



**Agenda Item**

8.2.6

**Quality, Safety & Experience Committee**

**Bi-Annual Report CTM Radiation Safety Committee**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	18/11/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Sharon Donovan Professional Head of Radiography
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Lauren Edwards, Executive Director of AHPs and Health Science
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Lauren Edwards, Executive Director of AHPs and Health Science

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
EPs	Employers Procedures
HIW	Healthcare Inspectorate Wales
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
LPA	Laser protection advisor

MEG	Medical Exposure Group
MPE	Medical Physics Expert
NRW	Natural Resources Wales
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
RPA	Radiation Protection Advisor
RPSC	Radiation Protection Service, Cardiff
RPS	Radiation Protection Supervisors
RSC	Radiation Safety Committee
RPG	Radiation Protection Group
DTPS	Diagnostics, Therapies, Pharmacies and Specialties

## 1. Purpose

- 1.1 This report has been prepared to provide the Committee with details of the key matters considered by the Radiation Safety Committee (RSC) at its meeting on 24<sup>th</sup> October 2025. Minutes are available on request.
- 1.2 Key highlights from the meeting are reported in section 5.
- 1.3 The Committee is requested to **NOTE** the report.

## 2. Specific Matters for Consideration

- 2.1 CTMUHB RSC is scheduled to meet twice yearly, with meetings held in April and October 2025. The next meeting is scheduled for April 2026.
- 2.2 In 2025, a new radiology management structure has been developed and implemented, with a Professional Head of Radiography and a Radiology Quality Manager now in post, providing both subject matter expertise and consistency of approach for the RSC meetings.
- 2.3 Following April's meeting of the RSC, a proposal was made to change the format of the meeting to enable better assurance and avoid duplication. The proposal to change the format of the meeting was taken through internal governance structures for approval.
- 2.4 The meeting on 24<sup>th</sup> October 2025 was the first RSC to be held in the new format of Radiation Protection Group (RPG) and Medical Exposure Group (MEG). RPG and MEG provided an Alert, Advise & Assure format. The new format brought the reports together for each modality in CTMUHB and avoided duplication. It enabled colleagues to attend the group that is most appropriate to them, or both if required. A required attendance list will be distributed ahead of the next RSC. This meeting will continue to report into the Quality, Safety & Experience Committee.



### 3. Highlight Report

<b>Alert / Escalate</b>	<ul style="list-style-type: none"><li>• RSC made aware of a staff member who is using the mini-C arm, a form of imaging equipment, in POW theatre without the correct entitlement to use the equipment. RSC agreed that this practice was to cease with immediate effect until the correct entitlement is issued. A notification letter to cease use was sent on the 24<sup>th</sup> of October 2025, with members of the RSC agreeing to meet to ensure the correct entitlement is issued.</li><li>• Ongoing temperature issues in Nuclear Medicine (NM) in POW are causing a spike in humidity that is affecting Quality Assurance and Image Quality. Issue escalated to both DTPS Directorate Manager and Estates services on 27<sup>th</sup> October, highlighting that this work needs to be completed by Dec 2025 – prior to NM centralisation in POW.</li><li>• Highlighted again that there is no Laser Protection Advisor cover in POW. Chair to discuss with Planned Care Directorate Manager to progress a solution. Risk to be updated on the risk register.</li><li>• Dermatology UV update document required. CTMUHB did have a Service Level Agreement (SLA) with C&amp;V but this has not been renewed. Chair to escalate to care group directors to progress a solution. Risk to be added to corporate risk register after discussion with MPE.</li></ul>
<b>Advise</b>	<ul style="list-style-type: none"><li>• Mini C Arm, a form of imaging equipment, in PCH has been out of action for 2 years. Repairs not possible at present so decommissioned. There is a demand for the mini c arm now theatre capacity has increased again after the closure of the vanguard, therefore it will be fixed or replaced.</li><li>• Update on CTM readiness for Medical Device Regulation changes to be shared at Operational Management Board on 29<sup>th</sup> October 2025.</li><li>• As a security improvement measure, the sealed source storage box for radio isotope needs replacing in POW NM to improve security. Superintendent Radiographer is addressing.</li><li>• POW needs to directly order Iodine 123 for Nuclear Medicine examinations as currently an outlier in South Wales. Nuclear Medicine Superintendent Radiographer is reviewing 2 suppliers and comparing pricing. Reviews of NRW permit revision and Standard Operating Procedures (SOPs) for ordering and delivery are being drafted.</li><li>• Community Dental service has advised they are behind on the screening of thyroid shields and will work on rectifying as soon as possible as annual screening is recommended for safe practice for staff.</li><li>• Requirement to purchase metal detectors for Magnetic Resource Imaging (MRI) Parc Prison patients following an</li></ul>



	<p>incident whereby a prisoner concealed a razor blade on their person. This was a near miss and a safety alert. Head of Radiography to meet with Parc Prison manager to ensure patients and staff are protected.</p> <ul style="list-style-type: none"><li>• As a result of a missed intra orbital foreign body on a prescreening questionnaire for a patient in RGH, the MRI safety expert is providing revised screening documentation on an all-Wales basis to reduce future occurrences.</li><li>• There is a new taxonomy policy now on Datix. All staff will be required to Datix all near misses or (Good catches), as this is now an IR(ME) R requirement. Quality manager will work with staff groups to educate as to how report- and will work with Datix team.</li><li>• DEXA RPS RGH Audit needs completing as currently outstanding. Velindre Physics Team are aware and planning to rectify as soon as possible recognising that delays have occurred due to a number of vacancies within the Team.</li><li>• No MPE (Velindre) service Lead for RGH/PCH since MPE resignation in August 2025 and no suitable candidates at present. On site audits delayed due to lack of capacity in the team. Interim MPE will advise of recruitment progress and confirm when audits are complete. Consideration for one SLA with a single physics provider to cover all sites in CTMUHB would enable equity of physics provision in CTMUHB. Commissioning work ongoing.</li><li>• Duty Holders Audit in RGH and PCH are outstanding. The Velindre physics team have agreed to carry these out imminently.</li><li>• Highlighted that PoW Theatre Employers Procedures require updating. Lead Medical Physics Expert to meet with Theatre team to implement an action plan to allow the procedures to be updated.</li></ul>
<b>Assure</b>	<ul style="list-style-type: none"><li>• Radiographers from RGH and PCH have attended Radiation Protection Supervisor (RPS) training.</li><li>• A POW radiographer will undertake RPS training for NM in November.</li><li>• The Community Dental Team are now engaged and attended the RSC meeting.</li><li>• The Dental Team are reviewing EPs and entitlement documentation with Velindre Physics Team.</li><li>• The updated Classified Workers document was presented and accepted for approval in the meeting.</li><li>• The Administration of Radioactive Substances Advisory Committee (ARSAC) practitioner license has been modified for one consultant radiologist to include RGH and POW. License has been approved (AA-11733)</li></ul>



	<ul style="list-style-type: none"><li>• An US Governance Group is being established. DTSP care group director is leading on this and will be formalising TOR. Dates to be agreed to meet.</li><li>• MRI RGH plans in progress to start works to reduce entry points to MR Controlled Access Area, as detailed in physics risk assessment. SON and Fire Build applications have been completed and approved. Architect and contractors appointed.</li><li>• Revised NM permit in POW to accommodate increased waste in readiness for when NM service centralises. Limits have been calculated to future proof the service. RPA will complete the application and send to NRW once Purchase Order is raised. Process takes 3 months to process in readiness for centralisation of service. Fee to be approved by Radiology Directorate manager.</li><li>• There is a new taxonomy policy now on Datix. All staff will be required to Datix all near misses or (Good catches), as this is now an IR(ME)R requirement. Quality manager will work with staff groups to educate as to how report- and will work with Datix team</li><li>• Head of Radiography to seek a point of contact in CTMUHB to oversee the monitoring of Radon risks to enable assurance to HSE.</li><li>• Dental Team working with physics on employers' procedures and entitlement documentation.</li><li>• No schedule for rehearsal of contingency plans for radiation incidences – all sites. The Quality manager will implement as soon as possible to minimise risk.</li></ul>
<b>Inform</b>	<ul style="list-style-type: none"><li>• HIW inspection PCH Radiology general department 20<sup>th</sup> -21<sup>st</sup> May went well. The immediate action issued around diagnostic reference levels (DRLs) in CT has been addressed. An action plan was issued, and the Head of Radiography and Quality Manager and team have been working to complete the actions in a timely manner.</li></ul> <p>The action plan included entitlement of external referrers to refer into CTMUHB. This is now complete, for all other health boards in Wales.</p> <p>All other health boards in Wales are looking to adopt the same approach following discussion in all Wales Radiography Professional Head Group and Quality Forum so we may receive a similar letter. An internet page is underway for sharing of the CTMUHB Radiology employers' procedures.</p> <p>The only outstanding actions are concerned with lack of staffing out of hours.</p>



	<ul style="list-style-type: none"><li>• Cone Beam CT unit will be installed in PCH Summer 2026</li><li>• Fluoroscopy interventional Room 4 in RGH will be replaced before April 2026</li></ul>
<b>Appendices</b>	N/A

#### 4. Recommendations

4.1 Quality, Safety and Experience Committee are asked to **NOTE** the report.