

Inspection Summary Report

Diagnostic Imaging Department, Morriston Hospital, Swansea Bay University Health Board

Inspection date: 20 and 21 February 2023

Publication date: 25 May 2023



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



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

Medical physics experts (MPEs) were available for consultation on all areas and staff were complimentary about their support. Some routine quality assurance performance equipment testing and X-ray dose audits had not been completed in line with the recommended time frames as documented in professional guidance (IPEM 91) due to a lack of medical physics resources. This has been escalated to the executive team, with recommendations for consideration.

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.

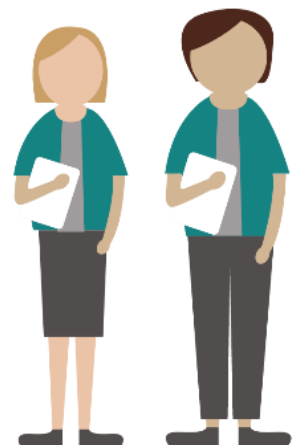
Staff we spoke with demonstrated they had the correct knowledge and skills to undertake their respective roles within the department.



Overall, we identified good compliance with The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R 2017. 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.

Whilst some feedback from staff was positive, there were negative responses and comments received.

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 (IR(ME)R) inspection of the Diagnostic Imaging Department at Morriston Hospital, Swansea Bay University Health Board on 21 and 22 February 2023.

Our team for the inspection comprised of three HIW Senior Healthcare Inspectors, one corporate services officer and two senior clinical officers 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 were suitable arrangements in place to promote the privacy and dignity of patients, and staff treated patients with respect and kindness.

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

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

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

Where the service could improve

- Ensuring appointment letters are bilingual, in both Welsh and English, and consideration should be given to revising the size of text used
- Promoting the availability for patients to speak to staff in Welsh.

What we found this service did well

- There was good provision of information for patients displayed within the department
- Patients provided positive feedback about the service they had received and the respect shown by staff.

Patients told us:

“Service was fast , friendly and efficient”

“Staff very kind and caring”

“The staff were friendly, reassuring and professional”

“The lady and gentleman were really nice”

“Polite staff”

“Very good”

“Very happy with care and outcome of procedure”

Delivery of Safe and Effective Care



Overall Summary

Generally, there was good compliance with IR(ME)R 2017. Written employer's procedures were clear and comprehensive.

There was clear evidence that medical physics experts (MPEs) were available for consultation on all areas and staff were complimentary about their support. However, some routine quality assurance performance equipment testing and X-ray dose audits which are performed by the medical physics service, had not been completed in line with the recommended time frames as documented in professional guidance (IPEM 91) due to a lack of medical physics resources. We were told the lack of resources had been escalated to the Chief Executive.

We also found suitable arrangements were in place to provide patients attending the department with safe and effective care.

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

Where the service could improve

- Mitigating the risk of MPEs not completing the relevant equipment QA performance testing and dose audits
- Ensuring there is sufficient MPE cover for the hospital and the health board in general.

What we found this service did well

- Written employer's procedures were clear and comprehensive
- Patient referral documents were completed comprehensively.

Patients told us:

“Service was first class”

“Very good care”

“I was more than happy with everything”

“Very good”

“Need better signage”

“Busy department”



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 delegation and responsibilities were described and demonstrated.

Staff we spoke with demonstrated they had the knowledge, skills and training required to undertake their respective roles and scope of practice within the department.

Staff training records, competencies, entitlement and scope of practice were clearly documented and linked to the appropriate equipment training records provided. The radiologist's equipment training and entitlement records were noted to be of the same standard as the radiographers.

Whilst feedback from staff was generally positive, there were negative responses and comments from staff. These were mainly in relation to staffing, the rota/shift pattern, management and staff relations and management not acting on staff concerns reported to them.

The department's compliance with the health board's face to face mandatory training requirements needed to be improved.

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:

- Addressing the issues raised by staff in their comments and questionnaire replies, particularly regarding discrimination.

What we found this service did well

- Documenting staff training records, competencies, entitlement and scope of practice.
- Ensuring compliance with online training.

Staff told us:

“Morrison Hospital is very lucky to have a wide range of modalities. I think it would be a good idea for new starters to have a modalities week which includes; cardiac, nuclear med, DSA, MRI, and ultrasound. This helps new starters get an insight into the different departments of radiology in Morrison and how they run, and it could also spark an interest in a modality which they may not have considered before. This in turn could lead to the individual asking to go to said modality if there is enough staff in general x-ray on a particular day/time to learn more about this modality and department.”

“I feel further training with regards to PACS, image transfer, what to do when patients request a copy of their images etc. would be beneficial.”

“The training offered for the ultrasound training is very detailed and well planned out.”

“The only risk for staff performing wrong examinations or accidents with paperwork is the speed of the flow of patients at the time, accidents clerical staff at desk perform, and rushing through other people’s paperwork to complete them so the next patient can be seen to. Simply too busy at times with too little staff.”

“We have experienced staff who have been here a long time starting to leave. Retention of these staff (particularly ones who are experienced) is critical for our NHS to survive.”

“More training on life support and manual handling equipment.”

“I really enjoy the work that I do and love my profession. I pride myself with patient satisfaction and positive feedback in forms of emails and letters support my belief. However, we are constantly being expected to go above and beyond without any respite. it can be devastating to the moral after working on late or helping cover sickness, to be told we need to do more and cover more workload.”

“Staff are feeling that this site is extremely busy and are looking to move to smaller hospitals for a better work life balance. Turnover of staff is higher following the covid pandemic.”

“This department is full of wonderful people committed to patient care and to helping one another. However, it does feel like it is stuck in a time warp with regards to how it runs.”

“Staff are not given any time to complete Mandatory Training. We are aware this happens in other departments. Some staff have completed Mandatory Training at home when on leave.”

“After serious events (e.g. cardiac arrests) a debrief afterwards and availability of further support should be made more known about. “

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

“More staffing across the board - Porters, admin, Radiographers.”

“More staff, better shift pattern so staff are not fatigued when dealing with patients, more staff available for manual handling patients.”

“Regular updates informed verbally and via email to ensure everyone is aware. Regular staff meetings to inform all staff of any new changes or updates. More staff employed to relieve current staff of the working hours they currently do to allow for a better work life balance.”

“Improve staff morale and well-being by having more supportive management.

“Reinstate user group meetings (in Cardiac Catheter Lab) with representatives from all healthcare professions working there.”

“More staff would allow for a 24 hour service that does not break working time directive as it is at the moment. a better work life balance would be fair and overall satisfaction at the workplace will improve moral. The constant pushes from the manager to get us to take on more workload where other sites in the same trust have less workload are not being utilised.”

“There is a lot of demand on this hospital.”

“The ability to off load patients who are in need of care packages to other sites would help the situation.”

“Listen to concerns and ideas generated by frontline staff.”

“More staff. Better patient areas. Expansion outside the hospital rather than redesigning areas within the hospital in the hope it will make things better. More staff. “

“The radiology setting only works thanks to the staff working above and beyond to ensure patients are not left unseen and therefore untreated.”

“Surveys are pointless if the information gained is not acted on.”

“Ensuring that there are enough staff to allow the rota to run effectively and allow additional and required training for 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.

