

Action Plan

Service Name:	Hampden Sports Clinic
Service number:	00724
Service Provider:	The National Stadium Sports Medicine Centre
Address:	Hampden Park, Glasgow G42 9ED
Date Inspection Concluded:	06 December 2021

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.	Management team to meet this week to discuss requirement and develop a system to identify and mitigate all potential risks to clients and staff	Immediate	John Maclean
	All staff to be updated with the outcome and be able to comment	4 weeks	
Requirement 2: The provider must develop and implement a medicine management policy that describes how medicines will be procured, prescribed, ordered, delivered, stored, administered and disposed of in the service.	Policy to be written	12 th March 2022	John Maclean

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Requirement 3: The provider must ensure that all medicines are stored securely in either a locked cupboard or a locked room.	Locked storage facility to be identified	Immediate	John Maclean
Requirement 4: The provider must implement a suitable system of regularly reviewing the quality of the service. A written record of the review must be made available to Healthcare Improvement Scotland and patients.	Management team to meet to design and put in place a review system	12 th March 2022	John Maclean
Recommendation a: The service should ensure that policies are reviewed and updated regularly.	Management team to update policies with input from Scottish FA HR staff	3 months	Andrea Anderson
Recommendation b: The service should ensure that, where possible, areas are kept free from clutter and further refurbishment of the flooring is considered.	Immediate review of Clinic to identify areas of concern Regular review to ensure continuing best practice	Immediate	John Maclean
Recommendation c: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.	Management team to meet to design and put in place a review system	3 months	John Maclean

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Recommendation d: The service should ensure that consent for treatment is obtained and documented consistently in each patient care record.	Staff update re importance of documentation of consent	Immediate	Alan Scott
Recommendation e: The service should ensure patients' next of kin contact details are requested in the event of an emergency.	Staff update re importance of documentation of consent	Immediate	Alan Scott
Recommendation f: The service should ensure all personal development reviews are carried out when required to give staff the opportunity to discuss progress in their role or raise any concerns.	Management team to plan staff appraisals	3 months	Management team
Recommendation g: The service should formally record the minutes of management and staff meetings. These should include a documented action plan highlighting those responsible for the actions.	Now in place	Done	Management team
Recommendation h: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.	Management team to meet to design and put in place a review system	3 months	John Maclean

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Recommendation i: The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs the patient of how their feedback has been used to improve the quality of the service.	Plan more regular client feedback with outcomes discussed with all staff	Immediate	John Maclean
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Name	John Maclean			
Designation	Chief Executive			
Signature		Date	31 / 01 /2002	
In signing this fo	orm, you are confirming that you have the authority to o	complete it on behal	If of the service provider.	

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