

Inspection Summary Report

Nuclear Medicine Department, University
Hospital Llandough, Cardiff and Vale
University Health Board

Inspection date: 11 and 12 October 2022

Publication date: 12 January 2023



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



Patients provided positive feedback about their experiences of attending the Nuclear Medicine Department at the University Hospital Llandough.

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

We also found suitable arrangements were in place to provide patients attending the department with safe and effective care. The department was clean, and appropriate arrangements were in place to promote effective infection prevention control and decontamination within the department.

The Chief Executive of the health board was the designated employer under IR(ME)R and clear lines of reporting and accountability 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 unannounced inspection of the Nuclear Medicine Department at the University Hospital Llandough, Cardiff and Vale University Health Board on 11 and 12 October 2022.

Our team, for the inspection comprised of two HIW Senior Healthcare Inspectors and a Scientific Advisor from the Medical Exposures Group (MEG) of the UK Health Security Agency (UKHSA), who acted in an advisory capacity.

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 Nuclear Medicine 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. We also saw considerable efforts had been made to provide a pleasant environment for patients by displaying artwork and pictures throughout the department.

Relevant information was made available to patients both about their examination and the associated benefits and risks.

We saw the use of the Welsh language was promoted within the department. However, appointment letters sent to patients were in English only and the size of the text could make it difficult for some patients to read.

Suitable arrangements were described for patients to raise a concern or complaint about their care. While patients could provide feedback, we were told that since the COVID-19 pandemic, patient feedback had not been routinely obtained.

What we found this service did well

- Patients provided very positive feedback about the service they had received and the approach of the staff
- Artwork and pictures were displayed to provide a pleasant environment for patients
- There was good provision of information for patients displayed within the department.

Where the service could improve

- Arrangements need to be made to make appointment letters bilingual, in both Welsh and English, and consideration should be given to revising the size of text used

- Arrangements need to be made to actively seek feedback from patients about their experiences of visiting the department.

Patients told us:

“The service today has been quick”

“Very happy with the service I received during my appointment...”

“Outstanding care and lovely staff.”

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

“Bigger waiting area”

“The working area was a bit cramped.”

“I would provide a larger premises for staff. They are doing an invaluable job.”

Delivery of Safe and Effective Care



Overall Summary

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

We were assured a third-party agreement for radiation protection services, including Medical Physics Expert (MPE) support, was in place. However, the written agreement provided to HIW showed this had expired in March 2022.

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

What we found this service did well

- Local Diagnostic Reference Levels had been established and these were below National Diagnostic Reference Levels
- Senior staff demonstrated a good understanding of the differences between clinical audit and IR(ME)R audit and we saw improvements had been made as a result of audit activity
- Useful information on infection prevention and control matters and audit results was clearly displayed in the department for patients to see.

Where the service could improve

- Some of the employer's written procedures need to be updated and clearly show when they have been reviewed and the date for next review
- The equipment inventory needs to include all the equipment used in the department
- The third-party written agreement for radiation protection services, including MPE support, needs to show it has been formally renewed and is current
- Consideration should be given to developing written action plans following audit activity to demonstrate an analysis has been done and to capture the action taken/to be taken and follow up activity.

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 accountability were described and demonstrated.

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

Feedback from staff within HIW questionnaires was generally positive.

Training records for staff, in relation to IR(ME)R, were of a consistent format. These showed staff had completed training relevant to their area of work and had their competency assessed.

Information provided to HIW showed very good compliance with the health board's mandatory staff training programme.

What we found this service did well

- The team presented as friendly and promoting a supportive environment for staff to work
- We saw very good compliance with mandatory staff training.

Staff told us:

“The nuclear medicine department provides a high standard of care to all our patients. We are often thanked verbally and received the occasional box of treats from patients. We work well as a small team and part of a wider network with our colleagues at UHW.”

“Nothing to note, largely happy with the working environment and team.”

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

“I believe a few more staff generally would benefit the department greatly.”

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.

