

Inspection Summary Report

Diagnostic Imaging Department, Princess of
Wales Hospital, Cwm Taf Morgannwg University
Health Board

Inspection date: 27 and 28 September 2022

Publication date: 29 December 2022



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

Digital ISBN: 978-1-80535-197-9
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Patients provided positive feedback about their experiences of attending the Diagnostic Imaging Department at the Princess of Wales hospital.

Overall, we identified good compliance with The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R 2017. Some improvement was needed to fully comply with the Regulations.

Suitable arrangements were in place to provide patients with safe and effective care. We saw the environment was clean, and there were appropriate arrangements to promote effective infection prevention and decontamination within the department. However, we required the health board to take immediate action to improve staff training compliance in relation to mandatory resuscitation training and moving and handling training to further promote patient safety.

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.

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

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 the Princess of Wales Hospital, 27 and 28 September 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

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

We saw suitable arrangements were in place to promote the privacy and dignity of patients and found staff treated patients with respect and kindness.

Relevant information was made available to patients about their examination and we saw the use of the Welsh language was promoted within the department. However, staff need to ensure that patients have read and understood the information displayed on the benefits and risks of having an exposure.

While arrangements were in place for patients to provide feedback about their experiences, senior staff expressed difficulty in accessing this.

What we found this service did well

- Patients provided very positive feedback about the service they had received and the approach of the staff
- Information for patients was displayed on the approximate waiting time to be seen and advised patients to speak to staff if they had not been seen within a certain time
- Efforts were made to promote the Welsh language.

Where the service could improve

- Staff need to confirm with patients they have read and understood the information displayed in the department on the benefits and risks of having an exposure
- Arrangements need to be made to allow relevant staff to have timely access to patient feedback.

Patients told us:

“Excellent staff throughout. Very impressive efficiency and care.”

“Staff achieved excellent balance between professionalism and friendliness.”

“Felt very relaxed and respected.”

“All staff are very lovely.”

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

“Age of building - looks tired.”

“Check pre-procedure print outs are always legible.”

“It is fine the way it is.”

“Great service and care.”

Delivery of Safe and Effective Care



Overall Summary

Overall, we identified good compliance with The Ionising Radiation (Medical Exposure) Regulations 2017. We also found suitable arrangements were in place to provide patients attending the department with safe and effective care.

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.

What we found this service did well

- Local Diagnostic Reference Levels had been established and these were below National Diagnostic Reference Levels

- Protocols were well written, but consideration needs to be given to developing separate paediatric protocols
- We saw good records had been maintained for quality checks of ionising radiation equipment and a comprehensive quality check handbook was available for the department to use
- A good range of both IR(ME)R audits and clinical audits were included in the audit programme.

Where the service could improve

- Some of the employer's written procedures need to be revised so they include further details, they reflect national guidance and to support staff with clear procedures to follow
- Delegated Authorisation Guidelines (DAGs) need to be revised so they follow a consistent format and updated to include sufficient details
- The process of informing GPs of their entitlement and scope of practice needs to be demonstrated
- The action plans produced following outcomes of investigations of incidents should include more details.

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.

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

Feedback from staff was generally positive. However, there were negative responses and comments from staff mainly in relation to staffing levels and a perceived disconnect between senior management and staff.

Training records for staff, in relation to IR(ME)R, showed staff had completed training relevant to their area of work and had their competency assessed. However, it was not always clear when staff had completed their training as two dates were recorded. In addition, there was no evidence of refresher training being completed.

Information provided to HIW confirmed that compliance with mandatory training was low, especially for resuscitation and moving and handling.

What we found this service did well

- Feedback from staff indicated their organisation encourages teamwork and is supportive
- In addition, positive feedback was also received from staff regarding their organisation's approach to handling errors, near misses or incidents
- The staff team was flexible and worked hard to ensure patients received their radiological examinations in as timely a way as possible.

Where the service could improve

Immediate assurances:

The health board was required to provide HIW with details of the action taken to:

- Improve staff compliance with resuscitation training and moving and handling training.

In addition to the above immediate assurances, this is what we recommend the service can improve:

- The health board needs to take action to address the less favourable comments highlighted within section 'Quality of Management and Leadership' section of this report
- Action needs to be taken to improve compliance with other mandatory training.

Staff told us:

“Overall it’s a good place to work - lots of us staff work way over our contracted due to staffing shortages, we are paid well but it can be very tiring and busy.”

“There is more of a focus on ‘meeting numbers’ instead of creating an environment that helps staff have a better work-life balance. We have had more staff leaving than we are actually recruiting. Most of the staff here have the same mindset that they no longer want to work here as working conditions [are] very poor.”

“The department has undergone several major building programmes recently which have greatly improved several rooms however there is a continuous neglect of patient areas. These include waiting areas, changing cubicles & toilets - some of which have been within the department since the hospital opened nearly 40 years ago.”

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

“More staff required for the ever increasing workload & continuous training required, this would minimise areas of concern & mean fewer incidents or near misses.”

“Training & development could be improved & progressed in a more appropriate & available manner. This would provide ongoing development for staff within the department, Health Board & within Wales.”

“Management in different modalities being present and available.”

“I wish that the managers actually listen and do something about concerns raised by staff instead of focusing on “meeting the numbers”.

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.

