UK Health Security Agency

Advancing safer radiotherapy

Self-assessment tool for radiotherapy providers

Contents

Introduction

Advancing Safer Radiotherapy (ASR) was developed by the multi-disciplinary radiotherapy community in order to promote a greater focus on the patient as an active and valued participant in safety; to reflect contemporary approaches to patient safety, including proactive risk management and system-based approaches to radiotherapy event analysis; and to build on the Towards Safer Radiotherapy recommendations.

Self-assessment tool

This self-assessment tool has been developed to support providers in the adoption of the ASR recommendations. The tool is designed to assist in the baseline analysis of compliance against the recommendations detailed within ASR and subsequent monitoring of progress to drive continual improvement. It is recommended that the self-assessment is undertaken by a multi-disciplinary team to ensure a comprehensive overview is provided and to promote inter-disciplinary understanding.

Evidence should be recorded to support each recommendation. Examples of evidence may include local quantitative or qualitative survey results, record of staff or service user feedback, compliments or complaints, radiotherapy event (RTE) records, action plans or analysis, audit programme or records, local protocols, procedures, policy, risk assessment records, organograms or hierarchy structures, agendas and minutes of meetings, training records, equipment management records, management structures and notes of actions taken for any events which might have occurred. ASR provides guidance on resources for quality improvement relating to each recommendation. Further information may be accessed utilising the corresponding ASR recommendation and page number provided within the self-assessment tool below.

On completion of the assessment, any actions not achieved should be included in an action plan as part of usual service planning processes and taken forward by the multi-disciplinary team.

Conclusion

Completion of the self-assessment tool in Figure 1 will support benchmarking of local practice against the ASR recommendations. Periodical reassessment of local practice utilising the self-assessment tool may provide an indicator of progress with compliance and subsequently drive continual improvement.

Figure 1. Self-assessment tool

To be completed by a multidisciplinary team.

Recommendation (with associated page numbers from ASR)	Fully met	Partially met	Non-compliant	Supporting evidence
Safety culture				
Recommendation 1. Providers should establish and maintain a positive safety culture in which key traits are embedded and individuals are encouraged to speak up (page 13)	☐	☐	☐	
Advancing safety practice in radiotherapy				
Recommendation 2. The wider context of the system should be considered when reviewing radiotherapy events (RTE) to ensure all contributory factors are identified and addressed appropriately (page 16)	☐	☐	☐	
Recommendation 3. Radiotherapy providers should ensure safety management system frameworks, to include safety policy, safety risk management, safety assurance and safety promotion are built into QMS and organisational quality governance structures (page 18)	☐	☐	☐	
Recommendation 4. Safety actions should be applied against each area for improvement identified as part of an RTE response. Both people and system focused actions should be considered. These should be periodically reviewed to assess their efficacy or presence and amended, created or removed if redundant (page 19)	☐ ☐	☐ ☐	☐ ☐	
Recommendation 5. Providers should be proactive in managing risk, learning from where things have gone right, not simply reacting when things have gone	☐	☐	☐	

Recommendation (with associated page numbers from ASR)	Fully met	Partially met	Non-compliant	Supporting evidence
wrong. Procedures and processes should affect continual review and improvement in patient safety (page 21)				
Recommendation 6. Continual quality improvement initiatives and radiotherapy event learning systems should be used to examine Work As Done and identify areas for improvement (page 22)	☐	☐	☐	
Overview of radiotherapy event learning system				
Recommendation 7. All classification levels of RTE should be reported both locally and nationally to facilitate timely learning from these events (page 24) All classification of RTE reported locally All classification of RTE reported nationally	 ☐ ☐	 ☐ ☐	 ☐ ☐	
Recommendation 8. Local event learning systems (ELS) should be appropriately supported and resourced by senior management. Single electronic solutions should be adopted to encourage efficiencies when reporting and learning from RTE (page 25)	☐ ☐	☐ ☐	☐ ☐	
Recommendation 9. Timely reporting and analysis of RTE data at a local level is needed to inform practice and produce actionable results (page 26)	☐	☐	☐	
Recommendation 10. To develop greater understanding of the systemic nature of RTE at a national level it is recommended that providers use taxonomy coding to fully describe the entire event pathway, including all contributory factors, when submitting reports to the national ELS (page 29)	☐	☐	☐	

Recommendation (with associated page numbers from ASR)	Fully met	Partially met	Non-compliant	Supporting evidence
Recommendation 11. Greater regional collaboration, fostered with the aim to support learning from RTE and the exchange of ideas for evidence-based practice, should be encouraged (page 30)	☐	☐	☐	
Overview of radiotherapy event response				
Recommendation 12. All staff should be appropriately trained and have access to supporting documentation to ensure RTE are identified, correctly reported and an appropriate response actioned (page 38) All staff are appropriately trained All staff have access to supporting documentation	 ☐ ☐	 ☐ ☐	 ☐ ☐	
Recommendation 13. The investigation team should adopt an interdisciplinary approach with clear roles and responsibilities. The team should include individuals with clinical expertise as well as individuals who are trained and competent to carry out an effective systems-focused investigation (page 40)	☐ ☐	☐ ☐	☐ ☐	
Recommendation 14. Following an RTE response appropriate action must be taken. This should include the development and implementation of an action plan to address areas for improvement, system issues or areas to reduce risk (page 42)	☐	☐	☐	
Recommendation 15. Providers should ensure there are communication frameworks and systems in place to support and enable an ongoing inbuilt regular safety dialogue among teams and across the organisation (page 43)				

Recommendation (with associated page numbers from ASR)	Fully met	Partially met	Non-compliant	Supporting evidence
Communication framework for safety dialogue among teams Communication framework for safety dialogue across the organisation	☐ ☐	☐ ☐	☐ ☐	
Engaging patients in safety				
Recommendation 16. All radiotherapy providers should adopt the RCR radiotherapy consent forms (page 46)	☐	☐	☐	
Recommendation 17. Patients should be seen by healthcare services and professionals as equal partners in safety. Patients should be encouraged and supported to be active and vocal participants in their treatment and care. Each radiotherapy provider should have a formal process for capturing patient concerns and feedback (page 47)	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	
Recommendation 18. Radiotherapy providers should have an accessible and diverse range of communication systems in place and processes to adapt them to individual or situational needs as they arise. Staff should be trained in how to communicate effectively with patients (page 52)	☐ ☐	☐ ☐	☐ ☐	
Recommendation 19. Patients should be integrated into existing organisational improvement systems including a patient safety specialist role in collaboration with existing patient safety teams – whilst radiotherapy specific experience surveys should inform the design, development, and delivery of services.	☐ ☐	☐ ☐	☐ ☐	

Recommendation (with associated page numbers from ASR)	Fully met	Partially met	Non-compliant	Supporting evidence
Providers should consider the diversity of the population they are engaging and ensure patient engagement is representative of local patient demographics (page 53)	☐	☐	☐	
Patient comfort during radiotherapy				
Recommendation 20. When considering the design of new clinical spaces and support accommodation, or the adaption of any existing facilities, the multidisciplinary design team should include any users of the space (page 56). Multidisciplinary design team includes professionals Multidisciplinary design team includes patient representatives	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	
Recommendation 21. Supported coping strategies are not a one-size-fits-all solution. Different strategies may be more effective for different individuals and situations. Health professionals should explore what options optimally suit patients so as to maximise comfort and safety throughout radiotherapy treatment (page 60)	☐	☐	☐	
Recommendation 22. Healthcare professionals should actively assess patient comfort at the initial planning scan to allow patients to be comfortably supported throughout radiotherapy treatment, accommodating pre-existing health conditions and amend positioning and immobilisation when required (page 61)	☐	☐	☐	
Monitoring early and late effects of radiotherapy				
Recommendation 23. Early and late radiotherapy adverse effects should be audited both locally by radiotherapy providers, and nationally by the relevant professional bodies (RCR, SCOR) to inform practice (page 66)				

Recommendation (with associated page numbers from ASR)	**Fully met**	**Partially met**	**Non-compliant**	**Supporting evidence**
Early and late radiotherapy adverse effects audited locally	☐	☐	☐	
Recommendation 24. Tumour-site-specific radiotherapy protocols for patient review should outline how and where review outcomes should be recorded (page 67)	☐	☐	☐	
Recommendation 26. Tumour-site-specific protocols for patient review should include details of the components of pre-radiotherapy (baseline) assessments required (page 68)	☐	☐	☐	
Recommendation 27. Tumour-site-specific protocols and resources for patient review should include details of the nature and frequency of adverse events and assessments required for monitoring during and after radiotherapy (page 68)	☐	☐	☐	
Recommendation 29. Radiotherapy providers should have procedures and resources in place to manage concerns identified as part of patient review (page 70)	☐	☐	☐	

Recommendation for national implementation (with associated page numbers from ASR)	**Participating**	**Not participating**	**Supporting evidence**
Recommendation 23. Early and late radiotherapy adverse effects should be audited both locally by radiotherapy providers, and nationally by the relevant professional bodies (RCR, SCOR) to inform practice (page 66) Participation in national audit on early and late radiotherapy adverse effects	☐	☐	
Recommendation 25. To improve future identification of patients with radiotherapy late adverse clinical effects, national resources should be provided to allow key stakeholders; service users, radiotherapy providers, primary care providers, cancer charities and cancer alliances, to collaborate at a national level to develop coordinated systems for recording and coding patient radiotherapy late adverse clinical effects that are accessible to key care providers including specialist late effects centres (page 67)	☐	☐	
Recommendation 28. Key stakeholders, service users and providers should collaborate to support development and validation of national tumour-site specific PROMs for radiotherapy adverse effects. There should be alignment between items included in these PROMs and national patient consent forms (page 69)	☐	☐	
Recommendation 30. Key stakeholders, service users and providers should collaborate to support development of national training and resources for patients and healthcare professionals on recording and responding to patient-reported outcome data (page 72)	☐	☐	

About the UK Health Security Agency

The UK Health Security Agency (UKHSA) prevents, prepares for and responds to infectious diseases, and environmental hazards, to keep all our communities safe, save lives and protect livelihoods. We provide scientific and operational leadership, working with local, national and international partners to protect the public's health and build the nation's health security capability.

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