

Action Plan

Service Name:	Marie Curie Hospice – Edinburgh
Service number:	00046
Service Provider:	Marie Curie
Address:	45 Frogston Road West, Edinburgh, EH10 7DR
Date Inspection Concluded:	14-15 November 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should develop measurable key performance indicators and a process to measure these (see page 13).	<p>An internal review will take place of Marie Curie's current national KPI's and what scope we must introduce more localised KPI's. We will also work with Scotland North and West to review there local KPI's for consistency.</p> <p>We will also review St Columbas KPI's to ensure consistency with another local Hospice. The plan will be to have local KPI's if possible that mirror St Columbas and Scotland North and West.</p>	31 st March	Head of Quality and Clinical Practice

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 6	Review Date:
Circulation type (internal/external): Internal/External		

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:2 of 6	Review Date:
Circulation type (internal/external): Internal/External		

<p>Recommendation d: The service should ensure its complaints policy and procedures contain the correct information and details for patients to be able to contact Healthcare Improvement Scotland at any point of the complaints process (see page 22).</p>	<p>Scotland S&E will work with Scotland N&W to work together for a Scotland wide approach. A review will take place of current details and update the accordingly. Due to rebrand, we will work with the rebranding team to ensure any new and updated leaflets etc. will have the new and correct contact details available.</p>	<p>Clinical Support Services Manager</p>	<p>31st March</p>
<p>Recommendation e: The service should ensure policies and standard operating procedures are reviewed and updated as planned (see page 22).</p>	<p>A guidance is currently being developed to ensure all SOP's are created and updated in a consistent manner whether clinical or non-clinical. The guidance will include what information should be considered, who should be involved in SOP development and when a SOP is required (so it doesn't not duplicate with a policy). After development, all SOP's will be reviewed using this new guidance ensuring consistency across all SOP's.</p>	<p>Clinical Support Services Manager/ Head of Quality and Clinical Practice/ Medical Director</p>	<p>31st December</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:3 of 6</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p>Recommendation f: The service should ensure patients' consent to treatment is documented in the patient care records (see page 27).</p>	<p>A review will take place to see what questions we currently ask to capture the consent and if they are fit for purpose. Any required amendments will be made after this review.</p> <p>We will then ensure staff training is completed to train staff consistently on consent to treatment capture and is documented correctly.</p> <p>Audit's will then ensure the training has been embedded amongst staff.</p>	<p>Medical Director/ Admin supervisor</p>	<p>1st July</p>
<p>Recommendation g: The service should ensure that information on the patient's power of attorney status is documented in the correct place in the patient care record and is easily accessible for all staff (see page 28).</p>	<p>A review will take place to see what questions we currently ask to capture the consent and if they are fit for purpose. Any required amendments will be made after this review.</p> <p>We will then ensure staff training is completed to train staff consistently on power of attorney capture and is documented correctly.</p> <p>Audit's will then ensure the training has been embedded amongst staff.</p> <p>We will include in MDT a review process which will ensure power of attorney capture is reviewed.</p>	<p>Clinical Support Services Manager/ Admin supervisor</p>	<p>31st March</p>

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:4 of 6	Review Date:
Circulation type (internal/external): Internal/External		

Recommendation h: The service should introduce regular audits of patient care records (see page 28).	A review will take place of our current audit requirements/assessment/documentation and see if it's fit for purpose. We will then amend the current documentation to include all aspects of what needs to be audited so it's captured in the same place, on the same documents and is updated and covers all our audit requirements.	Head of Quality and Clinical Practice / Deputy Head of Quality and clinical Governance	1 st August
---	--	--	------------------------

Name	<input type="text" value="Charlotte lindlev"/>		
Designation	<input type="text" value="Head of Operations Scotland South and East"/>		
Signature	<input type="text" value="CL"/>	Date	<input type="text" value="05 / 01 /2024"/>

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

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:5 of 6	Review Date:
Circulation type (internal/external): Internal/External		

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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:6 of 6	Review Date:
Circulation type (internal/external): Internal/External		