

# Inspection Summary Report

The Wales Research and Diagnostic  
Positron Emission Tomography  
Imaging Centre (PETIC), Cardiff  
University

Inspection date: 12 and 13 July 2022

Publication date: 12 October 2022



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



Overall, from the evidence we examined, we found that compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER) was good.

Patient feedback about their experiences when attending the department was very positive.

We found that staff treated patients in a kind, respectful and professional manner. Additionally, arrangements were in place to provide patients visiting the department with safe and effective care.

There were appropriate arrangements in place to allow for effective infection prevention and control within the department

Effective governance arrangements were in place to support ongoing regulatory compliance. There was 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 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 Wales Research and Diagnostic Positron Emission Tomography Imaging Centre (PETIC), Cardiff University on 12 and 13 July 2022.

Our team for the inspection comprised of two HIW Senior Healthcare 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. 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

- Comments received from patients confirmed they were highly satisfied with their experience of visiting the department
- Staff placed an emphasis on promoting the privacy and dignity of patients
- Well maintained environment with good signage.

## Where the service could improve

- Need to provide patients with the 'active offer to encourage patients to ask to speak to someone in Welsh
- Displaying a board with the results, comments and actions from feedback.

**Patients told us:**

*“The setting today was outstanding; staff were courteous and efficient.”*

*“Staff very friendly and professional.”*

*“The service I have received has been excellent.”*

*“Excellent service. Staff amazing.”*

*“Friendly staff. Reassuring.”*

*“... made to feel welcomed and cared for.”*

# 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 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.

## What we found this service did well

- Effective use of Q-Pulse, the quality management software, to manage employer's procedures and work instructions
- Good levels of consultant and medical physics expert (MPE) support
- Training provided for operators and practitioners
- Ensuring doses for diagnostic procedures are as low as reasonably practicable
- Practitioners and MPE involved in setting diagnostic reference levels, below the national levels.

## Where the service could improve

- Provide full information on the entitlement process for referrers and operators
- Include dose information in referral guidelines
- Ensure that audits completed by clinicians, particularly those outside the PETIC are fed into the audit programme and the results to enhance the service provided.

### Patients told us:

*"I was kept fully informed throughout the procedure and made to feel at ease throughout..."*

*"Procedure explained. Very pleasant, helpful staff."*

*"Very friendly staff who explained each step. A pleasant experience."*



# 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
- Staff were also positive in the questionnaire with their comments about the quality of care they gave to patients and recommending their organisation as a place to work.

## 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

- Ensure all required procedures are in place and then review this information to ensure everything is included from the SAF.

**Staff told us:**

*“Open and positive culture regarding incidents and learning from near misses.”*

*“A new scanner is required to increase scanning capacity. The existing scanner has a limited capacity and the facility is operating at full capacity. Funding has been secured and being procured.”*

*“Streamline excessive documentation, increase staffing levels.”*

*“Good level of training is provided within this facility and external training opportunities are actively encouraged by the director of the facility.”*

*“PETIC is staffed by excellent, caring staff who are a pleasure to work with.”*

*“As somebody new to PETIC, I am impressed by the focus on continual improvement and commitment to providing a good quality service for the benefit of the patient.”*



## 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.

