

Inspection Summary Report

Nuclear Medicine Department, Glan Clwyd
Hospital, Betsi Cadwaladr University Health
Board

Inspection date: 16 and 17 May 2023

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

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Arrangements were in place to promote privacy and dignity of patients in the nuclear medicine department within radiology and that staff treated patients in a kind, respectful and professional manner.

Furthermore, there were suitable arrangements in place to provide patients with safe and effective care. The environment was clean and there were appropriate arrangements to promote effective infection prevention and decontamination within the department. However, the location where nuclear medicine therapies were provided needs to be improved.

The information in the employer's written procedures was good and would benefit from shared learning across the three sets of procedures in use.

Staff responses in the survey were generally positive. Staff we spoke with 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 Nuclear Medicine Department at Glan Clwyd Hospital, Betsi Cadwaladr University Health Board on 16 and 17 May 2023. During our inspection we looked at how the department complied with the Regulations and met the Health and Care Quality Standards.

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. 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

Very positive feedback was provided by patients about their experiences when attending the department. However, this was based on only three completed patient questionnaires.

We saw that arrangements were in place to promote privacy and dignity of patients in the nuclear medicine department within radiology and that staff treated patients in a kind, respectful and professional manner.

There were adequate arrangements in place to meet the communication needs of patients attending the department. However, the supporting information sent out with the appointment letters sent to patients were in English only.

There were several members of the department who could speak Welsh, which allowed the service to provide the “Active Offer” to patients in Welsh.

Where the service could improve

- Providing all information to patients bilingually
- Ensure staff have full visibility of patients in the department.

What we found this service did well

- Very positive patient experience comments
- Promote privacy and dignity of patients
- Have in place a number of communication tools to help people with difficulties in communication.

Patients told us:

*“Difficulty parking at the hospital as usual.
Staff were cheerful and professional. Kept me well informed before,
during and after the scan.”*

“Staff were excellent, thank you.”

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.

The information provided relating to employer's written procedures was good and would further benefit from shared learning across the three sets of procedures in use.

The location where nuclear medicine therapies were provided was considered to be not fit for purpose.

Some minor issues were identified to improve compliance with IR(ME)R 2017.

Where the service could improve

- The area where nuclear medicine therapies were given
- Shared learning and shared information between the three sets of employer's procedures relating to nuclear medicine, medical physics and radiopharmacy.

What we found this service did well

- All staff understood their roles under IR(ME)R
- Compliance with IR(ME)R 2017 regulations
- Effective IPC
- Written employer's procedures.



Quality of Management and Leadership

Overall Summary

The management structure had clear lines of reporting with effective governance arrangements in place to support ongoing regulatory compliance. Visible and supportive leadership was evident within the department.

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

Staff feedback provided in the questionnaires was generally positive, with some mixed responses in certain areas.

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. They should be reviewed annually.

Where the service could improve

- Review the records of entitlement and training annually.

What we found this service did well

- Compliance with mandatory training records for staff was good
- A 100% compliance with annual appraisals
- Visible effective management with positive engagement with the inspection process.

Staff told us:

“I’m very proud to work in this department. I look forward to coming to work, knowing that we, as a team, do our utmost to ensure that our patients are dealt with in a friendly, welcoming and understanding manner. We have received many cards, chocolates and messages of thanks from patients over the years, and this solidifies my belief that we are providing an excellent service.”

“The isolator and Rp area needs some updating. We need more technicians to work in Rp area, and support staff. Often need more time in there.”

“Staffing is not very robust within certain areas of the department, creating difficulty during periods of annual leave and sickness which leads to lone working at times. We will be training staff in the near future but it will be some time before we have a robust staffing model. However this is my only criticism and I enjoy working here, immediate management very supportive and I believe we offer a great service to our patients.”

“Waiting lists for services are ridiculous, vascular, surgery and orthopaedics. More needs to be done to improve outpatient clinics, currently several different clinics in one area so not enough rooms for staff to see pts, leading to long clinic overruns, not fair to pts or staff. Number of pt DNA’s is ridiculous and not helped by central booking as can’t give a new appt at time if cancelling or wanting to change. Clinics are often overbooked with little regard for staff running the clinics.”

“Staff work ethic is very good but at times of sustained staff shortages it gets challenged and morale declines. Investment in staff recruitment and training is essential for service sustainability.”

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.

