

Action Plan

Service Name:	La Belle Forme at Glasgow Day Surgery Centre
Service number:	02055
Service Provider:	Electiva Hospitals Glasgow Limited
Address:	La Belle Forme at Glasgow Day Surgery Centre, 154 Clyde Street, Glasgow, G1 4EX
Date Inspection Concluded:	19 March 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that patients have agreed to share information with their next of kin or emergency contact details in the patient care record. If the patient refused to provide the information, this should be documented (see page 29).</p> <p>Timescale – by 19 June 2025</p> <p>Regulation 4(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>When collecting the patients next of kin details they are asked if the person can be contacted in the time of an emergency. This will now be confirmed with a tick box on the patient record confirming the patient is happy for details to be shared.</p> <p>We are moving to a new diary system 1st June this box has been created as part of the minimum data field sets.</p>	1st June 2025	Gemma Maguire

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<p>Recommendation a: The service should develop a formalised business strategy that brings together the provider's key performance indicators and the service's values, identifies organisational aims and objectives, and describes how these will be monitored and measured. This information should be shared with staff patients so there is a shared sense of direction (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>We have our KPI's vision values purpose set out. With the Introduction of our new managing director and change to Electiva Hospital Glasgow the business strategy will be set out by the board as a group wide strategy and filtered to management and staff.</p>	<p>19 June 2025</p>	
<p>Recommendation b: The service should keep a record of all meetings with staff and any actions arising from them (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>Theatre staff 1-1 meetings had been recorded, we will now record self-employed aesthetic nurses 1-1 meetings.</p>	<p>19th June 2025</p>	

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<p>Recommendation c: The service should develop its own systems and processes and implement clinical supervision of trained staff including formal recording of it (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>	<p>We currently do OTJ supervisions for clinical staff, this is recorded in the staff members HR file. These are broken down into department specific roles and core competences where staff members are supervised in their role by direct line managers and supervisors. Training will align with these competencies.</p> <p>Any shortfalls within these checks will be addressed by training or support from the department required ie Clinical IT may require IT support rather than clinical.</p> <p>Staff members will be supported with protected time for online learning and development.</p> <p>As part of a wider group we are, supported by director of clinical services, group theatre manager and group pharmacist who will be on site on a monthly basis to support management and continue to develop and train our clinical team.</p>		
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<p>Recommendation d: The service should ensure batch numbers and expiry dates of medicines are recorded on each individual patient care record (see page 29). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>	<p>We have a section on the patients clinical notes which collects the batch number and expiry dates.</p> <p>We will set a date for staff training on this to ensure it is completed accurately.</p> <p>Patient data audit will be updated to review a selection of patients to ensure batch numbers are in place.</p>		
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Name	<input type="text" value="Gemma Maguire"/>		
Designation	<input type="text" value="Hospital Senior Manager"/>		
Signature	<input type="text" value="GM"/>	Date	<input type="text" value="19 / 05 /2025"/>

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

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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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