

Action Plan

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| Service Name: | ABC4D Antenatal Baby Scan Clinic Glasgow |
| Service number: | 00962 |
| Service Provider: | ABC 4D Limited |
| Address: | Suite 215, Pentagon Centre, 36-38 Washington Street, Glasgow, G3 8AZ |
| Date Inspection Concluded: | 20 February 2023 |

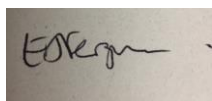
| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
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| Requirement 1: The provider must ensure that all staff receive a regular documented performance review to give staff the opportunity to discuss progress in their role or raise any concerns (see page 16). Timescale – by 18 July 2023 | We will invite all of the reception and sonography team members to an annual review. | Commence 01/05/2023 with all staff completed by 01/10/23. | Reception staff: Directors, clinic manager Sonographer staff: Medical Director |
| Recommendation a: The service should obtain structured feedback from patients to direct the way it engages with its patients and uses their feedback to drive improvement (see page 11). | We will create a google form with questions about the quality of the service they received. This can be emailed with the photos at the end of the scan. Paper copies can be available in each clinic with a post box for anonymous collection. | Commence 01/04/2023. Form to be constructed and approved, then tested by 01/05/2023 and re- | Directors |

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| | | evaluated after collected 6-8 weeks of data. | |
| Recommendation b: The service should ensure that staff are trained in the principles of duty of candour (see page 11). | Email all staff with the policy and explanation of what it means in practice. Staff with confirm receipt and be invited to ask any questions. Staff will be asked to provide evidence on online training from their substantive post. | 01/06/2023 | Clinic manager and medical director |
| Recommendation c: The service should ensure that staff have received safeguarding (public protection) training (see page 11). | Email all staff with the policy and explanation of what it means in practice. Staff with confirm receipt and be invited to ask any questions. Staff will be asked to provide evidence on online training from their substantive post. | 01/06/2023 | Clinic manager and medical director |
| Recommendation d: The service should carry out regular audits of the environment (see page 14). | The clinic will be inspected quarterly with regard to cleanliness, stock, boiler/electrical servicing, waste bags, cleaning equipment, first aid box. | January, April, July, October | Clinic manager/assistant |
| Recommendation e: The service should carry out a more detailed audit of patient care records (see page 15). | Continue to audit scan reports and images. Add in audit of patient contact details, LMP (if known, not all patients will have this information), gestation, GP details, dating and signing of reports. | ongoing | Medical Director |
| Recommendation f: The service should ensure that staff files are kept to show that all appropriate recruitment and relevant annual checks are carried out and documented for all staff (see page 16). | For all staff, both reception and sonography, a file should be maintained, containing their CV with details of x2 referees, Disclosure (for ABC4D), annual check of the professional register for doctors and midwives. Document annual performance review and any training. | July 2023 | Clinic manager, assistant and directors |

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| Recommendation g: The service should implement a staff survey to obtain feedback about working in the service (see page 18). | Create survey form eg surveymonkey to send to all staff biannually asking questions about how they feel working for the company and any suggestions for improving things. We could incorporate into the patient feedback post box and paper form that they could post anonymously if wished. | July 2023 | Directors |
| Recommendation h: The service should formally record the minutes of directors' and management meetings. These should include any actions taken and those responsible for the actions (see page 18). | We will maintain the agenda items and where there are particular actions they will be added to the improvement plan. Minutes will be produced from the meetings. | July 2023 | Directors |
| Recommendation i: The service should hold formal staff meetings, either in person or online. Minutes should be recorded and include any actions taken and those responsible for the actions, and should be shared with all staff (see page 18). | This will be very difficult to arrange due to the diverse nature of the business, with the limited availability of some staff members. Formal meetings with all members have been attempted before but poorly attended. We will continue to visit clinics on an ad hoc basis to meet with staff, invite comments and arrange meetings as and when issues develop. Visits to clinics will be documented. | ongoing | Directors |

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| Name | Evelyn Ferguson | | |
| Designation | Medical Director | | |
| Signature |  | Date | 02/04/2023 |
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In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

Guidance on completing the action plan.

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales:** for some requirements can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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