

Inspection Summary Report

Nuclear Medicine Department and
Mobile PET-CT Unit, Singleton Hospital,
Swansea Bay University Health Board
Inspection date: 10 and 11 October 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 Nuclear Medicine Department or the mobile PET-CT unit.

We found staff treated patients with courtesy, respect and kindness. We also found staff provided care in a way that protected and promoted patients' rights.

We found good compliance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017, across the Nuclear Medicine Department and the mobile PET-CT unit. Where we identified improvement was needed, this was generally to make written procedures clearer and to reflect the working arrangements described by senior staff.

The PET-CT service was provided on behalf of the health board by an independent healthcare provider, using a mobile unit that regularly visited the hospital site. An effective working relationship between the health board and the independent provider was described and demonstrated.

Feedback from staff was generally positive around the leadership and management of the organisations they worked for.

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 and the mobile PET-CT unit at Singleton Hospital, Swansea Bay University Health Board on 10 and 11 October 2023.

Our team for the inspection comprised of two HIW Senior Healthcare Inspectors and two Scientific Advisors 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 Nuclear Medicine Department or the mobile PET-CT unit.

We found staff treated patients with courtesy, respect and kindness. Feedback from patients also supported this. We also found staff provided care in a way that protected and promoted patients' rights.

Patients told us they had been provided with sufficient information and had been involved as much as they had wanted to be in their care.

Where the service could improve

- The health board needs to make relevant health promotion material available to patients attending for a PET-CT scan
- The health board needs to encourage Welsh speaking staff to wear badges or lanyards to show they are happy to communicate in Welsh
- The health board needs to make staff aware they should always ask patients their preferred language they wish to use to communicate.

What we found this service did well

- Patients provided positive feedback and comments about the attitude and approach of the staff looking after them
- Patients told us they didn't have to wait long for their examination or scan

Patients told us:

"Staff were helpful and friendly and put me at my ease, making the experience easier"

"Friendly and attentive staff, clean and new facilities"

Delivery of Safe and Effective Care



Overall Summary

We found good compliance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017, across the Nuclear Medicine Department and the mobile PET-CT unit.

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

Where the service could improve

- The employer for the Nuclear Medicine Department and the employer for the mobile PET-CT unit need to review and update some of their written procedures to make them clearer and to reflect the working arrangements described
- The employer for the Nuclear Medicine Department needs to make arrangements to clearly show the outcome of clinical audits, the actions to be taken, the person responsible and the date for completion
- The employer for the mobile PET-CT unit needs to make arrangements to carry out clinical audit as defined by IR(ME)R 2017
- The employer for the mobile PET-CT unit needs to ensure the equipment inventory contains all the information required by IR(ME)R 2017.

What we found this service did well

- Senior staff working for the Nuclear Medicine Department provided good examples of clinical audit and we saw a good example of optimisation for parathyroid examinations as a result of audit activity
- Senior staff for the mobile PET-CT unit provided good examples of learning from incidents and 'near-misses'.



Quality of Management and Leadership

Overall Summary

Swansea Bay University Health Board did not have its own facilities to provide a PET-CT service. This was provided on behalf of the health board by InHealth, an independent healthcare provider, using a mobile PET-CT unit that regularly visited the hospital site.

The Chief Executives of both organisations were the designated employers under IR(ME)R 2017. Clear lines of reporting and accountability were described and demonstrated during the inspection. However, the governance document setting out the working and governance arrangements would benefit from being reviewed to accurately reflect those described.

Feedback from staff was generally positive around the leadership and management of the organisations they worked for.

Where the service could improve

- The employer for the Nuclear Medicine Department and the employer for the mobile PET-CT unit need to make arrangements to demonstrate staff remain competent to carry out their duty holder roles
- The health board needs to make arrangements to show how patient feedback has been used to make changes
- The health board needs to make available to patients details of the recourse available, such as the Public Services Ombudsman for Wales and LLAIS, to patients who may raise concerns or complaints about the mobile PET-CT service delivered at the hospital.

What we found this service did well

- Staff feedback was generally positive around the management and leadership of the organisations they worked for
- Suitable and effective arrangements were described for seeking patient feedback, for managing concerns and complaints, and for acting on these to make improvements where needed

- An effective working relationship between the health board and the independent provider was described and demonstrated.

Staff told us:

“I feel we are able to deliver quality and effective care at an individual patient level. What we struggle with is the volume so people are waiting for longer than I would like to access said care.”

“Staff members (technologists & support staff) work very well together. There is a strong sense of working together as a team and helping colleagues wherever possible.”

“Best working environment I have worked in...”

“I feel we are constantly striving to improve for the benefit of our patients.”

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.

