audit of compliance being undertaken in each area utilising ionising radiations. An overall plan aims to conduct a comprehensive compliance audit with the above mentioned Regulations in each area utilising ionising radiations annually. A report and recommendations will be compiled and a review of the implementation of action plans undertaken between each full compliance audit through the Radiation Safety Committee. Whilst comprehensive audits and reviews are planned annually the overall program will necessarily be adjusted in response to matters that arise concerning the safe use of ionising radiations.

The Trust Audit Team are concurrently conducting a separate audit for those departments who provide a ‘Clinical Evaluation’ for ‘auto reported’ images from Imaging.

Trust Radiation Safety Committee
Radiation Protection Assurance Programme
Process



The Radiation Protection Assurance Programme (RAP) is run on an bi-annual basis utilising the audit of ionising radiations proforma completed by the Service Line, and additional observational and local departmental audits as required.

Findings from RAP are reported formally: Service Lines will receive a report and actions. They are required to respond to the RSC at the following RSC meeting on receiving the information confirming either; their acknowledgement and acceptance or

challenging the findings and setting out their agreed action plan to implement the recommendations.

Audit Findings: Findings from audits are assessed on a rating using a 5 point basis. Auditors are members of Clinical & Radiation Protection Team and the ratings reflect the professional opinion and judgment of the auditors.

RAP findings scoring

No Evidence	0
Minimal Evidence	1
Major Gaps	2
Minor Gaps	3
Sufficient Evidence	4

Recommendations for improvement to secure compliance are made which are rated according to the significance of the findings as judged by the auditors

Red	Significant	Significant compliance issue priority action required to secure compliance
Orange	Moderate	Moderate compliance issue action required to secure compliance
Yellow	Scope for improvement	Minor compliance issue improvement required to demonstrate full compliance.

Service Lines are required to report on progress with action plans to the RSC as required and are held to account by RSC, CCS Care Group Governance Committee and TE.

Service Lines are expected to monitor these internally through relevant governance arrangements.

Progress with action plans required by the RSC are expected to submit by the Service Line 2 weeks prior to the RSC meetings as required.

Please email updates to RSC chair Peter Wright at:

plh-tr.RadiationProtectionAssurance@nhs.net

As a guide, timescales for completion of follow up actions are as below:

Red	Significant	3 months
Orange	Moderate	6 months
Yellow	Scope for improvement	Service Line discretion

Calendar:

Year 1 (2023) | Year 2 (2024)

Service Line

Oncology

- CRP send Proforma to SL by 1st Nov. SL to complete and embed documentary evidence into proforma as required. SL Return Completed Proforma by 31st Dec
- Jan to end of April CRP Review and compile Compliance Summary Report and perform observational audits/ gain further information as required.
- CRP send Compliance Summary Report to SL first week in May SL to review and address gaps through action plan
- SL attend June RSC with Compliance Summary Report and response action plan
- SL Follow Up from RSC ?

Cardiology

- CRP send Proforma to SL by 1st March SL to complete and embed documentary evidence into proforma as required . SL Return Completed Proforma by 30th April
- May to end of July CRP Review and compile Compliance Summary Report and perform observational audits/ gain further information as required.
- CRP send Compliance Summary Report to SL August . SL review and address gaps through action plan
- SL attend October RSC with Compliance Summary Report and response action plan
- SL Follow Up from RSC

Imaging / Dental Specialities

- CRP send Proforma to SL by 1st May . SL to complete and embed documentary evidence into proforma as required. SL Return Completed Proforma by 31st July
- August to end of December CRP Review and compile Compliance Summary Report and perform observational audits/ gain further information as required
- CRP send Compliance Summary Report to SL in the first week of January SL review and address gaps through action plan
- SL attend February RSC with Compliance Summary Report and response action plan
- SL Follow Up from RSC

Nuclear Medicine

- CRP send Proforma to SL by 1st November . SL to complete and embed documentary evidence into proforma as required. SL Return Completed Proforma by 31st December
- January to end of April- CRP Review and compile Compliance Summary Report of compliance and perform observational audits/ gain further information as required
- CRP send Compliance Summary Report to SL in first week of May . SL review and address gaps through action plan
- SL attend June RSC with Compliance Summary Report and response action plan
- SL Follow Up from RSC

HCST

- CRP send Proforma to SL by 1st March. SL to complete and embed documentary evidence into proforma as required SL Return Completed Proforma by 30th April
- May to the end of June CRP Review and compile Compliance Summary Report and perform observational audits/ gain further information as required
- CRP send Compliance Summary Report to SL in the first week of July SL review and address gaps through action plan
- SL attend August RSC with Compliance Summary Report and response action plan
- SL Follow up from RSC

Surgery

- CRP send Proforma to SL by 1st May. SL to complete and embed documentary evidence into proforma as required. SL Return Completed Proforma by 30th June.
- July to end of September CRP Review and compile Compliance Summary Report and perform observational audits/ gain further information as required
- CRP send Compliance Summary Report to SL in the first week of October SL review and address gaps through action plan
- SL attend Dec RSC with Compliance Summary Report and response action plan
- SL Follow up from RSC

Breast - Womens Services

- CRP send Proforma to SL by 1st July . SL to complete and embed documentary evidence into proforma as required. SL Return Completed Proforma by 30th September
- October - end Dec CRP Review and compile Compliance Summary Report and perform observational audits/ gain further information as required
- CRP send Compliance Summary Report to SL in the first week January SL review and address gaps through action plan
- SL attend Feb RSC with Compliance Summary Report and response action plan
- SL Follow up from RSC

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Radiation Safety Committee and ratified by the Chair.

Non-significant amendments to this document may be made, under delegated authority from the Chair, by the nominated author. These must be ratified by the Chair and should be reported, retrospectively, to the RSC.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust’s formal documents library and all staff will be notified through the Trust’s normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Chair and for working with the Trust’s training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

See section 5

Service Lines are required to report on progress with a summary 2 weeks prior to the RSC Meeting and are held to account by RSC CSS Care Group and TE.

Service Lines are expected to monitor the action plans internally through relevant governance arrangements.

9 Reference Material

See section 3 for Regulations

Guidance to the Ionising Radiation (Medical Exposure) Regulations 2017 DOH June 2018

Significant accidental and unintended exposures under IR(ME)R – Guidance for employers and duty-holders June 2019

A Guide to Understanding the Implications of the Ionising Radiation (Medical Exposure) Regulations in diagnostic and interventional radiology- SOR/BIR/RCR

A Guide to Understanding the Implications of the Ionising Radiation (Medical Exposure) Regulations in Radiotherapy - SOR/IPEM/RCR

Ionising Radiations Regulations Approved Code of Practice (L121)

CQC IRMER Annual Reports

IPEM QA Guideline

GMC and HCPC Registers