

Inspection Summary Report

Cardiac Catheterisation Laboratory
and Interventional Hybrid Theatre,
Glan Clwyd Hospital, Betsi Cadwaladr
University Health Board

Inspection date: 4 and 5 May 2022

Publication date: 8 August 2022



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



Provide a high level summary here

Overall, from the evidence we examined, we found that compliance with IR(ME)R 2017 was very good.

Policies and written procedures required under IR(ME)R 2017 were available and up to date. These helped the department to comply with the requirements of the regulations as they apply to radiology.

Patients who completed the survey were positive about their experiences whilst in the department.

Discussions with managers and department staff throughout our inspection provided assurance that arrangements were in place to ensure examinations were being undertaken safely in line with IR(ME)R.

Some areas for improvement were identified.

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 Cardiac Catheterisation Laboratory (cath lab) and Interventional Hybrid Theatre, Glan Clwyd Hospital, Betsi Cadwaladr University Health Board on 4 and 5 May 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) at 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

- Responses from patients indicated that they were very satisfied with the service provided by staff within the department
- Arrangements were in place to promote the privacy and dignity of patients. Staff treated patients in a kind and respectful manner
- There were suitable arrangements in place to meet the communication needs of patients attending the department.

What we found this service did well

- Well maintained environment with good signage
- Very positive patient experience comments
- Good promotion of the Welsh language with signage and staff able and willing to speak Welsh to patients.

Where the service could improve

- Improve the patient feedback process.

Patients told us:

Patients provided us with the following comments:

“The environment is relaxed with noise levels quite low. My only criticism is the air conditioning is providing cold air making the area around the beds uncomfortably cool.”

“Very friendly and efficient staff made the process more relaxed than it could have been.”

“It was excellent, and everyone made me feel comfortable.”

“The medical team were outstanding, providing a professional and caring approach to their procedures and my care.”

Delivery of Safe and Effective Care



Overall Summary

- We found that compliance with IR(ME)R 2017 was very good from the evidence available and discussions undertaken with staff
- This included staff awareness of their IR(ME)R duty holder roles and responsibilities
- We found arrangements were in place to provide patients visiting the department with good, safe and effective care
- Information provided indicated that appropriate arrangements had been implemented by the service to ensure there was an effective clinical audit programme in place
- The level of Medical Physics Expert (MPE) involvement was also considered to be very good
- Policies and written employer's procedures required under IR(ME)R were available
- These would benefit from some updating and ensuring that the requirements under IR(ME)R are fully covered for both the cath lab and interventional hybrid theatre
- We identified some areas for improvement including the need to ensure pregnancy checks were carried out appropriately and that these checks were documented.

What we found this service did well

- The level of MPE support evident in all areas
- Establishment of image optimisation teams with the intent to set this up in cardiology
- High standard of clinical auditing with results shared with staff and improvements implemented, where appropriate
- Clinical audit including the reference to audits across the health board.

Where the service could improve

- Improve the content of the employer's procedure on pregnancy checks to clearly establish how pregnancy checks are recorded in each area
- Ensure consistent documentation of the pregnancy checks on the relevant systems

- Formally entitle cardiac nurse advanced practitioners as non-medical referrers
- Include relevant references to the cath lab and interventional hybrid theatre throughout the employer's procedures
- Change the dignity curtains in the day unit in a timely and appropriate manner.

Patients told us:

Patients provided us with the following comments:

“Interventional radiology were absolutely brilliant, I rang up ... and they saw me the same day.”

“The staff were so friendly and made me very relaxed ... [they] waited for me to get ready to go with them ... I did not feel rushed at all.”

Quality of Management and Leadership



Overall Summary

- A management structure with clear lines of reporting and accountability was described and demonstrated
- The department was being well managed and comments from staff indicated that they felt supported by senior staff within the department
- It was clear from our inspection that there was a good rapport between department staff and senior managers
- Employer's procedures as required under Schedule 2 were generally of a good standard. Some needed to be updated and reviewed.

What we found this service did well

- Clear management and leadership
- Annual renewal of entitlement letters outlining scope of practice
- Completing all mandatory training.

Where the service could improve

- Ensuring that all procedures and protocols have a consistent version control and are reviewed in a timely manner
- All unintended exposure, error, near miss or incident are reported by staff
- That staff feel secure raising concerns about unsafe clinical practice and that they would be confident that their concerns would be addressed.

Staff told us:

Staff provided us with the following comments:

“A really friendly supportive culture from my experience...”

“I have to say this is the best place I have worked; staff and management are very supportive.”

“... I have really enjoyed the patient focused culture and the staff supporting each other to get all the work done.”

“Lone working overnight in an isolated department. With some of the poorest patients in the hospital coming for scans frequently with untrained members of staff. I feel very vulnerable in these situations.”

“The department within which I work is a fantastic place to work with cohesive teamwork, enthusiastic and dedicated leads. My colleagues are brilliant to work alongside. However, I think the organisation at large is under resourced in every way, most notably is the lack of staff and beds, which creates immense relentless pressure and stress on a daily basis.”

“Even though everyone does the job to the best of their ability, following the best practices and never forgetting good patient care, it is quite challenging to carry on when the team is so short staffed.”

“More staff would improve the service by preventing staff burn out and retaining 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 health board to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the health board 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 health board to confirm action has been taken in line with management responses documented in the improvement plan. We also ask health boards to provide documented evidence of action taken and/or progress made.

