

# Inspection Summary Report

Radiotherapy Department, Velindre Cancer  
Centre, Velindre University NHS Trust

Inspection date: 10 and 11 May 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 Radiotherapy Department at the Velindre Cancer Centre. While efforts were made to protect patients' privacy and dignity, we did identify improvement was needed in the area used for Brachytherapy.

We identified very good compliance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017, with few areas for improvement.

Staff we spoke with demonstrated a good understanding of their duty holder roles and responsibilities under IR(ME)R 2017.

Staff provided mixed feedback about working for the organisation.

Staff training records in relation to IR(ME)R were complete and comprehensive. We also saw good staff compliance with mandatory training.

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 inspection of the Radiotherapy Department at Velindre Cancer Centre, Velindre University NHS Trust on 10 and 11 May 2023.

Our team for the inspection comprised of two HIW Senior Healthcare Inspectors, a HIW Healthcare Inspector and a Specialist Radiation Protection Scientist 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 Radiotherapy Department at the hospital. They also told us they had been involved as much as they had wanted to be in decisions about their treatment.

We found staff were courteous to patients and they made efforts to protect patients' privacy and dignity. We also found care and treatment was provided to patients in a way that protected and promoted their rights.

Information available within the department was generally available in English only. However, the Trust had a website where patients with access could find information in both Welsh and English.

## Where the service could improve

- The Trust is required to provide HIW with details of the action taken to review the area used for Brachytherapy to determine whether further environmental changes can be made to help promote patients' dignity and privacy.

## What we found this service did well

- Patients provided very positive feedback and comments about the service they had received
- We found all staff interacted with patients in a polite and courteous manner
- Generally, the environment and furnishings in the department were well maintained, providing a pleasant environment for patients.

Patients told us:

*“Staff are welcoming, cheerful and reassuring. Staff are patient and kind. The setting is pleasant and user-friendly.”*

*“First rate care and support in every aspect. A credit to the NHS.”*

*“All staff (including the ladies on reception) foster an atmosphere in which patients (often new to treatment or distressed because of their situation) are put at ease and reassured. This encourages patients to speak to each other, offer encouraging advice etc.*

*Every act of patience or kindness has a beneficial effect somewhere along the line. Commendable.”*

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

*“Where the treatment takes place is very dull not painted nicely like the corridors or toilets etc. The radiotherapy rooms are very yellow and run down in colour which makes the experience a little dull at times.”*

*“...THE GOWNS. These are ridiculously ill fitting. I have been resigned to wearing a vest top, which is indeed far easier. The majority of them are far too small.”*

*“It would be useful to understand in more detail how the treatment works, more detail about side effects and post treatment care. The telephone review process is ok but would have preferred a face-to-face meeting. Delays to treatment are not really explained and this affects pre-treatment preparation.”*

# Delivery of Safe and Effective Care



## Overall Summary

We found very good compliance with The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

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

## Where the service could improve

- The employer is required to provide HIW with details of the action taken to better reflect the referral guidelines for the range of exposures performed at the department in the joint protocols, taking into account relevant guidance
- The employer is required to provide HIW with details of the action taken to better reflect the governance arrangements for research trials in the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R 2017 in Radiotherapy document
- The employer is required to provide HIW with details of the action taken to show the rationale where a decision is made to delay annual equipment checks.

## What we found this service did well

- The documents provided to HIW as part of the inspection showed a good understanding of the IR(ME)R requirements
- Very good arrangements were described and demonstrated in relation to the management of accidental and unintended medical exposures
- Very good arrangements were described for the optimisation of Computerised Tomography (CT) and Cone Beam Computerised Tomography (CBCT)
- We saw patient choice was promoted around the use of masks and other personal protective equipment (PPE) in relation to COVID-19.



# Quality of Management and Leadership

## Overall Summary

The Chief Executive of the NHS Trust was the designated employer under IR(ME)R and clear lines of reporting and accountability were described and demonstrated. Interim arrangements were in place for two key management positions.

Staff provided mixed feedback about working for the organisation.

We saw training records in relation to IR(ME)R were complete and comprehensive. However, documentation we reviewed showed that not all the Clinical Oncologists had confirmed they had read the employer's written procedures.

Suitable arrangements were in place for patients and their carers to provide feedback about their experiences. However, feedback from patients showed they did not always know how to make a complaint.

## Where the service could improve

- The Trust is required to provide HIW with details of the action taken to address the less favourable staff comments described in this report
- The Trust is required to provide HIW with details of the action taken to recruit to the Clinical Lead, Professional Lead, Radiotherapy Services Manager and Deputy positions
- The employer is required to provide HIW with details of the action taken to show Clinical Oncologists have read the employer's written procedures
- The Trust is required to provide HIW with details of the action taken to improve staff awareness of the system for seeking patient feedback
- The Trust is required to provide HIW with details of the action taken to improve the amount of information displayed or available, so patients know how to make a complaint and are aware of other organisations they may contact for help and advice.

## What we found this service did well

- The management team demonstrated a commitment to learn from HIW's inspection findings and make improvements where needed

- The staff team was committed to providing a good service and were patient focussed
- There was good staff compliance with mandatory training and training records in relation to IR(ME)R were complete and comprehensive.

**Staff told us:**

*“We do manage well as a team regardless of the time pressures, workload and staff shortages. But each week the stress of work is increasing due to the number of patients, reduced staff and not enough scanners.”*

*“At this point in time staff morale is at an all time low, and many staff are reaching the point of burnout. Staff are under incredible stress, pressure and worry as there are huge capacity issues in conjunction with staffing issues. Staff do not feel supported at this time and are being worked to breaking point in order to meet patient demands. Staff are on a regular basis working overtime to treat patients due to delays throughout the day, causing increased tiredness and stress for staff. This is also having huge impacts on staffs' work/life balance...”*

*“Staff really care about the service they provide for patients and always try to go above and beyond - this is evidenced in the feedback patients give us verbally about their treatment and care.”*

*“I think leadership/management for our med phys department is very strong. Managers are approachable, easy to communicate with and are fair in decisions they make. I enjoy working here and feel like I'm supported well to do my job. That being said, I do think our department is over-worked and I think this increases staff stress and could cause risks/delays to patient treatment...”*

*“Staff are made to feel unappreciated. Whenever change is required e.g. extending working days due to capacity, it is suggested staff are involved but ultimately never listened too - management make decisions without caring and there is no empathy or thought to the effect it has on staff...”*

*“It often feels that the organisation's primary focus is reaching targets and numbers of patients without considering the impact on patient care as pushing capacity is resulting in poor patient experience due to long waiting times and machine breakdowns.”*



## 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 service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service 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 service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

