Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Ionising Radiation (Medical Exposure) Regulations Inspection Report

(Announced)

Radiotherapy Department, South West Wales Cancer Centre, Singleton Hospital, Swansea Bay 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 Radiotherapy Department at South West Wales Cancer Centre, Singleton Hospital, Swansea Bay University Health Board on 27 and 28 January 2026. During our inspection we looked at how the department complied with the Regulations and met the Health and Care Quality Standards.

Our inspection team consisted of two senior healthcare inspectors from HIW and two Specialist Radiation Protection Scientists from the Medical Exposures Group (MEG) at the UK Health Security Agency (UKHSA), who provided advisory support.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 20 questionnaires were completed by patients or their carers and 54 were 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:
Patients reported a positive experience of care within the Radiotherapy Department, with the vast majority rating their treatment as ‘very good’ and describing staff as welcoming, supportive and professional. Inspectors observed interactions that reflected this feedback, with staff providing calm, clear explanations and maintaining privacy through discreet communication and appropriate use of private rooms. The environment was welcoming and supportive, displaying a wide range of health and wellbeing information in accessible formats and multiple languages, contributing to an inclusive atmosphere.

The service demonstrated a strong commitment to person-centred care. Adjustments were made for patients with communication needs, mobility limitations or additional support requirements, including large-print materials, flexible arrangements and involvement of family members where appropriate. Welsh-speaking patients were well supported through bilingual signage and clearly identifiable Welsh-speaking staff, who reported regular use of the language in patient interactions. Translation needs were identified early and multilingual materials assisted understanding for those whose first language was not English.

Care was delivered in a timely manner, with clear explanations when delays occurred and helpful signposting to nearby support facilities when needed. Overall, patients expressed strong confidence in the standard of care, highlighting compassion, clarity of communication and the respectful approach of staff as key contributors to their positive experience.

This is what we recommend the service can improve:

- Improve parking availability and access to reduce stress for patients and relatives travelling to appointments
- Strengthen communication with referring centres to reduce the risk of confusion or delays prior to arrival
- Enhance visibility and clarity of signage to key amenities (e.g. café, toilets, waiting areas).

This is what the service did well:

- Staff demonstrated consistently compassionate, respectful and professional care
- Strong person-centred approach with appropriate adjustments for individual needs

- Effective bilingual communication and clear support for Welsh-speaking patients.

Delivery of Safe and Effective Care

Overall summary:
Overall, we found that the Radiotherapy Department demonstrated a strong commitment to delivering safe and effective care, with well-established systems supporting compliance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 (as amended). Staff demonstrated good awareness of their responsibilities as practitioners, operators and referrers. Clear governance processes were in place to monitor compliance, review incidents and drive improvement. While the department performed strongly in several areas, we identified some areas where greater standardisation, clearer procedural guidance and strengthened documentation would further improve IR(ME)R compliance.

This is what we recommend the service can improve:

- Enhance documented employer's procedures and audit processes, to ensure staff understand and comply with their corresponding IR(ME)R roles, responsibilities and associated tasks, particularly in areas such as clinical evaluation
- Develop and agree a documented process to outline IR(ME)R roles, responsibilities and processes where patients are referred and receive brachytherapy treatment at Velindre University NHS Trust.

This is what the service did well:

- Maintained a comprehensive document management system and robust Quality Assurance structures, supported by effective digital documentation and consistent version control
- Embedded a proactive optimisation culture, multidisciplinary image-review structures and active Medical Physics Expert (MPE) engagement
- Operated effective safety and incident-learning processes, with well-established DATIX reporting, multidisciplinary review of incidents and a positive safety culture that promoted learning across teams.

Quality of Management and Leadership

Overall summary:
Overall, we found that the Radiotherapy Department was supported by a professional and cohesive leadership team, with strong multidisciplinary team (MDT) working and clear governance structures underpinning the safe delivery of radiotherapy services. Staff consistently described a supportive culture with

effective communication between teams and there was clear evidence of learning and quality improvement activity.

This is what we recommend the service can improve:

- Stabilise interim leadership arrangements to strengthen continuity and strategic resilience within the department
- Develop a formalised plan to secure dedicated MRI scanning, to meet current demand for radiotherapy planning, as well as planning for future needs such as adaptive radiotherapy
- Strengthen mechanisms for sharing positive patient stories and service innovations with senior Health Board leaders to improve visibility of patient impact and outcomes.

This is what the service did well:

- Demonstrated strong and cohesive leadership, with clear direction and effective multidisciplinary collaboration across operational, clinical and physics teams
- Maintained a well-structured governance framework, with radiotherapy-related incidents, risks and learning routinely reviewed through established groups
- Fostered a positive, supportive and communicative team culture, with staff reporting strong MDT working and high levels of confidence in leadership
- Enabled effective staff engagement and learning through multiple feedback mechanisms, reinforcing a culture of continuous improvement.

3. What we found

Quality of Patient Experience

Patient feedback

We reviewed the responses of 20 patients who had completed the patient questionnaire. Overall, 94.7% rated their care as 'very good,' with consistently high marks for information, communication, privacy, dignity, and respect. Staff were frequently described as polite, welcoming and professional, often going above and beyond to support and reassure patients. One Welsh-speaking respondent appreciated communicating in Welsh, highlighting the department's support for language preference.

Feedback gathered during the inspection was overwhelmingly positive. One Patient described staff as:

> *"Extremely helpful and professional… my dignity was respected throughout… They made my experience so much more bearable with their professional support and kindness."*

Person-centred

Health promotion
Extensive health and wellbeing information was displayed across the department, including information on smoking cessation, healthy lifestyles, hydration, pregnancy and breastfeeding alerts, and guidance on alternative urgent care options available in the health board area. Materials were available in multiple formats and languages, including Welsh-language versions, and displayed through posters, leaflets and TV screens.

Additional wellbeing resources for both patients and staff were also available, creating a supportive environment and promoting wider health messages.

Dignified and respectful care
Inspectors observed staff engaging warmly with patients, taking time to offer clear explanations and ensure comfort. Communication was calm and discreet, with conversations held at low volume and private rooms available to maintain confidentiality. Staff demonstrated a strong ethos of compassion and attentiveness, contributing to an environment that felt supportive and personalised.

Individualised care

The service demonstrated a strong commitment to meeting individual needs. Patients with communication challenges had access to reasonable adjustments, including support via telephone or text and the involvement of family members where appropriate. Large-print appointment letters and adaptations to physical access were also available. Staff highlighted their awareness of patient circumstances, adjusting treatment pathways where required to support comfort and continuity. Patient feedback indicated that staff went “out of their way” to support patients in balancing treatment with wider life commitments.

Timely

Timely care

During the inspection, patients were observed being welcomed promptly on arrival and called into treatment rooms without unnecessary delay. Where delays did occur, staff provided clear explanations verbally and through electronic waiting-room screens, including updates relating to equipment breakdowns or power issues. When delays in patient transport were noted, staff drew on their excellent relationships with the Maggie’s cancer support centre, where patients could wait comfortably with access to refreshments and support.

Patients travelling from the Hywel Dda University Health Board area continued to encounter challenges, even with mitigation measures in place. Recent developments have made a positive difference for those travelling, such as the availability of additional separate bays with curtains and nursing support for patients who have travelled considerable distances for treatment.

The employer must continue ongoing efforts to minimise the effect of travel times on patient experience and to ensure this group receives equitable care.

Patient feedback forms indicated that parking difficulties remained a concern for patients and their families and contributed to patient stress.

The service must continue to explore improvements in parking for patients to access the unit.

Equitable

Communication and language

Bilingual Welsh and English signage and information were clearly visible throughout the department. Welsh-speaking staff were easily identifiable through badges and

duty boards, ensuring patients could access care in their preferred language. Welsh-speaking staff reported using Welsh regularly with patients and patient feedback included positive examples of being able to converse in Welsh within the department.

Translation needs were identified during pre-treatment appointments and a range of multilingual materials supported patients whose first language was not English. Staff communication was calm, inclusive and reassuring, helping to reduce anxiety and support patient understanding.

Some respondents to the patient survey highlighted challenges relating to referral pathways and communication prior to arrival, including delays or a lack of clarity from referring centres. Considering this feedback, an area for improvement is the strengthening of links and communication between the Radiotherapy department and referring partners. This approach is anticipated to improve the overall patient experience, reduce anxiety, and support smoother transitions into radiotherapy services.

The Health Board must consider methods of providing feedback on patient experiences to referral partners when appropriate, helping to address any recurrent issues and promote best practice across the pathway.

Some patients also requested clearer signage to facilities, including the café, to reduce anxiety in unfamiliar environments.

The Health Board must review the patient journey and enhance the visibility and clarity of signage throughout the department, particularly directions to key amenities such as the café, toilets and waiting areas.

Rights and equality
The radiotherapy environment was fully accessible, with level access, wide corridors and suitable facilities for disabled people, supported by the availability of hoists and trolleys for patients with mobility or clinical needs. The department demonstrated strong compliance with equality requirements, offering appropriate adjustments and clear pathways for patients who required additional support. Compliance with mandatory equality, diversity and inclusion training was high and staff also received further training, including Paul Ridd Learning Disability Awareness Training and communication focused sessions, to help ensure patients were effectively supported and able to understand the information provided.

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

Procedures and protocols
The department had a comprehensive suite of IR(ME)R procedures and work instructions available on iPassport, which staff reported were accessible, regularly updated and routinely used in practice. Documentation for planning, verification and treatment was clear and well structured. Digitalisation and the effective use of the document management system had improved documentation accessibility, communication of updates to staff as well as facilitating consistent and clear version control of all IR(ME)R documentation.

The employer had established written procedures and protocols as required under IR(ME)R 2017. The information provided within the self-assessment form was discussed with the senior management team, and opportunities to strengthen some procedures were identified throughout the inspection.

We reviewed all IR(ME)R 2017 documentation submitted in advance of the inspection and spoke to duty holders and senior management to confirm understanding of processes and practice. The documents provided showed a good understanding of IR(ME)R 2017. However, ambiguous IR(ME)R terminology was identified on occasion within departmental and health board documentation, for example the role and responsibilities of the IR(ME)R employer cannot be delegated.

The employer must review departmental and health board IR(ME)R documentation and update to ensure terminology aligns with the Regulations (e.g., clarity that employer responsibilities cannot be delegated). This includes employer policies, local procedures (EPs) and entitlement documentation.

Staff across all disciplines consistently described an understanding of IR(ME)R roles and responsibilities and confirmed where further information and Employers

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

Procedures would be accessed. This supported compliance with Regulation 6, which requires employers to establish written procedures for exposures.

Internal IR(ME)R audits were undertaken in key regulatory areas, including clinical evaluation and pregnancy enquiries, these evidenced active monitoring of compliance. However, internal audit findings demonstrated misinterpretation of regulatory requirements by the staff, for example, incorrectly identifying responsibility for pregnancy enquiries sat with referrers rather than operators or assessing authorisation of treatment exposures when auditing compliance with clinical evaluation. This suggested the need for improved procedural clarity and strengthened training to ensure consistent staff understanding of regulatory expectations.

Referral guidelines
Robust, evidence based clinical protocols have been established by the employer. These often included referral criteria, however it was noted the prostate clinical protocol did not include an explicit referral criteria section.

The employer must ensure referral criteria for all anatomical sites are available to referrers.

Suitable arrangements were described for making referral criteria available to individuals entitled as referrers via iPassport.

The electronic patient referral system was reviewed, this linked directly to departmental clinical protocols and limited access to entitled referrers and practitioners. This controlled access supported IR(ME)R's intent to ensure that only appropriately entitled duty holders may refer for or justify medical exposures, reducing the risk of inappropriate referral and accidental or unintended exposures.

Employer's duties: co-operation between employers
Arrangements were in place for brachytherapy services to be provided by another employer (Employer B). Employer B had entitled a South West Wales Cancer Centre (SWWCC) referrer, who submitted a referral for brachytherapy treatment with Employer B when required. Employer B carried out the justification and practical aspects of the medical exposure. A formal documented process was not available for review therefore, in line with the requirements and responsibilities outlined in Regulation 6A.

The employer must develop a documented procedure to describe this process, including access to relevant information and details of compliance with IR(ME)R requirements. This document should be shared and agreed by both employers.

Dose reference levels (DoRLs) for typical localisation or verification exposures
It was positive to note that local dose reference levels (DoRL) had been developed for standard Computed Tomography (CT) planning scans and were available to operators via local procedure. Local DoRL for radiotherapy planning CT scans were within National DoRL.

Typical verification imaging doses were also available in local documentation, which demonstrated optimisation from the manufacturer default settings. The recent publication of national DoRL for cone beam CT verification imaging was highlighted to the service.

Annual dose audits, weekly dose checks and routine review of imaging doses demonstrated compliance with Regulation 6 requirements to establish, review and use DoRLs as part of dose optimisation. Audit results were benchmarked against previous years and national DoRLs where available. Where exposures exceeded DoRLs, investigations were undertaken to determine cause and inform optimisation. Clinicians and Medical Physics Experts (MPEs) confirmed that DoRL information is readily available and incorporated into clinical decision-making.

The multiprofessional, departmental work around optimisation, including review of DoRLs represents positive practice in radiotherapy.

The multidisciplinary imaging group provided a formal mechanism for monitoring and acting on DoRL findings.

Medical research
The service participates in research involving medical exposures. The details of suitable governance arrangements and processes were clearly described in local documentation.

Patient records reviewed on site clearly identified the way in which patients participating in clinical trials may be identified, via the daily schedule and patient log.

Entitlement
Local documentation detailed individuals entitled to act as referrer, practitioner, or operator within a specified scope of practice. The IR(ME)R RT Lead and Service Leads entitled staff members as duty holders in accordance with local procedures.

Entitlement documentation, including corresponding scopes of practice, were reviewed for each duty holder role on site. Medical entitlement clearly demonstrated duty holder roles and corresponding scope of practice, aligned with each anatomical site. An area of ambiguity was identified regarding the task of

clinical evaluation and recording the corresponding IR(ME)R duty holder role. Medical entitlement documentation was retained within iPassport. The electronic system facilitates clear evidence of entitlement and subsequent review, for example during annual appraisals. Radiographer entitlement was evidenced across multiple documents, with each practical competency detailed. Consideration might be given to streamlining the radiographer entitlement documentation to ensure authorisation of entitlement and the individual's scope of practice were clearly identifiable. The scope of practice for each individual within radiotherapy physics (RTP) was clearly detailed in the RTP entitlement matrix. Evidence of entitlement for RTP staff would be strengthened with the implementation of the RTP Training Certificate.

Robust training records were demonstrated on site across all three disciplines. Whilst entitlement documentation was in place, it required some improvement to better meet the regulatory requirements.

The employer must:

- **Clarify IR(ME)R duty holder terminology (referrer, practitioner, operator) within documentation**
- **Ensure tasks are formally aligned with the correct duty holder role**
- **Avoid confusion between assessment of competency and authorisation of entitlement.**

Patient identification
Robust patient identification procedures were embedded across the service. Identification was checked against primary source information, for example the oncology management systems. Staff we spoke with consistently described correct patient identification procedures, reflecting compliance with Regulation 6 requirements to establish procedures to verify patient identity before any exposure. Radiographers and MPEs demonstrated consistent understanding of patient identification processes. Staff on site confirmed the process for identification prior to treatment. Each operator independently completes the task of identification, utilising separate primary source information. Both operators carry out the task of identification and are responsible for the task they undertake.

Individuals of childbearing potential (pregnancy enquiries)
The completed self-assessment form, reviewed as part of the inspection process, confirmed that pregnancy enquiries were conducted and recorded upon the referral booking form and pregnancy declaration prior to the planning exposure and first treatment. However, internal IR(ME)R audit findings demonstrated incorrect staff understanding regarding responsibility for confirming pregnancy

status and suboptimal compliance relating to the referrer correctly recording pregnancy status upon the corresponding referral.

Incident information shared prior to inspection recorded deviations from the documented pregnancy enquiry procedure, and patient records reviewed on site identified that the pregnancy status check had not been correctly recorded by the referrer upon the corresponding referral. This indicated a need for refresher training and improved procedural emphasis to ensure referrers and operators consistently undertake and record pregnancy enquiries in accordance with guidance. It was positive to note that local work had begun to strengthen compliance, including development of an inclusive pregnancy declaration form.

The employer must strengthen the pregnancy enquiry procedure, to clarify operator responsibilities. The process must then be audited to ensure understanding and compliance.

Benefits and risks

We were informed by a range of staff members that benefits and risks were routinely discussed with patients including during consent to radiotherapy treatment, via radiotherapy information booklets and tailored verbal explanations. Staff demonstrated good understanding of how to explain the risks and benefits associated with treatment and imaging exposures. Patients reported experience strongly aligned with inspector observations, with all respondents agreeing they received enough information to understand the risks and benefits of treatment and that staff provided clear explanations. Regular patient information sessions were held for patients due to receive radiotherapy.

These sessions were multidisciplinary and it was positive to note that medical physics staff contributed to patient-facing information sessions, strengthening transparency and understanding.

Clinical evaluation

The completed self-assessment form, reviewed as part of the inspection process, provided a detailed overview of the clinical evaluation process for each exposure across the radiotherapy pathway. Although local documentation is signposted within employer's procedure J, a clearly documented process for clinical evaluation could not be identified within the departmental documentation shared. This was discussed with the senior management team on site. A review of patient records demonstrated the task was consistently completed, but discussion with staff around clinical evaluation coupled with the IR(ME)R audit shared reflects ambiguity in staff understanding. Employer's procedure J must be reviewed and strengthened to clearly outline the process for clinical evaluation for each type of exposure, including planning, verification and treatment. This detail should

include how clinical evaluation is carried out, where it was recorded and who was carrying out the task, to ensure staff understand their roles and responsibilities under IR(ME)R. The documented process must subsequently be audited to assess staff understanding and compliance.

The employer must ensure that:

- **Relevant employer's procedures are updated to reflect the agreed arrangements for clinical evaluation of all medical exposures undertaken within the department**

- **Employer's procedure J must be strengthened to clearly describe the clinical evaluation process, roles and responsibilities. The updated procedure must be audited to establish effectiveness.**

Employer's duties: clinical audit
A structured audit programme was in place including IR(ME)R and internal compliance audits. Governance processes ensured that findings were reviewed by the health board Medical Exposures Group (MEG), RTP, and at the Risk and Safety Meeting. The evidence of audit provided highlighted some areas that required clearer tracking and action planning. Strengthening the governance pathway to ensure all audit findings were consistently actioned and the full range of IR(ME)R procedures were included would improve assurance.

Although a documented procedure for clinical audit had been developed, discussion with senior management staff confirmed the process for clinical audit required strengthening to ensure a planned, standardised, multi-disciplinary approach was adopted, where appropriate action was taken to drive continuous improvement.

The employer must ensure that:

- **The process for clinical audit is reviewed and strengthened**

- **The programme of IR(ME)R audits must be reviewed to ensure coverage of all IR(ME)R requirements.**

Employer's duties: accidental or unintended exposures
The department demonstrated strong compliance with IR(ME)R requirements for managing actual or potential accidental or unintended exposures. Following a significant incident, the service completed a comprehensive review and implemented improvements to fault reporting and handover processes, illustrating both learning and corrective action in line with Regulation 8. Incident reporting

processes were viewed as robust. Staff used DATIX to record incidents and near-misses, with reporting in place for early identification of system vulnerabilities. All incidents were reviewed in multidisciplinary meetings and MPEs conducted dose investigations where required.

The staff survey demonstrated a well-embedded safety culture, with 100% agreeing the organisation encouraged reporting of errors, near-misses or incidents and 94% confirming they received feedback on resulting changes. Staff reported a strong no-blame culture and evidence indicated learning was shared across teams.

There was a procedure in place for the "Investigation and Reporting of Potential, Near-Miss or Actual Radiation Incidents in RT and RTP". The procedure was reviewed prior to inspection and found to be extensive, supported by summary flowcharts to enhance accessibility of information. Feedback was shared with the senior management team to highlight areas which required review and update, for example Healthcare Inspectorate Wales (HIW) contact details and SAUE criteria references. The employer must ensure that the written procedures in place in relation to significant accidental or unintended exposures is updated to detail up to date HIW contact details.

The process for the study of the risk of accidental and unintended exposures was discussed with the senior management team on site. The local process currently focused on results from incident analysis and did not involve multiprofessional input. The process may be strengthened by including potential risks across the entirety of the radiotherapy pathway and adopting a multiprofessional approach to development.

The process for the study of risk of accidental or unintended exposures must be reviewed and strengthened in accordance with feedback given during inspection.

Local documentation outlined the identification and management of clinically significant accidental or unintended exposures (CSAUE). The procedure may be strengthened by adding information detailed within the self-assessment form regarding how the referrer, practitioner and the individual (or their representative) were informed of a CSAUE and were provided with the outcome of the investigation into the event.

Employer's procedure K may be strengthened by adding information detailed within the self-assessment form and consideration of local processes.

Employer's procedures K and L require strengthening in line with feedback provided during the inspection.

Duties of practitioner, operator and referrer
Staff we spoke with demonstrated a good understanding of their duty holder roles and responsibilities under IR(ME)R 2017. Staff demonstrated good awareness of role boundaries.

Justification of individual exposures
Practitioners described consistent justification and authorisation processes for each exposure performed at the radiotherapy planning, verification and treatment stages of the patient's care pathway. Processes were supported by MDT discussions and peer review of all radical treatments. Justification processes were supported by multi-disciplinary optimisation activity, regular imaging review, dose audits and clinical oversight.

Where it was not possible for the practitioner to authorise the treatment exposure, a system had been implemented to facilitate operator authorisation in accordance with documented guidelines approved by an appropriate practitioner. This process was referred to locally as the technologists' plan approval process. It was positive to note the systematic implementation of this process, which considers duty holder roles and responsibilities, appropriate training, clear criteria specific to anatomical site and a rolling programme of peer review.

Optimisation
The employer had robust arrangements in place for the optimisation of exposures including planning, verification and treatment exposures. These arrangements aimed to ensure that radiation doses delivered to patients, as a result of exposures, were kept as low as reasonably practicable (ALARP).

Optimisation was highlighted as a key strength of the department. The department demonstrated:

- A multidisciplinary image optimisation framework
- Imaging groups actively and regularly reviewing doses to ensure that they were ALARP
- Dose audits were used to support optimisation
- Weekly dose checks and trial QA processes were in place.

This structured approach strongly aligns with Regulation 12 requirements for optimisation across all stages of exposure.

Expert advice
The senior management team confirmed on site that increased staffing numbers within medical physics supported the department in aligning with professional

body recommendations. All staff that we spoke with confirmed that the availability and visibility of MPEs had improved in the previous year, enhancing safety, optimisation and incident response capacity. Staff reported that MPEs were accessible when required, supporting timely decision-making.

Equipment: general duties of the employer
The radiotherapy service maintained a clear and well-structured approach to equipment governance. Inspectors reviewed evidence of an up-to-date equipment and software inventory, supported by routinely documented quality assurance processes including daily, weekly and six weekly quality control checks. Recent linear accelerator (LINAC) quality control records were aligned with locally defined work instructions. MPEs play a central role in equipment oversight, contributing to specification, procurement, commissioning, ongoing quality assurance and optimisation activity such as DoRL review and dose audits. These arrangements provide assurance that equipment used for medical exposures remains safe, effective and appropriately maintained.

It was positive to note the evidence and risk-based approach to equipment quality assurance programmes within the department. Staff described the process for implementing new techniques or technologies, where equipment testing may initially be carried out more frequently. Frameworks were in place to assess testing frequency in line with professional guidance, to maintain safe services whilst maximising resources.

Governance structures, including the MEG and Radiation Protection Group (RPG), demonstrated the employer's awareness of their responsibilities under IR(ME)R. These groups were supported by a two-yearly rolling audit programme. Staff feedback reflected strong engagement with quality assurance processes and positive multidisciplinary collaboration and no concerns were identified regarding equipment condition or performance.

The service benefited from good access to key imaging and treatment equipment, including dedicated Positron Emission Tomography PET/CT capacity. Inspectors found that the department maintained a structured approach to optimisation through imaging groups and regular review processes. A plan was in place for equipment replacement to support long term resilience. One area for development related to magnetic resonance imaging (MRI) access, where a more formal plan would help support future service needs, particularly in preparation for adaptive radiotherapy, which relied on high quality soft tissue imaging for accuracy.

Feedback from staff during the inspection also indicated strong engagement with safety processes and robust multidisciplinary working, with no concerns identified regarding equipment performance or lifecycle stage.

The employer must:

Develop a formal forward-looking replacement schedule for LINACs and other critical radiotherapy equipment to ensure phased replacement minimises service disruption and maintains the safe and effective delivery of radiotherapy as equipment reaches the end of its operational life.

Consider a formalised plan to secure dedicated MRI scanning, to meet current demand for radiotherapy planning, as well as planning for future needs such as adaptive radiotherapy.

Safe

Risk management

The department environment was clean, accessible and well maintained. Layout and seating allowed safe patient movement and signage and equipment storage supported hazard-free operation.

Infection prevention and control (IPC) and decontamination

IPC arrangements were strong. personal protective equipment (PPE) was readily available, equipment was cleaned between patients and enhanced cleaning protocols were in place for infectious cases. Sharps disposal was managed safely. Patient survey findings confirmed robust IPC practice, with 100% stating that IPC measures were consistently followed, including PPE use, equipment cleaning and hand hygiene. Staff echoed this, reporting 98–100% agreement that IPC policies, PPE availability and cleaning schedules were effective.

Safeguarding of children and safeguarding adults

Safeguarding awareness was well supported through high compliance with mandatory training and the delivery of “Ask & Act” training. Staff had access to reminder cards and safeguarding team contact details. All staff that we spoke with were able to confirm appropriate actions to keep adults and children safe. All told us that they felt well supported by the health board safeguarding team.

Effective

Patient records

Electronic patient records were well organised and accessible, with documentation covering planning, justification, imaging and treatment exposure. Staff described documentation as comprehensive and aligned with operational processes.

Quality of Management and Leadership

Staff survey feedback was positive overall, with staff describing strong Multi-Disciplinary Team (MDT) working, good communication and a supportive culture. Some staff highlighted the need to stabilise interim leadership roles, but this did not detract from the generally positive staff experience reported during the inspection.

Leadership

Governance and leadership
Leadership within the department was described positively during the inspection. Staff reported a clear sense of direction and highlighted strong multi-disciplinary collaboration between clinical oncology, radiotherapy physics, operational management and radiographer teams. Inspectors observed consistent MDT working, underpinned by a solution focused culture and a shared commitment to maintaining service quality, safety and ongoing service development.

A well-structured governance framework was in place, with radiotherapy related incidents reviewed through radiotherapy and radiotherapy physics management review, Quality, Safety and Risk Meeting, Radiotherapy Radiation Governance Meeting and the MEG. These meetings provided effective oversight of risks, supported thematic analysis and facilitated the sharing of learning to drive improvement. A Radiotherapy Datix newsletter was also uploaded to iPassport monthly and annually for review by staff outlining thematic analysis and shared learning.

However, feedback from the inspection also identified opportunities to strengthen leadership arrangements. The department was operating with several interim management roles and the absence of permanent appointments presented risks to continuity and long term resilience within the leadership structure.

The Health Board must stabilise leadership arrangements by progressing permanent appointments to key management roles. This will strengthen continuity, support strategic planning and enhance resilience within the department's leadership structure.

Workforce

Skilled and enabled workforce
Robust training records and high compliance rates were evident for IR(ME)R training as well as mandatory health board training across all staff groups. Staff

also had access to a range of development opportunities, including external programmes supported by charitable partners.

The department offered a broad and well-established student training programme, supporting learners across radiotherapy, medical physics, clinical computing and medicine. A wide range of trainees and undergraduate students rotated through the service each year, reflecting strong links with regional training providers and universities. Inspectors considered this commitment to developing the future workforce to be an example of good practice, noting the positive contribution students made to the department and the supportive learning environment in place.

Staff described good access to MPE support, with recent increases in MPE staffing improving availability, response times for incident review and involvement in optimisation activity. This development was viewed positively and had strengthened workforce capability and overall risk management.

Performance Appraisal Development Review processes helped ensure practitioner and operator competencies were maintained, with entitlement records accessible through iPassport. Staff reported that documentation was clear, well-structured and appropriate for their roles.

We saw examples of staff roles being developed to meet patient needs and future service demand. For instance, the trainee consultant radiographer was actively supporting patients experiencing long-term effects of treatment across a range of clinical pathways. We viewed this as positive practice that demonstrates proactive workforce development.

Culture

People engagement, feedback and learning
A strong culture of learning and service improvement was evident. The department used multiple feedback mechanisms, including post treatment text feedback systems, bespoke surveys, QR codes, “You Said, We Did” boards and displayed thank you cards. Staff feedback was regularly reported to quality groups and the radiotherapy management team.

Although the ‘You Said, We Did’ information focused mainly on suggestions for improvement, most of the patient feedback received was overwhelmingly positive.

The employer must ensure that positive “You Said” comments are also displayed in addition to improvements.

During the inspection, staff shared several patient stories that illustrated the impact of new and innovative treatments on patients' lives. For example, the introduction of Stereotactic Ablative Body Radiotherapy (SABR), a high dose treatment delivered in fewer sessions, has enabled some patients to access radiotherapy who may previously have been unwilling or unable to commit to longer treatment schedules. This demonstrated how developments in treatment options could improve patient experience and widen access to care. Department managers may also wish to consider sharing the impact of health board investment in these new treatment options with health board leads and the board to strengthen understanding of the benefits for patients.

The department could further enhance its learning culture by routinely sharing positive patient stories with senior leaders and funders, particularly where these examples demonstrated the impact of investment in innovative treatments such as SABR. Highlighting real world outcomes, including reduced treatment burden and improved access for patients who travelled from rural areas, would help increase organisational visibility of service achievements and reinforced the value of continued development and investment in radiotherapy provision.

Staff described a no blame culture in which incidents and near misses were openly discussed and used to guide improvements. Datix reporting was embedded and learning from incidents was shared widely within the team and across Wales.

Retention of staff appeared to benefit from the positive team environment, with staff expressing pride in their work and in the quality of care delivered. Inspectors also observed respectful working relationships and strong cross disciplinary cooperation. 96% percent of staff agreed patient care was the organisation's top priority and 98 % stated they would be confident in the standard of care for family or friends, indicating a strong safety and patient centred culture.

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: Radiotherapy Department, Singleton Hospital

Date of inspection: 27 and 28 January 2026

The table below includes any immediate 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 assurance issues were identified on this inspection					

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: Radiotherapy Department, Singleton Hospital

Date of inspection: 27 and 28 January 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.	**Travel time and equitable care (Hywel Dda patients)** Patients travelling from Hywel Dda continue to encounter challenges despite mitigation measures, with travel times potentially impacting patient experience and raising concerns about equitable access to care	The employer should continue ongoing efforts to minimise the effect of travel times on patient experience and to ensure this group receives equitable care.	Health and Care Quality Standards (equitable, timely care)	Regional collaborative working will continue to explore the feasibility of offering as many services locally as possible. In particular, Stereotactic Radiosurgery (SRS) development aims to enable services currently delivered from Cardiff to be provided from Swansea in the future, which will help reduce travel for	Head of Radiotherapy Head of Radiotherapy Physics Medical Radiotherapy Lead	31.12.27 (SRS development)

				Swansea and Hywel Dda patients. We will continue to explore the benefits of other changes, e.g a satellite centre West of SWWCC and will determine timelines separately as they are identified and agreed		
2.	**Parking access for radiotherapy patients** Patient feedback indicates ongoing parking difficulties when attending the radiotherapy unit, contributing to increased stress for patients and families attending for treatment.	The service should continue to explore improvements in parking for patients to access the unit	Health and Care Quality Standards – quality of patient experience and accessibility of services	With the construction works around SWWCC coming to an end, some of the previously unavailable parking spaces will soon be returned for patient parking.	Head of Radiotherapy Head of Radiotherapy Physics Medical Radiotherapy Lead	30.04.26

3.	**Feedback loops with referrers** Some patients reported issues with referral pathways and communication prior to arrival (e.g. delays or lack of clarity from referring centres), with limited formal mechanisms to feed back patient experience information to those referrers.	The Health Board should consider methods of providing feedback on patient experiences to referral partners when appropriate, helping to address any recurrent issues and promote best practice across the pathway.	Health and Care Quality Standards – coordination of care and communication across the pathway	Strengthen MDT referral pathways and improve communication of MDT outcomes to patients via CNS/wider team and vice versa. Consider written communication.	Medical Radiotherapy Lead	31.12.27
4.	**Visibility and clarity of patient signage** Some patients reported difficulty locating facilities (e.g. café, toilets, waiting areas), indicating that current signage and wayfinding may not adequately support patients in an	The Health Board should review the patient journey and enhance the visibility and clarity of signage throughout the department, particularly directions to key amenities such as the café, toilets, and waiting areas.	Health and Care Quality Standards – patient experience, information and environment	Work with South West Wales Cancer Charity to improve signage in department.	Head of Radiotherapy	31.12.26

	unfamiliar environment.					
5.	**IR(ME)R documentation terminology – clarity and consistency** A review of current IR(ME)R documentation identified inconsistent and incorrect use of IR(ME)R terminology, including duty holder definitions, role descriptions and regulatory references. This creates the risk of misunderstanding and non-compliance.	The employer must review and correct the use of IR(ME)R terminology across all relevant documentation to ensure accuracy, consistency and alignment with regulatory requirements.	IR(ME)R 2017 – Regulations 2, 6, 7	RT: Updating of flowchart within Radiotherapy RTQMANA2 to clearly reflect reporting SBUHB: IR(ME)R Policy CID 2502 to be updated Review and update RTQP5001 (IR(ME)R), RTQP5002 (Incidents) and all associated departmental IR(ME)R documentation.	Quality, Risk and Governance Radiographer Radiation Protection Advisor, Head of Radiation Physics Quality, Risk and Governance Radiographer & RTP QMS and Governance Lead	Complete March 2026 30.06.2026 30.09.2026

6.	**Process for the study of risk of accidental or unintended exposures (SAUE)** Although SAUE processes are established, the system for studying risk—identifying patterns, learning themes, and evaluating contributory factors—is not fully strengthened or standardised. This may reduce the effectiveness of learning and prevention of future events.	The employer must strengthen the process for the study of risk relating to accidental or unintended exposures, ensuring systematic analysis, documented learning, and clear feedback loops into clinical governance and quality improvement processes.	IR(ME)R 2017 – Regulation 8(1), 8(3)	Utilise the existing Risk meeting to discuss as additional agenda item Updating RT and RTP Risk documentation and strengthening communication of risk within and between departments. Development of a shared document and process for SAUE and CSAUE incidents and associated analysis of risk. Strengthening the incident analysis of potential risks in an MDT approach.	Quality, Risk and Governance Radiographer & RTP QMS and Governance Lead	Completed 16.03.26 31.08.26 31.12.26

7.	**Referral criteria – all anatomical sites** the prostate clinical protocol does not include an explicit referral criteria section. This creates a risk that referrers may not have clear, consistent criteria for all anatomical sites.	The employer must ensure referral criteria for all anatomical sites are available to referrers	IR(ME)R 2017, Regulation 6	Updating of clinical protocol to include an explicit referral criteria section. Consider reviewing all clinical protocols.	All Oncology (and Urology Consultants for Prostate Clinical Protocol).	31.12.26
8.	**Documented process for brachytherapy arrangements with Employer B (Velindre)** Brachytherapy services are delivered by another employer (Employer B). Although practical arrangements are described, there is no formal documented process describing IR(ME)R roles, responsibilities, information sharing	The employer must develop a documented procedure to describe this process, including access to relevant information and details of compliance with IR(ME)R requirements. This document should be shared and agreed by both employers	IR(ME)R 2017 Regulation 6A – co-operation between employers.	Updating of clinical protocols (gynae/urology) Draft formal document which outlines referral process, IR(ME)R roles, responsibilities, information sharing. To be agreed between both employers (SBUHB/VCC).	Gynae Consultant Clinical Oncologist	30.4.26

	and compliance between the two employers, creating a risk of ambiguity and non-compliance with co-operation duties					
9.	**Clinical audit process (IR(ME)R)** A structured audit programme exists, but evidence highlighted areas where tracking and action planning were unclear, and the process for clinical audit does not yet provide a fully planned, standardised, multidisciplinary approach across all required IR(ME)R areas.	The employer must ensure the process for clinical audit is reviewed and strengthened.	IR(ME)R 2017 Regulation 8(4) employer's duties: clinical audit	Development of an IR(ME)R clinical audit schedule that has at least two joint IRMER audits per year across RT and RTP. Improvement of governance around tracking of audits and actions.	Quality, Risk and Governance Radiographer & RTP QMS and Governance Lead	Schedule complete by 31.08.26 Audit complete by 31.07.27 31.08.26

10.	**Coverage of IR(ME)R requirements within the audit programme** The existing programme of IR(ME)R audits does not clearly demonstrate coverage of the full range of IR(ME)R requirements, which may limit assurance that all regulatory areas are being monitored and improved systematically	The programme of IR(ME)R audits must be reviewed to ensure coverage of all IR(ME)R requirements.	IR(ME)R 2017 Regulation 8(4) employer's duties: clinical audit	Review and updating of Radiotherapy Audit Schedule to ensure all relevant IR(ME)R regulations are audited to provide assurance. Review Radiotherapy Physics audit schedule/rota and ensure that audits relevant to IR(ME)R are highlighted.	Quality, Risk and Governance Radiographer RTP QMS and Governance Lead	31.07.26 31.12.26
11.	**Procedures for significant accidental or unintended exposures – HIW contact details** The procedure for investigation and reporting of potential, near-miss or actual radiation incidents is extensive, but references to Healthcare	The employer should ensure that the written procedures in place in relation to significant accidental or unintended exposures is updated to detail up to date HIW contact details."	IR(ME)R 2017 – Regulation 8(1) & 8(3)	Updating of RTQP5002 Incident reporting document within Radiotherapy and Radiotherapy Physics to include updated HIW contact details.	Quality, Risk and Governance Radiographer & RTP QMS and Governance Lead	31.07.26

	Inspectorate Wales (HIW) contact details and SAUE criteria require updating, which may pose a risk of delay or error when reporting significant accidental or unintended exposures.					
12.	**Employer's Procedure K - communication re: CSAUE** Local documentation outlines identification and management of clinically significant accidental or unintended exposures (CSAUE), but does not yet fully reflect how referrers, practitioners and individuals (or their representatives) are informed of events and investigation	Employer's procedure K may be strengthened by adding information detailed within the self-assessment form and consideration of local processes.	IR(ME)R 2017 – Regulation 8(3–5)	Include openness and transparency reference into Incident document RTQP5002 Update RTQP5002 to reflect how communication occurs between staff/staff, staff/patients. Make a note of Datix new requirements. Update Datix documents as required.	Quality, Risk and Governance Radiographer & RTP QMS and Governance Lead	30.6.26

	outcomes, as described in the self-assessment form					
13.	**Clinical evaluation process clarity** (Procedure J) The report links unclear local clinical evaluation processes with ambiguities in IR(ME)R roles and responsibilities and states they must be strengthened and audited	The employer must review, revise and clearly document the clinical evaluation process in Employer's Procedure J	IR(ME)R 2017 – Regulation 6(1)(c) IR(ME)R 2017 – Regulation 7(4)	Clarify all uses of Clinical Evaluation within our QMSs. Create a RT and RTP shared document to detail processes, roles, responsibilities and audit. Update RT and RTP entitlement form to include specific clinical evaluation entitlement.	Quality, Risk and Governance Radiographer & RTP QMS and Governance Lead	31.12.26 31.12.27
14.	**Pregnancy enquiry procedure compliance** Internal IR(ME)R audit findings showed incorrect staff understanding regarding responsibilities for	The employer must strengthen and clarify the pregnancy enquiry procedure, ensuring Ongoing audit of compliance to verify improvements.	IR(ME)R 2017 – Regulation 11(1)	Implement inclusive pregnancy procedure and provide training for all staff (Oncologist and Radiographers) update all relevant documentation and Mosaiq assessments.	Quality, Risk and Governance Radiographer & Lead Radiographer	31.08.26

	confirming pregnancy status. Several records demonstrated incomplete or incorrect documentation by referrers, and there were known deviations from the documented pregnancy enquiry procedure. This creates risk of exposures being undertaken without the required checks.			Audit implementation and completion.		31.12.26
15.	**Justification and authorisation processes** Justification and authorisation were described consistently by staff; however, the presence of a delegated operator authorisation process (technologists' plan approval) necessitates	The employer should: • Ensure the technologists' plan approval process is comprehensively documented • Include clear eligibility criteria, scope of practice limits, required training and sign-off steps		Update TPA documentation to demonstrate compliance. Develop joint RT and RTP internal audit.	Head of Radiotherapy Physics,& Deputy Head of Radiotherapy Physics	30.09.26

	clear, robust documentation to ensure IR(ME)R compliance, including explicit criteria and oversight arrangements.	• Ensure practitioners maintain appropriate oversight and that the process is routinely audited for safety and compliance.				
16.	**Duty holder entitlement documentation clarity** Entitlement documentation is present but not fully aligned with IR(ME)R requirements. Findings include: • Ambiguity in duty holder terminology (referrer, practitioner, operator) • Tasks not consistently aligned to	The employer must: • Standardise and align entitlement documentation across all staff groups • Clearly define IR(ME)R duty holder terminology and match tasks to the correct role • Consolidate radiographer entitlement documentation to a single, authoritative source • Separate competency assessment from		RT: Scope of radiographers to be clearly documented in line with IR(ME)R tasks and Entitlement forms and process to be updated and strengthened. Clarify competency and entitlement terminology within documentation. RTP: Clarify Competency and Entitlement definitions.	Quality, Risk and Governance Radiographer + Leads (Treatment, CT and Pre-treatment) RTP QMS and Governance Lead)	Treatment Entitlements 30.09.26 CT & Pre-treatment 31.12.26 30.09.26 31.12.26

	correct duty holder roles • Confusion between competency assessment and authorisation of entitlement • Radiographer entitlement spread across multiple documents, reducing clarity	entitlement authorisation • Audit entitlement documentation annually to ensure accuracy and clarity		RTP: Determine all affected documents RTP: Update all certificate wording and include Entitlement sign-off. RTP: Add note for grandfathering of entitlement for all who have been signed off before October 2025 (issue date of updated QFORM5.805) RT: Annual Audit of entitlement process and documentation RTP: Annual Audit of entitlement process and documentation		31.12.26 31.12.26 31.12.26 Audit Complete by 31.03.27 31.03.27
17.	**Display of positive "You Said" feedback** "You Said, We Did" boards focus largely on improvement	The employer should ensure that positive 'You Said' comments are also displayed in addition to improvements.	Health and Care Quality Standards – people's engagement, feedback and	Review display and feedback stations to highlight positive feedback and ensure	Quality Improvement Radiographer	31.12.26

	actions, despite most patient feedback being overwhelmingly positive. This may limit opportunities to celebrate good practice and reinforce positive staff behaviours.		learning; culture of continuous improvement.	positive feedback is escalated.	Head of Radiotherapy Head for Radiotherapy Physics	
18.	**Interim leadership arrangements** The department is operating with several interim leadership roles. The absence of permanent appointments presents risks to continuity, strategic planning and long-term resilience within the leadership structure.	The Health Board should stabilise leadership arrangements. This will strengthen continuity, support strategic planning and enhance resilience within the department's leadership structure.	Health and Care Quality Standards – Governance, Leadership and Accountability	The Health Board is currently in the process of organisational change known as Organising for Success which has proposed moving from the existing Service Groups to Care Groups. The leadership structure within the Care Groups will be addressed as part of the change programme.	Service Group director NPTS	31.09.2026

19.	**Equipment replacement schedule** There is no timed, formal forward-looking equipment replacement plan in place for LINACs and other critical radiotherapy equipment. This creates risks to service continuity, resilience and future capacity as equipment ages or approaches endoflife.	The employer must develop a formal forward-looking replacement schedule for LINACs and other critical radiotherapy equipment to ensure phased replacement minimises service disruption and maintains safe and effective radiotherapy delivery.	IR(ME)R 2017 – Regulation 15 (Equipment) Health and Care Quality Standards – Safe and Effective Care	Develop formal strategic replacement and upgrade equipment and software timeframe plan for consideration by Executive Directors	Head of Radiotherapy Head of Radiotherapy Physics) Medical Radiotherapy Lead	31.12.26
20.	**Formal plan for MRI scanning** Access to MRI scanning for radiotherapy planning is not supported by a formalised plan. Current arrangements may not be sufficient to meet increasing demand or future	The employer must develop and agree a formalised plan to secure dedicated MRI scanning capacity to meet current radiotherapy planning needs and future service requirements, including preparation for adaptive radiotherapy.	Health and Care Quality Standards – Timely and Effective Care IR(ME)R 2017 – Optimisation (Regulation 12	Develop infrastructure plan for linac and MRI/MR Sim support for radiotherapy for consideration by Executive Directors.	Head of Radiotherapy Head of Radiotherapy Physics Medical Radiotherapy Lead	31.12.2026

needs such as adaptive radiotherapy, which requires high-quality soft tissue imaging.					

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): Anna Iles & Sophie Jenkins	**Job role: Interim Head of Radiotherapy**	**Date: 09.03.26**
Name (print): Ceri Gimblett	**Job role: Service Group Director (NPTS)**	**Date: 18.03.26**