

Inspection Summary Report

Diagnostic Imaging Department, Glangwili
General Hospital, Hywel Dda University Health
Board

Inspection date: 15 and 16 November 2022

Publication date: 16 February 2023



This summary document provides an overview of the outcome of the inspection



Patients provided positive feedback about their experiences of attending the Diagnostic Imaging Department at Glangwili General Hospital.

We identified improvement was needed to comply with the Ionising Radiation (Medical Exposure) Regulations 2017. This was mainly in relation to including more detail within the employer's written procedures.

Senior staff had already identified some improvement was needed through their own processes and were taking action to address this.

Staff we spoke to demonstrated they had the correct knowledge and skills to undertake their respective roles within the department. However, improvement was needed to clearly demonstrate when they have attended training, been assessed as competent and to show their scope of practice

While feedback from staff was generally positive, there were negative responses and comments received.

Note the inspection findings relate to the point in time that the inspection was undertaken.



What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced Ionising Radiation (Medical Exposure) Regulations inspection of the Diagnostic Imaging Department at Glangwili General Hospital, Hywel Dda University Health Board on 15 and 16 November 2022.

Our team for the inspection comprised of two HIW Senior Healthcare Inspectors and a Senior Clinical Diagnostic Officer from the Medical Exposures Group (MEG) of the UK Health Security Agency (UKHSA), who acted in an advisory capacity. The inspection was led by a HIW Senior Healthcare Inspector.

This summary version of the report is designed for members of the public.

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).



Quality of Patient Experience



Overall Summary

Patients provided positive feedback about their experiences of attending the Diagnostic Imaging Department at the hospital.

We saw staff being kind and caring to patients and treating them with respect. We also saw suitable arrangements were in place to promote the privacy and dignity of patients when they were having their X-ray.

Relevant information was made available to patients about their procedure and we saw the use of the Welsh language was well promoted within the department.

We found suitable arrangements were in place for patients to provide feedback of their experiences. We also saw information was displayed on how the department had acted on feedback received.

Where the service could improve

- Arrangements need to be made to improve the provision of relevant health promotion material in the department for patients to see
- The print quality of appointment letters needs to be improved and consideration should be given to increasing the size of the text used so they can be easily read by patients.

What we found this service did well

- Patients provided positive feedback about the service they had received from the staff
- The 'Active Offer' was well promoted within the department
- Information on 'Putting Things Right' was available in a range of formats
- High backed chairs were available in the waiting room to promote patient comfort and assist patients with mobility difficulties
- Information was displayed on how the department had acted on patient feedback.

Patients told us:

“The service provided was excellent.”

“I think for a busy service all is ok.”

“No recommendations as service already good.”

“Excellent service.”

“... the service I had there [abroad] was appalling, the NHS in Wales was fantastic, I know there are problems but the care I had was wonderful.”

We asked what could be done to improve the service. Patients told us:

“Waiting times could be improved but everything else was very good.”

“...It would take a lot more time and resources than is available here.”

“Better signposts.”

“Shorter waiting times once checking in for an appointment.”

“Make sure all patients wear a mask.”

Delivery of Safe and Effective Care



Overall Summary

We identified improvement was needed to comply with the Ionising Radiation (Medical Exposure) Regulations 2017. However, we acknowledge that senior staff had identified some improvement was needed through their own processes and were taking action to address this.

We saw the environment was clean, and appropriate arrangements were in place to promote effective infection prevention and decontamination within the department.

Staff we spoke to were aware of the health board's policies and procedures in relation to safeguarding. Staff could describe the actions they would take should they have a safeguarding concern.

Where the service could improve

- A number of the employer's written procedures need to be revised so they include further details, they reflect national guidance and so they support staff with clear procedures to follow
- IR(ME)R compliance audits need to clearly demonstrate suitable and timely action has been taken in response to findings
- Action needs to be continued to ensure the employer's written procedure is adhered to by entitled referrers making a referral prior to exposures performed during surgical theatre cases.

What we found this service did well

- Image Optimisation Teams were being established and a Computerised Tomography (CT) User Group had been established to optimise and standardise protocols
- Dose audits were being carried out to establish local Diagnostic Reference Levels
- Current patient contact shielding guidance had been implemented.



Quality of Management and Leadership

Overall Summary

The Chief Executive of the health board was the designated employer under IR(ME)R and clear lines of reporting and responsibility were described and demonstrated.

Feedback from staff was generally positive. However, there were negative responses and comments from staff mainly in relation to staffing, the rota/shift pattern, management and staff relations and management not acting on staff concerns reported to them.

Staff we spoke to demonstrated they had the correct knowledge and skills to undertake their respective roles within the department. However, we identified improvement was needed around the completion of the matrix maintained by the department to show the dates when duty holders have completed IR(ME)R related training and have been assessed as competent, and to show their scope of practice. The department's compliance with the health board's mandatory training also needed to be improved.

We also identified improvement was needed around the ratification process for locally produced documentation to ensure information was consistent with that in the employer's written procedures.

Where the service could improve

- Arrangements need to be made to clearly demonstrate when duty holders have attended training and been assessed as competent and to show their scope of practice
- The ratification process for locally produced documentation needs to be improved to ensure information does not conflict with the employer's written procedures
- Arrangements need to be made to ensure staff are aware of the current written examination protocols to be used
- Action needs to continue to improve compliance with mandatory training
- The health board needs to take action to address the less favourable comments highlighted within the 'Quality of Management and Leadership' section of this report.

What we found this service did well

- Feedback from staff indicated there were opportunities for professional development
- The management team demonstrated a commitment to learn from HIW's inspection findings and make improvements where needed.

Staff told us:

Staff provided us with the following comments:

"The team of band 5s and 6s are all lovely and this department has the potential to be a great place to work."

"Absolutely unhappy place and would not recommend to anyone to come here."

"The department has struggled over the last two years with staffing. At times the staffing levels have been unsafe."

"The team ... rose to the challenge, however difficult the climate has been, they have managed to provide a good service to patients."

"Manage Rota's better to enable adequate numbers of staffing at all times so workload is shared across the team..."

"The situation has improved recently with the addition of overseas staff. There is a shortage of UK radiographers which is especially felt in the west of Wales with our rurality."

"There is not enough open communication/regular feedback or face to face team updates to allow staff to feel appreciated and heard."

"weekly feedback has improved communication"

When asked what could be done to improve the service, staff told us:

"Perhaps more communication would help across all areas of the NHS - it feels like everyone is working hard, but there needs to be smarter thinking to try and make things more efficient. Departments do not necessarily talk to each other about what goes on in their own departments and therefore they do not know how best to help each other or indeed for the patient."

"More available x-ray rooms to lessen patient waiting times and workload on staff."

"Longer appointment slots to allow for good patient care and best clinical practice, also less stressful for staff"

Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition, we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

