

Action Plan

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| Service Name: | Scottish Vein Centre |
| Service number: | 00728 |
| Service Provider: | The Scottish Vein Centre Ltd |
| Address: | Waterside House, 19 Hawthorn Bank Lane, Edinburgh, EH4 3BH |
| Inspector: | Amelia MacDonald |
| Date Inspection Concluded: | 9 January 2020 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
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| Requirement 1: The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals (see page 13). Timescale – by 30 June 2020 | I as Lead Clinician and Manager already have annual appraisal. I will undertake individual performance reviews of all four other members of staff within the timescale specified. I will then ensure that all members of staff will undergo annual appraisal in a formal manner as set out by ACAS. All members of staff have agreed to this undertaking. | 4 months | Dr Kieran McBride, Medical Director, SVC |

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| Recommendation a) The service should introduce a system to obtain a Disclosure Scotland PVG update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 13). | I have been in contact with Disclosure Scotland. I will be applying for the Scottish Vein Centre to become a registered body and I will be a counter-signatory for all four other members of staff. This will be acted upon immediately. | ASAP | Dr Kieran McBride, Medical Director, SVC |
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| Name | <input type="text" value="Dr Kieran McBride"/> | | |
| Designation | <input type="text" value="Medical Director"/> | | |
| Signature | <input type="text" value="Kieran DP McBride"/> | Date | <input type="text" value="17 / 02 /2020"/> |

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