

## **Action Plan**

| Service Name:       | Ninewells Hospital, Dundee |  |
|---------------------|----------------------------|--|
| Service Provider:   | NHS Tayside                |  |
| Date of inspection: | 16-17 January 2024         |  |

| Ref | Action Planned   | Timescale | Responsible Person                         | Progress | Date completed |
|-----|--|-----------|--|----------|----------------|
| 1   | These staff have been identified. NHS Tayside will establish a process for their entitlement that will mirror the existing entitlement arrangements. Ongoing monitoring of entitlement status will lie with the Radiation Safety Committee.  | 3 months  | Victoria Bassett-Smith<br>& Gillian Duncan |          |                |
| 1a  | This will be addressed with a new fixed agenda item at the Radiation Safety Committee.  The nuclear medicine senior leadership team will now sign-off the report sent to the Radiation Safety Committee and more members will be invited to the Radiation Safety Committee.  A minimum pro-forma for the nuclear medicine report to the Radiation Safety Committee will be produced. | 3 months  | Mark Worrall                               |          |                |
| 2   | Training records will be compiled for the nuclear medicine physicists.  Level 2 entitlement documents for physicists will be reviewed and updated.   | 3 months  | Mark Worrall / Victoria<br>Bassett-Smith   |          |                |

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|   | Medical Physics will undertake cross sectional auditing of training records for all staff to provide assurance they remain up to date. This will be managed through the Medical Physics Senior Staff meeting.   |          |  |  |
|---|---|----------|--|--|
| 3 | These staff have been identified. Appropriate training will be provided and delivery recorded. NHS Tayside intends to move towards online training (with automated recording of completion) but this is a longer term ambition.   | 6 months | Victoria Bassett-Smith /<br>Mark Worrall                     |  |
| 4 | The specific requirement to have deviations from manufacturer recommendations / accepted best practice / professional body recommendations thoroughly documented and signed off by an MPE will be included in NHS Tayside's level 1 procedures. All areas will then include this in their level 2 procedures.   | 3 months | Mark Worrall   |  |
| 5 | The nuclear medicine shared drive will be organised such that all acceptance and commissioning data and associated reports will be stored together.  A gap analysis of what is available indicates that some partial recommissioning of nuclear medicine equipment is necessary – this will be undertaken.  Protocols will be monitored at the imaging optimisation group, with membership of the group increased to include more nuclear | 6 months | Victoria Bassett-Smith /<br>Mark Worrall / Gillian<br>Duncan |  |



|   | medicine colleagues. Every imaging protocol will be taken in turn to the optimisation group for review. Feedback will be provided to the nuclear medicine senior leadership team meetings and included on the report to the Radiation Safety Committee pro-forma.  Any changes to imaging protocols will be communicated to all operators.   |          |  |  |
|---|--|----------|--|--|
| 6 | The current inventory will be reviewed and updated for any inaccuracies.   | 3 months | Mark Worrall   |  |
| 7 | NHS Tayside will purchase an appropriate sealed source to facilitate quality assurance testing of gamma probes. A system of work to ensure checks before probe use will be provided, and staff training provided as appropriate. Records of quality assurance checks will be held by the nuclear medicine department.  | 6 months | Victoria Bassett-Smith /<br>Mark Worrall / Gillian<br>Duncan |  |
| 8 | The level 1 procedure will be revised to be more explicit about technical and clinical audit. All level 2 procedures will be revised to match.  The nuclear medicine senior leadership team will devise a list of clinical audits to be undertaken as a rolling programme.  Audit results will feed into radiology's existing clinical quality assurance and clinical audit programme. | 3 months | Victoria Bassett-Smith /<br>Mark Worrall / Gillian<br>Duncan |  |



| b | Multiple options will be presented. Concerns can be escalated through line managers or shared with any member of the nuclear medicine senior leadership team for discussion at senior leadership team meetings. A nuclear medicine generic group email will also be created to allow concerns to be conveniently sent by email. These emails will be discussed at the senior leadership team meetings.  The arrangements will be communicated to all staff on the nuclear medicine intranet page and through all staff communications (an emailed staff brief). | 3 months | Claire Donaldson                         |  |
|---|---|----------|--|--|
| С | The level 1 procedure will be updated to require that all level 2 procedures define where the training records are stored. All level 2 procedures will be updated accordingly.  | 3 months | Mark Worrall / Senior<br>Leadership Team |  |
|   | The nuclear medicine department will use a combination of spreadsheets, word documents and QPulse records. This will be defined in the level 2 procedure.   |          |  |  |
| d | The level 1 procedure will be updated to require that the equipment inventory be reviewed at least annually. All level 2 procedures will be updated accordingly.  | 3 months | Mark Worrall / Senior<br>Leadership Team |  |
|   | Review will be monitored through the nuclear medicine senior leadership team.   |          |  |  |



| A change control front page will be added to the inventory document so it is clear what |  |  |
|---|--|--|
| has been updated and when.  |  |  |

Mark Worrall Name:

Designation: Head of Medical Physics

Signature:

14/03/2024 Date:

In signing this form, you are confirming that you have the authority to complete it on behalf of the employer.