

**DEPARTMENT OF RADIOLOGY  
MEETING**

**Wednesday 12<sup>th</sup> November at 12.30pm  
Radiology Seminar Room**

**Minutes**

**Attendees:**

<b>Name</b>	<b>Department</b>	<b>Present/ Apologies/ Deputy</b>
XXX (Chair)	Consultant Radiologist	P
XXX	Radiology Services Manager	P
XXX	Cluster Manager Diagnostics	P
XXX	Head of Medical Physics	P
XXX	Consultant Radiologist	P

Item	Notes and Actions
1	<b>Apologies for Absence</b> – No apologies received.
2	<p><b>Minutes from previous meeting</b></p> <p>Minutes of the previous meeting from the 8<sup>th</sup> October were accepted as a true reflection.</p>
Action(s)	<p><b>Action Plan 1: On-going discussion with Torbay regarding joint on-call will recommence once the image sharing is robust. This is likely to occur in the new year following further substantial upgrade.</b></p> <p><b>Action plan 2: The SpR weekend cover will be re-discussed following instigation of ultrasonography lists at the weekend.</b></p>
3	<p><b>Chair’s update (XXX)</b></p> <p><b>a. Hospital Number</b></p> <p>Consultants were reminded that any dictation relating to patients should reference the patient’s hospital number, NHS number or date of birth for clarification to exclude the chance of dictation being attributed to the wrong patient.</p> <p><b>b. Ambulatory Pathways for CT</b></p> <p>There has been revision of the CTPA ambulatory pathway and addition of a CT head ambulatory pathway for patients from MTU. These patients will be clearly marked as ambulatory in the clinical details. During working hours MTU will contact the inpatient CT scanner and if possible the patient will be scanned the same day. If not an appointment will be offered for the following day. The patient will then be discharged to re-attend for the scan at that time. Between the hours of 5 and 8 o’clock in the evening the MTU staff will contact MR2 and an appointment can be made for the following day. Overnight requests will be identified by the inpatient CT helper who will book the scan time for the patient and advise MTU. It was generally agreed that we should adopt this system. XXX asked that if possible a special code be identified on CRIS so that these patients could be easily identified and reported in an appropriate time scale.</p>
Action(s)	<b>XXX to investigate with XXX.</b>
	<p><b>c. DWI XXXX</b></p> <p><b>Please note that this paragraph has been heavily redacted for the purposes of this Freedom of Information request to protect the identification of the patient or patients concerned.</b></p>

	<p>Following investigation of the incident where XXXXXXXXXXXXXXXX an action plan has been drawn up. Points relating to this action plan were discussed. The action plan will be included with the minutes. There was general discussion around including less common but more significant complications in the patient information literature and linking this to patient specific consent forms. The Trust Resuscitation Team are to consider whether XXXXXXXXX should be included in their training and this will be included in the annual radiology training. Radiologists were reminded that Trust bereavement support services for family and staff counselling services are available in this situation. Discussion regarding considering XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX. Information in the patient information literature will be added to advise the patient to XXXXXXXXXXXXX if possible. Discussion was held regarding the possibility of consent being performed by another member of staff. It was the general consensus that consent is best performed by the operator and there is no plan to change the departmental policy. Training for breaking bad news was discussed. The department is to investigate whether in-house training could be performed for senior staff.</p> <p><b>d. Patients Specific Consent Forms</b></p> <p>See C.</p> <p><b>e. The Away Morning</b></p> <p>The away morning on the 9<sup>th</sup> December was discussed and all consultants attending were asked to bring at least one suggestion that could increase efficiency within the department or areas of development that we should focus on in the near future.</p>
<b>Action(s)</b>	<b>All Radiologists</b>
	<p><b>f. The Perfect Weekend</b></p> <p>The perfect weekend has been identified as the 6<sup>th</sup> and 7<sup>th</sup> December. Dr XXX is on-call that weekend. CT will run as normal. There is an expectation that patients will not be scanned out of normal CT hours to promote discharge. Increased availability for in-patient MRI slots will be available and a sonography service including helper and porter is being arranged.</p> <p><b>g. Radiology Imaging Results</b></p> <p>The trust wide policy to ensure radiology imaging results are communicated and acted upon appropriately was identified and has been circulated with the agenda. Comments were encouraged. It was generally felt that the departmental reporting SOP was appropriate for radiology.</p>
<b>4</b>	<p><b>Reports from Specialist Leads</b></p> <p><b>CT &amp; MR</b></p> <p>XXX informed the group that waiting lists were steady at present. XXX asked XXX where the MRI 3 business case was at present, a meeting has been</p>

	<p>arranged to further discuss this and report back to XXX.</p> <p><b>Ultrasound</b></p> <p>XXX informed the group that waits were stable. Two new Sonographers had recently started work within the department.</p> <p><b>Musculoskeletal</b></p> <p>XXX informed the group that XXX continued to look at efficiencies within fluoroscopy and hope that the waiting list would reduce from 16 weeks to 12 weeks by Christmas. Development of XXX role was on-going. Further work on-going also looking at increasing efficiency and throughput regarding musculoskeletal ultrasound.</p> <p><b>Interventional Radiology</b></p> <p>No Interventional Radiologists present</p>
<p><b>5</b></p>	<p><b>Updates Departmental</b></p> <p>XXX informed the group that at present there was shortage in band 5 and 6 Radiographers as there were few Radiographers available for recruitment at present, therefore bank staff were being used. There is a new return to work policy that now includes all medical staff to be interviewed by XXX or the Clinical Lead on their return to work following sickness absence. This brings medical staff in line with agenda for change staff to ensure they are fit to return to normal duties and update them on any changes during their absence.</p>
<p><b>6</b></p>	<p><b>Cluster Manager</b></p> <p>XXX highlighted a recent increase in complaints by patients relating to consultant staff. XXX asked whether there had been any recent changes that led to this. It was felt that these generally related to ultrasound and that whilst no specific change is identified it may relate to general increase in throughput leading to reduced patient experience.</p>
<p><b>7</b></p>	<p><b>The Communication Cells</b></p> <p>The communication cells were discussed. These are a new trust wide development recently extended across radiology. They occur on a regular basis, daily within the general department, less frequency in all other modalities. Consultant staff were encouraged to attend and participate, particularly the modality leads attending the modality com cells. The idea is to encourage working across the department and identify areas of good practice and help resolve problems.</p>

<p><b>8</b></p>	<p><b>Radiation Protection</b></p> <p>XXX informed the group of a forthcoming meeting regarding patient doses. XXX asked XXX to expand on the history regarding this. XXX informed the group that the initial concerns related to introduction of care stream CR readers and that an audit in 2010 had demonstrated higher doses within certain general radiography rooms. The audit and results had been repeated in 2012. XXX asked XXX if the results had been discussed at the Department of Radiology Meeting at that time. It had not. The issue had recently been brought up at the Departmental Meeting within the last 6 months following the ISAS Accreditation Process but not before that stage. It was generally agreed that going forward any issues regarding radiation dose across the department should be brought to the consultant body and that the Department of Radiology Meeting was the accepted forum. XXX informed the group of the complexities of dose audit and significant work that had gone on in the past. XXX also reiterated XXX desire for additional software to help collate this. The department has always been supportive of this development; however no funding from radiology is available to support this. Further discussion regarding evidence SA1 for ISAS was held. It was generally agreed that greater involvement and communication between the radiation protection team and the Department of Radiology was necessary to monitor and understand any on-going problems regarding dose and also to lead to greater involvement between the two departments to achieve ALARA and optimise radiation dose to patients.</p> <p>XXX also informed the group of a recent radiation incident where the wrong patient from Maxio-facial Surgery was referred for a CT scan.</p>
<p><b>9</b></p>	<p><b>Date of Next Meeting</b></p> <p>Wednesday 10<sup>th</sup> December.</p>