

Inspection Summary Report

Diagnostic Imaging Department, Nevill Hall
Hospital, Aneurin Bevan University Health
Board

Inspection date: 25 and 26 April 2023

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

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

We identified improvement was needed to comply with the Ionising Radiation (Medical Exposure) Regulations 2017 in some areas. This included referral forms for exposures performed during surgical theatre cases were not being completed by the referrer but were completed by the radiographer contrary to regulations.

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

While feedback from staff was generally 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 conduct Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspections 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 Nevill Hall Hospital, 25 and 26 April 2023.

Our team for the inspection comprised of two HIW Senior Healthcare Inspectors, a HIW Intelligence Manager and a Senior Clinical Diagnostic 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.

Suitable arrangements were in place to promote the privacy and dignity of patients and we saw staff treating patients with respect and kindness.

Information was available to patients on how to provide feedback and how to raise a concern about their care. The results of a recent survey of patients were displayed on a “you said, we did” board.

What we found this service did well

- Patients provided positive feedback about the service they had received and the approach of the staff
- The results of a recent patient survey were posted on a “you said, we did” board
- Efforts were made to promote the Welsh language.

Patients told us:

“The noise protection seemed inadequate.”

“Very helpful and friendly staff at reception and in X-ray department. Well done.”

“The service was very good. I was amazed that I had an appointment at 7.30 on a Sunday evening. Well done for going all out for providing such a great service.”

“Very friendly”

Delivery of Safe and Effective Care



Overall Summary

We found arrangements were in place to promote effective infection prevention and control 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.

There were also positives identified relating to the training and development opportunities available to staff and the work of the oversight groups.

We identified improvement was needed to comply with the Ionising Radiation (Medical Exposure) Regulations 2017 in some areas. This included referral forms for exposures performed during surgical theatre cases were not being completed by the referrer but were completed by the radiographer contrary to regulations. When this was identified by the inspection, the employer issued a letter to instruct all staff to stop this process with immediate effect.

Additionally, some other areas required improvement, relating to pregnancy testing and employer's procedures.

Where the service could improve

- Ensure staff have the appropriate procedure and training to perform pregnancy tests
- Carry out the required changes identified during the inspection process to the employer's procedure.

What we found this service did well

- Staff we spoke with had a clear understanding of their IR(ME)R roles and responsibilities
- Training and development opportunities for staff to become advanced practitioners
- The Diagnostic Reference Level (DRL) groups work on the establishment of local DRLs.



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.

The department's compliance with the health board's face to face mandatory training and appraisals was generally good.

Whilst feedback from staff was generally positive, there were some negative responses and comments from staff that needed to be addressed. These were mainly in relation to staffing numbers, staff support and senior management.

Where the service could improve

- Whilst staff understood the meaning of duty of candour, they had not received the appropriate training
- The health board needs to take action to address the less favourable comments highlighted within the 'Quality of Management and Leadership' section of this report.

What we found this service did well

- The management team demonstrated a commitment to learn from the inspection findings and make improvements where identified
- Staff were confident about raising concerns and staff spoke well when interviewed both in a one-to-one setting and in the department
- The majority of staff had completed over 90% of their mandatory training and appraisals were over 98% completed.

Staff told us:

“Staffing levels have declined over the last few years, adding increased pressures on staff with little support. Progression is minimal, leading to high staff turnover. Resulting in increased training pressures, and no allocated time for this due to reduced numbers of staff. The outcome of this is inadequate training and increased chances of incidents through lack of knowledge.”

“Under pressure to scan too many patients during a 12 hour shift. Not enough breaks. Patients are not cared for and treated like patients. Patients are now seen as no’s/targets. Feels like a production line. Don’t feel valued in work”

“Staff are hardworking and dedicated. Only frustration is in senior management beyond our immediate line manager not being accessible and the feeling of not being listened to.”

We asked staff how the setting could improve the service it provided. Staff suggested:

“More interaction with senior management and staff to address issues. Looking at the ooh rota and lone working and get staff opinion.”

“Building repairs needed, particularly leaking roof. Little career progression opportunities in some modalities.”

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.

