Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Ionising Radiation (Medical Exposure) Regulations Inspection Report (Announced)

Nuclear Medicine Department, Ysbyty Gwynedd, Betsi Cadwaladr University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do. We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them and the organisation, to deliver our priorities.

Contents

1. What we did

Full details on how we conduct Ionising Radiation (Medical Exposure) Regulations inspections 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 Ysbyty Gwynedd, Betsi Cadwaladr University Health Board on 26 and 27 March 2026. 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 Senior HIW healthcare inspectors and a Specialist Clinical Officer, Nuclear Medicine from the Medical Exposures Group (MEG) of the UK Health Security Agency (UKHSA), who acted in an advisory capacity.

During the inspection we invited staff to complete a questionnaire to tell us their views on working for the service. A total of 18 questionnaires completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
At the time of the inspection, the nuclear medicine department was not undertaking diagnostic nuclear medicine examinations. However, therapy and sentinel lymph node biopsy activity continued. This context was considered when assessing patient experience. Due to the nature of service delivery at the time, formal patient feedback was limited and our findings were primarily informed by observation and discussions with staff.

We found that the service took a person-centred approach to care. Bilingual health promotion and safety information was available, including information provided in advance of appointments and advice for patients following treatment. Clear signage was displayed advising patients to inform staff if they may be pregnant or breastfeeding and staff were able to explain how these situations would be appropriately identified and managed.

Staff described arrangements that supported dignified and respectful care, particularly for therapy and sentinel node patients, including flexible use of rooms to support individual patient needs. Individualised care was evident through proactive contact with patients ahead of appointments to support preparation and attendance, which was particularly important during a period of service change. On occasion, patients were offered appointments at alternative sites to maintain continuity of care.

Processes were described to support timely access to the service, including telephone contact to reduce the risk of non-attendance, although some delays were acknowledged. Welsh language provision was reported to be fully supported, with Welsh-speaking staff available and clear arrangements in place to meet communication and translation needs.

This is what we recommend the service can improve:

- Strengthen the collection and use of patient feedback when service activity is limited
- Continue to review delays to further support timely access to care.

This is what the service did well:

- Provided clear, bilingual patient information, including pregnancy and breastfeeding guidance

- Maintained a respectful, person-centred approach, with flexibility to support individual needs
- Supported Welsh language choice and wider communication needs appropriately.

Delivery of Safe and Effective Care

Overall summary:
We found that arrangements were largely in place to support the delivery of safe and effective care and to meet the requirements of the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). Appropriate employer documentation was available to support regulatory compliance.

Procedures and protocols were accessible to staff and there was evidence of engagement with governance and quality assurance processes. Local diagnostic reference levels were in place and staff described consistent practice for administered activity for certain procedures. Clear processes were described for patient identification, pregnancy enquiries and the reporting and escalation of accidental or unintended exposures. Staff were able to identify their Medical Physics Expert (MPE) and described timely access to expert advice. Equipment quality control arrangements were reviewed and found to be of a good standard.

However, we identified areas requiring improvement. Some employer procedures lacked clarity and ease of use and separation between radiology and nuclear medicine documentation affected accessibility. Gaps were identified in assurance relating to entitlement arrangements, training and competency records and consistency in documenting discussions with patients about the benefits and risks of exposure.

Audit activity had been undertaken, but documentation did not consistently demonstrate clear actions, responsibilities or timescales to evidence closure of the audit cycle. Overall, while safe systems and knowledgeable staff were evident, further work was required to improve oversight and consistency.

This is what we recommend the service can improve:

- Improve the clarity, usability and consistency of employer procedures, between radiology and nuclear medicine documentation
- Strengthen assurance around entitlement, training and competency records to ensure these are complete and consistently maintained
- Ensure audit activity clearly demonstrates learning, actions and timescales to provide evidence that the audit cycle is closed.

This is what the service did well:

- Staff demonstrated a good understanding of IR(ME)R roles and responsibilities, supporting safe clinical practice
- Access to MPE advice was clear and timely, with equipment quality control arrangements providing appropriate assurance
- Established processes were in place for patient identification, pregnancy enquiries and the reporting and escalation of incidents.

Quality of Management and Leadership

Overall summary:
We found that leadership and management arrangements were largely in place to support compliance with the IR(ME)R and the delivery of safe services. There was positive engagement with the inspection process, including timely completion of the self-assessment form and provision of supporting evidence, demonstrating leadership oversight and cooperation with regulatory processes.

Governance structures were in place within radiology to support IR(ME)R compliance and staff described governance and learning information being shared through established quality and governance mechanisms. Leaders and managers within the department were described as visible, supportive and engaged, with evidence of effective multidisciplinary working within a small team.

However, we identified areas where leadership oversight and assurance require strengthening. Staff reported significant pressures associated with multiple concurrent service and system changes, including the implementation of the Radiology Information System (RIS) and the Picture Archiving and Communication System (PACS), which had impacted workload and resilience. Oversight of the cumulative impact of these changes was not consistently evident.

We also identified gaps in organisational assurance relating to IR(ME)R understanding beyond the immediate clinical teams. Central quality and governance functions did not always demonstrate sufficient knowledge of IR(ME)R requirements, limiting their ability to provide effective support across the wider organisation.

While workforce development and mandatory training compliance were generally positive, challenges were reported in accessing some required training. Overall, while leadership within the department was supportive and engaged, further work was required to strengthen corporate assurance, resilience planning and organisational understanding of IR(ME)R responsibilities.

This is what we recommend the service can improve:

- Strengthen organisational oversight of IR(ME)R, including within central quality and governance functions
- Improve recognition and management of workforce pressures arising from multiple service changes
- Ensure staff can consistently access required training to support ongoing competence and compliance.

This is what the service did well:

- Leaders demonstrated constructive engagement with the inspection and regulatory processes
- Governance structures supported multidisciplinary working and shared learning within the department
- Managers were visible and supportive, contributing to a positive team culture.

3. What we found

Quality of Patient Experience

Patient feedback
At the time of the inspection, the nuclear medicine department was not undertaking diagnostic nuclear medicine examinations. However, therapy and sentinel lymph node biopsies continued at the site and this context was considered when considering patient experience. Due to the nature of service delivery at the time of inspection, formal patient feedback was limited and the findings within this section are primarily based on observations and discussions with staff.

Person-centred

Health promotion
We found that health promotion information was available to patients attending the department. This included generic bilingual posters, information provided in advance relating to tests and therapies and information advising patients what to do following their appointment or treatment.

Posters were displayed advising patients to inform staff if they may be pregnant or breastfeeding and staff described how such situations would be identified and managed appropriately.

Dignified and respectful care
Staff described arrangements that supported dignified and respectful care for therapy and sentinel node patients. This included flexibility in room usage, for example using a suitable room to support the patient journey where required.

Individualised care
Staff described how individual patient needs were considered, including contacting patients in advance of appointments to support understanding of attendance and preparation requirements. Telephone contact was described as particularly important in the context of recent system changes and service developments. On occasion, patients were offered appointments at an alternative hospital location due to developments at Ysbyty Gwynedd.

Plans for the consolidation of nuclear medicine were discussed with service leaders and they shared medium-term aspirations, subject to Welsh Government funding.

The service should consider the impact of patient travel when making changes to service delivery locations, to minimise any adverse impact on patient experience.

Timely care

Processes to support timely access to appointments and to reduce the risk of non-attendance were in place. However, during the inspection period, some delays to patient pathways were acknowledged. Staff understood these delays to be linked to wider service pressures and transitional arrangements in place at the time of inspection.

Communication, language, rights and equality

We were informed that Welsh language provision was fully supported within the department. This included the availability of Welsh-speaking staff, use of the 'iaith gwaith' logo on uniforms to identify Welsh-speaking staff and opportunities for patients to receive care in Welsh.

Staff described how communication needs were identified and supported, including arranging translation services in advance where required.

Rights and equality

We found that the nuclear medicine service demonstrated an awareness of patients' rights and equality needs and took steps to support equitable access to care.

Staff described making appropriate adjustments for individuals who required additional support, including children, patients attending with carers and those unable to confirm their identity independently. Adjustments included involving carers where appropriate and documenting this within the patient record. These arrangements supported equitable access to services and respect for individual needs.

Delivery of Safe and Effective Care

Compliance with The Ionising Radiation (Medical Exposure) Regulations 2017 (as amended)[1]

Employer's Duties: establishment of general procedures, protocols and quality assurance programmes
We found that there was a good level of understanding of IR(ME)R within the radiology and nuclear medicine department and that appropriate documentation was in place to support compliance with the Regulations. Staff were generally able to describe their roles and responsibilities under IR(ME)R and how these were applied in practice.

However, we identified that the initial notification of the inspection, sent to the Chief Executive Officer and copied to the Executive Director of Allied Health Professionals and Health Sciences, was not effectively communicated to the department. This was despite the Ionising radiation protection policy clearly setting out processes for cascading IR(ME)R-related information to clinical areas. As a result, the department had not been informed of the inspection in advance, and a degree of flexibility was required to reschedule the IR(ME)R inspection in a timely manner.

The employer must ensure that established and documented processes for cascading IR(ME)R-related information from the IR(ME)R employer to IR(ME)R duty holders within the whole health board are consistently followed to provide assurance that relevant departments are appropriately informed of regulatory information.

Procedures and protocols
We reviewed employer procedures and documentation and were informed that procedures and protocols were available to staff via SharePoint, the platform used to store, access, share and organise information. Staff described good access to the employer's procedures and reported that updates were communicated by email.

Some staff reported that certain procedures required careful reading and that nuclear medicine and radiology procedures were held separately. While staff were able to describe how they navigated both sets of procedures, the need for this

[1] As amended by the Ionising Radiation (Medical Exposure) (Amendment) Regulations 2018 and the Ionising Radiation (Medical Exposure) (Amendment) Regulations 2024

separation should be clearly identified as it may affect ease of use and consistency in application across practice.

The employer should review the clarity, usability and alignment of nuclear medicine and radiology procedures to support consistent understanding and application of IR(ME)R requirements across nuclear medicine practice.

Referral guidelines
Staff described the availability of referral guidelines, including separate arrangements for sentinel lymph node and radioiodine therapy pathways. The arrangements for referral were reviewed.

However, some referral guidelines and supporting procedures required review, including clarity around referrer entitlement and current clinical guidance. Additionally, referral documentation for radioiodine therapy did not consistently include a clear record of who was the IR(ME)R referrer.

The employer must:

- **Ensure that referral documentation for nuclear medicine therapy procedures clearly identifies the referrer, in line with IR(ME)R requirements**

- **Review and update nuclear medicine referral guidelines for therapy procedures to ensure they are current, clear and consistently applied.**

Diagnostic reference levels
Local diagnostic reference levels (DRLs) were in place, with clearly defined acceptable ranges for administered activities. Staff demonstrated awareness of DRLs and described consistent administration of activity for certain nuclear medicine procedures.

This provides assurance that optimisation principles were embedded within routine practice.

Medical research
The department participated in research involving ionising radiation exposures. Governance arrangements were described, including review of protocols and IR(ME)R employer and practitioner licence checks prior to approval, with involvement of the Medical Physics Expert (MPE).

These arrangements provided assurance that research exposures were appropriately controlled and authorised.

Entitlement
Some staff were able to describe IR(ME)R duty holder roles and how scope of practice was linked to entitlement arrangements. Entitlement information and employer procedures were reported to be accessible via SharePoint.

However, not all staff we spoke with were able to recall whether they had received formal written confirmation of IR(ME)R referrer status. In addition, inspectors requested training and competency records for surgical staff involved in sentinel node procedures. These were not available for review at the time of inspection.

The employer must ensure:

- **The process for entitlement is robust and duty holders understand their roles**
- **Training and competency records are available to provide assurance for all staff involved in IR(ME)R-related practice, including that outside of nuclear medicine.**

We identified that employer documentation included nuclear medicine technologists listed as referrers, despite these roles not being state-registered healthcare professionals.

The employer must ensure that entitlement arrangements comply with IR(ME)R, including removal of non-state-registered staff from referrer roles.

Patient identification
We reviewed patient identification processes and staff described a clear three-point patient identification process. Staff described how patient identification checks were adapted and documented when patients were accompanied by carers or parents, including confirmation of identity through both the patient and accompanying individual where appropriate. This demonstrated a patient-centred approach to maintaining safety while accommodating individual needs.

Individuals of childbearing potential (pregnancy enquiries)
Staff described age-appropriate pregnancy enquiries and routine pregnancy testing in some pathways. Staff were able to explain how pregnancy and breastfeeding considerations were managed in line with local procedures, providing assurance that exposures to individuals of childbearing potential were appropriately controlled.

While staff demonstrated awareness of pregnancy enquiries and breastfeeding considerations, we identified that breastfeeding guidance within the employer's procedures for radioiodine therapy did not consistently reflect current practice, including advice to stop breastfeeding prior to certain treatments.

The employer must review and update breastfeeding guidance within IR(ME)R procedures to ensure clarity, consistency and alignment with current clinical practice.

Benefits and risks
Staff described the use of tables and patient information leaflets to support patient discussions about benefits and risks. However, one conversation noted that risks and benefits were not always explicitly discussed or documented.

The employer must strengthen consistency in how benefits and risks are discussed with patients and recorded, to support informed decision-making and compliance with IR(ME)R.

Clinical evaluation
Clinical evaluation processes were in place. However, we identified that structured reporting and documentation were not always consistent, including variation in how administered activity and exposure parameters were recorded within clinical evaluation documentation.

The employer must review clinical evaluation arrangements to ensure documentation is consistent, provides sufficient information for referrers and includes accurate recording of administered activity and relevant exposure details.

Non-medical imaging exposures
Within the self-assessment document provided prior to inspection, the employer confirmed that non-medical imaging exposures are not undertaken in the nuclear medicine department.

Employer's duties: clinical audit
IR(ME)R audits had been undertaken, including audits relating to administered activity, pregnancy and breastfeeding checks, patient identification, justification and dose recording. IR(ME)R audit activity within nuclear medicine was strong, with evidence of high levels of compliance reported.

However, audit documentation did not consistently include actions, responsible leads or timescales.

While evidence of IR(ME)R audits was provided, clinical audits had not been completed recently.

The employer should ensure that clinical and IR(ME)R audit documentation includes clear actions, responsibilities and timescales to demonstrate that the audit cycle is closed.

Employer's duties: accidental or unintended exposures
Staff were able to clearly describe how accidental or unintended exposures would be reported via Datix and escalated to medical physics. Learning from incidents was shared through newsletters and briefings. However, definitions of clinically significant accidental or unintended exposures were not consistently defined across nuclear medicine procedures.

The employer must ensure that definitions and escalation thresholds for clinically significant accidental or unintended exposures are clearly and consistently documented across all relevant procedures.

Duties of practitioner, operator and referrer
Nuclear medicine staff demonstrated a good understanding of IR(ME)R roles and scope of practice, with appropriate escalation where required. While nuclear medicine staff demonstrated a strong understanding of IR(ME)R roles, discussions highlighted that some clinicians did not consistently demonstrate the same level of understanding, particularly in relation to referrer responsibilities.

The employer must strengthen assurance that clinicians involved in nuclear medicine referrals fully understand their IR(ME)R roles and responsibilities.

Justification of individual exposures
Staff described the use of authorisation guidelines and the process for cancelling and re-submitting referrals where clarification was required.

Optimisation
We found robust arrangements were in place to support optimisation of nuclear medicine exposures. Clinical imaging protocols were developed in consultation with radiographers, MPEs and licensed practitioners. Staff were able to describe how protocols were selected and applied based on the clinical information provided by the referrer.

Local procedures allowed practitioners to optimise administered activity where clinically justified, including use above local DRLs in defined circumstances.

There was clear evidence of optimisation for children, including the use of minimum administered activities, body-weight-based scaling from adult doses and bespoke paediatric imaging protocols. These arrangements had been agreed with MPEs and licensed practitioners and were aligned with Administration of Radioactive Substances Advisory Committee (ARSAC) guidance.

Additional optimisation measures were described, including thyroid blockade where indicated, advice on hydration and bladder emptying and procedures to minimise residual activity for time-sensitive radiopharmaceuticals. Regular audits, such as residual activity audits, further supported optimisation practice.

These arrangements provided assurance that doses were kept as low as reasonably practicable while achieving the required diagnostic or therapeutic outcome.

Paediatrics
We found that arrangements were in place to support safe and optimised nuclear medicine exposures for paediatric patients. Staff described clear processes for adapting patient identification checks for children, including verification with parents or carers where appropriate.

Optimisation for paediatric patients was supported using body-weight-based dosing, minimum administered activities and modified or bespoke imaging protocols. Staff demonstrated awareness of the need to balance image quality with dose reduction in children, with support from MPEs and licensed practitioners.

Staff also described a flexible, patient-centred approach to supporting children and young people, including adjustments to appointment times and consideration of individual needs. The service had explored the use of child-friendly approaches, such as a toy scanner, to support children attending for nuclear medicine procedures.

Carers or comforters
Information was available for carers and comforters and staff described explaining dose constraints and consent where applicable.

Expert advice
Medical Physics Expert (MPE) support was described as accessible, timely and well-integrated into nuclear medicine practice. Equipment quality control reports reviewed during the inspection were of a high standard. This provided strong assurance regarding expert input and optimisation of radiation exposures.

Equipment: general duties of the employer

We were informed of significant investment in new gamma camera equipment, with appropriate commissioning, testing and calibration arrangements in place prior to clinical use. This demonstrated proactive planning to support safe and effective service delivery.

Safe

Risk management

Feedback provided during the inspection described a clean and tidy environment. We were also informed of plans for a new gamma camera room, including a separate waiting area and associated patient facilities.

The health board must ensure that appropriate door signage is in place and maintained as service developments progress, including changes relating to the new gamma camera.

Infection prevention and control (IPC) and decontamination

We found that appropriate IPC arrangements were in place within the nuclear medicine service. The department was visibly clean and tidy. Staff described how patients were screened for infection risk prior to attendance and how standard infection prevention measures were applied in line with health board policy.

Staff explained that where infection risks were identified, patients were managed in a way that minimised contact with others, including adjustment of the order of appointments where required. These arrangements supported the safe flow of patients through the department and reduce the risk of cross-infection.

Staff demonstrated awareness of their responsibilities in relation to IPC and described following standard precautions as part of routine practice.

Isolated staff concerns were also raised regarding IPC arrangements, including the availability of appropriate personal protective equipment (PPE).

The employer must ensure that infection prevention and control arrangements, including access to appropriate PPE, are consistently maintained.

Safeguarding of children and safeguarding adults

Staff demonstrated awareness of safeguarding responsibilities for children and adults, including appropriate escalation routes should concerns arise. Safeguarding considerations were described as embedded within routine practice, including adjustments for children, vulnerable adults and individuals attending with carers.

We identified that access to face-to-face safeguarding level 3 training for staff was limited, which may affect assurance arrangements for services involving children.

The employer must ensure that staff are able to access required safeguarding training in a timely manner, in line with organisational policy, to strengthen assurance around safeguarding practice within the service.

Effective

Patient records

We reviewed a sample of current patient referral and treatment records, including diagnostic nuclear medicine examinations and radioiodine therapy. We found that referral documentation was generally clear and appropriately completed, with records containing three unique patient identifiers and sufficient clinical information to support justification and authorisation of exposures.

Records demonstrated that patient identification checks were consistently documented prior to exposure. Administered activity was recorded for the majority of diagnostic examinations reviewed. Staff responsible for patient identification were clearly identifiable within the records.

For diagnostic procedures, clinical evaluation was evidenced through reporting within the radiology system. Staff were able to describe how clinical evaluation was undertaken and communicated to referrers. These findings provided assurance that patient records generally supported safe and effective care and compliance with IR(ME)R requirements.

We identified variation in the completeness and consistency of patient records across different types of nuclear medicine activity. In particular, we noted that some radioiodine referral and prescription documentation did not clearly identify the referrer and confirmation of pregnancy status was not consistently documented for individuals of childbearing potential.

We also identified inconsistency in clinical evaluation documentation, including variation in whether administered activity was recorded within clinical reports. In one instance, the administered activity documented in the clinical evaluation was incorrect and in another case it was not included.

The employer must ensure that patient records are completed consistently across all nuclear medicine procedures, including clear identification of the referrer, confirmation of pregnancy status where applicable and accurate recording of administered activity within clinical evaluation documentation.

Quality of Management and Leadership

Staff feedback

Staff questionnaire responses were generally positive about the quality of patient care and support from immediate line managers. However, some staff reported limited awareness of patient experience feedback and uncertainty about how feedback was used to inform service improvement. While most staff understood how to raise concerns, a small proportion did not feel secure doing so and views were mixed on whether concerns would be acted upon consistently.

The employer must:

- **Ensure that patient experience feedback is routinely shared with staff and used to inform service improvement**

- **Take action to improve staff confidence that concerns can be raised safely and will be acted upon appropriately.**

Leadership

Governance and leadership

There was clear positive engagement with the inspection process, including attendance and input from senior nuclear medicine and radiology staff. Staff were keen to ensure that processes were current and applied consistently across the health board, despite pressures associated with recent system changes.

We found that governance arrangements were in place to support IR(ME)R compliance, including the use of quality and governance structures within radiology. Learning and governance information was shared through a Quality and Governance in Radiology newsletter, which staff described as accessible and supportive.

However, feedback indicated that the health board Quality Team did not always demonstrate sufficient knowledge and awareness of IR(ME)R regulatory requirements and processes. This limited their ability to support the wider departments and functions impacted by IR(ME)R effectively.

The employer must ensure that staff within central quality and governance functions have sufficient knowledge and understanding of IR(ME)R requirements to support timely regulatory compliance.

The completion of the self-assessment form (SAF) in a timely manner, alongside the provision of supporting evidence and follow-up information, demonstrated effective leadership oversight and engagement with regulatory processes. This was despite some challenges with uploading documentation.

Staff described a supportive and engaged leadership presence within the department. The inspection team noted positive multidisciplinary working and evidence that staff worked well together within a small team.

However, staff also reported that the department had experienced significant pressures associated with the implementation of the RIS and PACS system, alongside other service changes.

The employer must ensure that leadership oversight considers the cumulative impact of multiple service changes on staff capacity and resilience.

Workforce

Skilled and enabled workforce

Mandatory training records were reviewed and found to be generally good, with overall compliance reported at 94% and 100% compliance for the staff records sampled during the inspection.

There was also positive feedback regarding workforce development, including a clinical scientist being supported to undertake training to become a MPE, which was viewed as supportive and beneficial for service sustainability.

Evidence reviewed demonstrated that nuclear medicine staff had completed appropriate training in radiation protection and statutory IR(ME)R obligations relevant to their scope of practice. For the staff records sampled, training, competence assessment and entitlement provided assurance that statutory IR(ME)R training requirements had been met for the staff reviewed.

Staff wellbeing and workload

Staff reported concerns about sustained workload pressures and the cumulative impact of multiple significant changes. Some staff described working additional hours, with a risk this could become normalised and potentially affect retention and wellbeing.

The employer should ensure that workforce wellbeing risks associated with sustained workload pressures are recognised, monitored and addressed.

Culture

People engagement, feedback and learning

Staff engagement with the inspection process was positive. Staff described open and constructive interactions with the inspection team and demonstrated a willingness to reflect on practice and contribute to improvement discussions. Evidence gathered during the inspection indicated that staff felt able to share feedback and learning within the department.

However, we found that feedback mechanisms could be strengthened to provide clearer assurance that staff and patient feedback was consistently used to inform service improvement and that learning was shared and fed back at organisational level. Staff feedback indicated limited visibility of how feedback and learning were acted upon beyond the department.

The employer must strengthen arrangements for people engagement, feedback and learning to ensure that staff and patient feedback is systematically captured, shared and used to inform service improvement, with clear feedback provided to staff on actions taken in response.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to act, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Nuclear Medicine, Ysbyty Gwynedd

Date of inspection: 26 and 27 March 2026

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate non-compliance issues					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role: **Date:**

Appendix C - Improvement plan

Service: Nuclear Medicine, Ysbyty Gwynedd

Date of inspection: 26 and 27 March 2026

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions, they are taking to address these areas.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	IR(ME)R information cascade: initial inspection notification was not effectively communicated to the nuclear medicine department, despite an established policy for cascading IR(ME)R-related information across the health board.	The employer must ensure that established and documented processes for cascading IR(ME)R-related information from the IR(ME)R employer to IR(ME)R duty holders across the whole health board are consistently followed.	IR(ME)R 2017 (as amended) – Regulation 4 (Employer's procedures)	Processed reviewed and Executive Director of AHP's and Health Science will ensure effective communication and cascade	Executive Director of AHP's and Health Sciences	completed
2.	Employer procedures and protocols: some procedures lacked clarity/usability, with nuclear medicine and radiology procedures held separately, impacting accessibility and consistency.	The employer should review the clarity, usability and alignment of nuclear medicine and radiology procedures to support consistent understanding and application of IR(ME)R requirements.	IR(ME)R 2017 (as amended) – Regulation 4 (Employer's procedures)	The service will review procedures to address the issues	Professional Service Manager Radiography	September 2026
3.	Referral documentation: radioiodine therapy referral	The employer must ensure that referral documentation	IR(ME)R 2017 (as amended) – Regulation	Added the referrer to the prescription form	Medical Physics Expert	12th May 2026

	documentation did not consistently include a clear record of who was the IR(ME)R referrer.	for nuclear medicine therapy procedures clearly identifies the referrer, in line with IR(ME)R requirements.	10 (Referrer and referral information)			
4.	Entitlement and competency assurance: some staff could not recall formal written confirmation of IR(ME)R referrer status; training/competency records for some staff (e.g., surgical staff involved in sentinel node procedures) were not available; employer documentation listed non-state-registered technologists as referrers.	The employer must ensure that entitlement arrangements comply with IR(ME)R, including removal of non-state-registered staff from referrer roles, and that training and competency records are available for all staff involved in IR(ME)R-related practice.	IR(ME)R 2017 (as amended) – Regulation 11 (Entitlement)	Radiation Protection Committee will commission audits to gain assurance that training and competency records are available for all staff Rad004 Entitlement and assuring competencies for referrers, practitioners and operators - updated to remove nuclear medicine technologists	Chair of Radiation Protection Committee Professional Service Manager Radiography	November 2026 Completed
5.	Breastfeeding guidance: employer procedures for radioiodine therapy did not consistently reflect current practice, including advice to stop breastfeeding prior to certain treatments.	The employer must review and update breastfeeding guidance within IR(ME)R procedures to ensure clarity, consistency and alignment with current clinical practice.	IR(ME)R 2017 (as amended) – Regulation 4 (Employer's procedures)	The radioiodine therapy procedure to be amended to include breastfeeding advice	Medical Physics expert	September 2026 to allow to go through HB approval process
6.	Benefits and risks: risks and benefits of exposure	The employer must strengthen consistency in	IR(ME)R 2017 (as amended) – Regulation	Medical Physics Expert will draw up guidance	Medical Physics expert	30th May 2026

	were not always explicitly discussed or documented, impacting consistency of informed decision-making.	how benefits and risks are discussed with patients and recorded, to support informed decision-making and compliance with IR(ME)R.	14 (Justification and information)	for referrers and practitioners to support the benefit and risks discussions		
7.	Clinical evaluation documentation: documentation was not always consistent and did not always include accurate recording of administered activity and relevant exposure details.	The employer must review clinical evaluation arrangements to ensure documentation is consistent, provides sufficient information for referrers and includes accurate recording of administered activity and relevant exposure details.	IR(ME)R 2017 (as amended) – Regulation 12(4) (Clinical evaluation)	All radiologists to be informed of the reporting standards and an audit will be carried out at 3 months to confirm compliance and accuracy of recording administered activity	Clinical Director radiology and Head of Quality and governance	August 2026
8.	Audit documentation: audit activity was undertaken but records did not consistently include actions, responsible leads or timescales to demonstrate closure of the audit cycle.	The employer should ensure that clinical and IR(ME)R audit documentation includes clear actions, responsibilities and timescales to demonstrate that the audit cycle is closed.	IR(ME)R 2017 (as amended) – Regulation 4(6) (Quality assurance) / Regulation 8 (Clinical audit)	Radiology have introduced enhanced monitoring through the quality, safety and experience group to ensure that audits are completed with clear responsibilities and timescales for actions to close the audit loop	Head of Quality & Governance	Completed
9.	Infection prevention and control: staff concerns about IPC arrangements, including availability of appropriate personal	The health board must ensure that infection prevention and control arrangements, including access to appropriate PPE,	Health and Care Quality Standards	This related to a change in the BCU approval process to orders that causes delays for a short term.	Radiology service manager	Completed

	protective equipment (PPE), requiring consistent maintenance of IPC arrangements.	are consistently maintained.		Measures were put in place to ensure the delays caused by change in approval have been mitigated		
10.	Patient feedback: formal patient feedback was limited due to reduced service activity; arrangements for collecting and using feedback should be strengthened when activity is limited.	The health board should strengthen the collection, sharing and use of patient feedback when service activity is limited, to inform service improvement and assure patient experience.	Health and Care Quality Standards	Additional arrangements will be put in place when service is limited to ensure patient feedback is collected. And will be included as a specific objective in each radiology equipment replacement project	Professional Service Manager Radiography	Continuous as equipment is replaced
11.	Timely care: some delays to patient pathways were acknowledged during the inspection period, linked to wider service pressures and transitional arrangements.	The health board should continue to review and address delays to patient pathways to further support timely access to care.	Health and Care Quality Standards	Weekly review of waiting times and balancing of waiting lists across BCU to ensure equity of access within available capacity	Professional Service Manager Radiography	Continuous
12.	Service location changes: plans for centralisation and use of alternative hospital locations may increase	The health board should consider the impact of patient travel when making changes to service delivery locations, to minimise any	Health and Care Quality Standards	Extensive modelling and review of patient travel and experience has been taken in preparing the Full business case including	Professional Service Manager Radiography	Completed

	patient travel and could impact patient experience.	adverse impact on patient experience.		equality impact assessment and significant public engagement		
13.	Environmental safety signage: appropriate door signage was not assured to be in place/maintained as service developments progress, including changes relating to the new gamma camera.	The health board must ensure that appropriate door signage is in place and maintained as service developments progress, including changes relating to the new gamma camera.	Health and Care Quality Standards	Signage was not available due to the building works – this is now completed and all signs are in place	Principal Radiographer nuclear medicine	Completed
14.	Safeguarding training access: access to face-to-face safeguarding level 3 training was limited, which may affect assurance for services involving children.	The health board must ensure that staff are able to access required safeguarding training in a timely manner, in line with organisational policy, to strengthen assurance around safeguarding practice within the service.	Health and Care Quality Standards	Additional level 3 training has been made available for radiology staff	Radiology service manager (West)	July 2026
15.	Patient records: variation in completeness and consistency across procedures, including referrer identification, pregnancy status documentation, and accurate recording of administered activity within	The employer must ensure that patient records are completed consistently across all nuclear medicine procedures, including clear identification of the referrer, confirmation of pregnancy status where applicable and accurate recording of administered activity within	IR(ME)R 2017 (as amended) – Regulation 10 (Referrer and referral information) / Regulation 12(4) (Clinical evaluation) / Regulation 14 (Justification and information)	Training sessions to be held with staff to ensure they understand their responsibilities both within radiology and wider health board. Audit of compliance to be undertaken with outcomes feedback to	Professional Service Manager Radiography/Medical Physics Expert Radiation protection Committee Chair	September 2026

	clinical evaluation documentation.	clinical evaluation documentation.		Radiation Protection Committee (RPC)		
16.	Accidental or unintended exposures: definitions of clinically significant accidental or unintended exposures were not consistently defined across nuclear medicine procedures, affecting consistency in escalation thresholds.	The employer must ensure that definitions and escalation thresholds for clinically significant accidental or unintended exposures are clearly and consistently documented across all relevant procedures.	IR(ME)R 2017 (as amended) – Regulation 8 (Accidental or unintended exposures)	Formal guidance added to radioiodine therapy procedure	Medical Physics Expert	September 2026 to allow time for approval of updated procedure
17.	Referral guidelines: some nuclear medicine referral guidelines and supporting procedures required review to ensure they are current, clear and consistently applied.	The employer must review and update nuclear medicine referral guidelines for therapy procedures to ensure they are current, clear and consistently applied.	IR(ME)R 2017 (as amended) – Regulation 4 (Employer's procedures)	Update the radioiodine procedure to include referral guidelines	Medical Physics expert	September 2026 to allow time for the approval of the updated procedure
18.	IR(ME)R role understanding: some clinicians did not consistently demonstrate the same level of understanding as nuclear medicine staff, particularly in relation to referrer responsibilities.	The employer must strengthen assurance that clinicians involved in nuclear medicine referrals fully understand their IR(ME)R roles and responsibilities.	IR(ME)R 2017 (as amended) – Regulation 11 (Entitlement) / Regulation 10 (Referrer and referral information)	The health board complete training during hospital induction and issue an annual letter of induction. Additional training to be established for referrers e.g. on line course	Executive Medical Director	September 2026

19.	Corporate assurance: staff within central quality and governance functions did not always demonstrate sufficient knowledge and awareness of IR(ME)R requirements, limiting their ability to support departments and functions impacted by IR(ME)R.	The employer must ensure that staff within central quality and governance functions have sufficient knowledge and understanding of IR(ME)R requirements to support timely regulatory compliance.	IR(ME)R 2017 (as amended) – Regulation 4 (Employer's procedures)	Staff in central quality and governance functions to receive training in relation to IR(ME)R	Medical Physics Expert and Professional Service Manager Radiography	June 2026
20.	Workforce pressures and resilience: multiple concurrent service and system changes (including RIS/PACS) impacted workload and resilience; oversight of the cumulative impact was not consistently evident.	The health board must ensure that leadership oversight considers the cumulative impact of multiple service changes on staff capacity and resilience.	Health and Care Quality Standards	To be included as part of IMTP Annual Delivery Plan monthly updates to HB ref: development of sustainable service plans	Divisional Lead	September 2026
21.	Feedback visibility: some staff reported limited awareness of patient experience feedback and uncertainty about how feedback was used to inform service improvement.	The health board must ensure that patient experience feedback is routinely shared with staff and used to inform service improvement.	Health and Care Quality Standards	Promote patient experience feedback in the radiology newsletter highlighting where feedback has been used to improve service	Head of Quality & Governance	July 2026
22.	Speaking up culture: while most staff understood how to raise concerns, a small proportion did not feel	The health board must take action to improve staff confidence that concerns	Health and Care Quality Standards	Staff pointed to the BCU Speak Out Safely	Radiology Service manager West	July 2026

	secure doing so and views were mixed on whether concerns would be acted upon consistently.	can be raised safely and will be acted upon appropriately.				
23.	Workforce wellbeing: sustained workload pressures and additional hours were reported, with a risk of normalisation impacting retention and wellbeing.	The health board should ensure that workforce wellbeing risks associated with sustained workload pressures are recognised, monitored and addressed.	Health and Care Quality Standards	To be included as part of IMTP Annual Delivery Plan monthly updates to HB ref: development of sustainable service plans	Divisional Lead	September 2026
24.	Engagement, feedback and learning: feedback mechanisms could be strengthened to assure that staff and patient feedback is consistently used to inform improvement, with limited visibility of actions beyond the department.	The health board must strengthen arrangements for people engagement, feedback and learning to ensure that staff and patient feedback is systematically captured, shared and used to inform service improvement, with clear feedback provided to staff on actions taken in response.	Health and Care Quality Standards	Explore options for ensuring learning is shared beyond the radiology department	Professional Service Manager Radiography	August 2026

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned

Name (print): Helen Hughes

Job role: Professional Service Manager Radiography/ Acting Director AHP and Health Science

Date:14th May 2026