

Inspection Summary Report

Nuclear Medicine Department, Velindre Cancer
Centre, Velindre University NHS Trust

Inspection date: 14 and 15 June 2022

Publication date: 21 September 2022



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



Overall, from the evidence we examined, we found that compliance with IR(ME)R 2017 was 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 applied to the department.

Patients who completed the survey were very 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 Nuclear Medicine Department, Velindre Cancer Centre, Velindre University NHS Trust on 14 and 15 June 2022.

Our team for the inspection comprised of two HIW Senior Inspectors and a Senior Clinical Officer from the Medical Exposures Group (MEG) of the UK Health Security Agency (UKHSA), who acted in an advisory capacity. As part of this inspection, an additional Senior Clinical Officer was also present to observe, as part of the peer review programme within MEG. 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

There was very positive feedback provided by patients about their experiences when attending the department.

We saw that arrangements were in place to promote privacy and dignity of patients and found that staff treated patients in a kind, respectful and professional manner.

Information provided indicated that there were adequate arrangements in place to meet the communication needs of patients attending the department. The setting could improve these arrangements further by providing patients with the 'active offer'.

What we found this service did well

- Well maintained environment with good signage
- Very positive patient experience comments
- A number of communication tools were available to help people with difficulties in communication.

Where the service could improve

- To provide more information on the 'active offer'
- The process in place to inform patients of the results of the patient experience feedback collected.

Patients told us:

“Everything was spot on, no improvements needed. Staff are fab, caring and supportive.”

“Velindre offer the best service anyone [with] cancer could wish for.”

“Excellent service. I can’t think of any areas which require improvement.”

“Very good service all round.”

“My care and service [were] very efficient.”

Delivery of Safe and Effective Care



Overall Summary

There was good compliance overall with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R). We found arrangements were in place to provide patients visiting the Nuclear Medicine Department with safe and effective care.

Information provided indicated that appropriate arrangements had been implemented by the service to allow for effective infection prevention and control within the department.

We identified some areas for improvement including the need to improve the robustness of electronic referrals, the Medical Physics Expert (MPE) support in the short and medium term and the risk assessment of the general area.

What we found this service did well

- All staff understood their roles under IR(ME)R
- Local DRLs were established at or below national DRLs
- Isostock system, with clear records and double checking of dose entries to minimise risk and audit easily.

Where the service could improve

- Operating at levels of MPE support that are consistent with national guidance
- Formalising the clinical audit programme
- Having a study of the risk associated with the therapies to consider accidental and unintended exposures.

Patients told us:

“Staff at this hospital are fabulous, caring and friendly, and very reassuring to nervous patients.”

“All staff made my treatment and care feel amazing. Nothing was too hard for them. Thank you.”

“All staff I have encountered during ... visits have been courteous, supportive and reassuring. I could not ask for any better treatment - I'm very grateful.”

“Everyone I came into contact with [was] very polite, helpful and professional.”

“Lovely staff, I was made to feel really relaxed.”



Quality of Management and Leadership

Overall Summary

There was a management structure with clear lines of reporting in place. There were effective governance arrangements in place to support ongoing regulatory compliance. We found visible and supportive leadership being provided within the department.

Staff demonstrated they had the correct knowledge and skills to undertake their respective roles within the department.

Some issues were identified that needed to be addressed by the employer.

What we found this service did well

- HIW Self-Assessment Questionnaire completed in a timely manner
- Good compliance with staff mandatory training and appraisals
- Good management evidenced.

Where the service could improve

- Need to strengthen accountability by introducing document control onto employer's procedures (Eps) and other documents and protocols
- The competency records to be built into the document quality system to ensure a consistency in their format.

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.

