

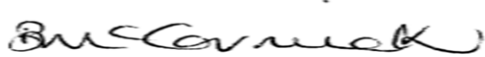
## Action Plan

Service Name:	Veincentre
Service number:	01438
Service Provider:	Veincentre Ltd
Address:	234 West George Street, Glasgow G2 2ND
Date Inspection Concluded:	28 June 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
<b>Requirement 1:</b> The provider must develop a risk-based refurbishment plan for upgrading of the ventilation system within prompt timeframes as agreed with Healthcare Improvement Scotland.	We have now started to implement a plan for installing a ventilation airway system as per spec provided by HIS. This will be commissioned by a specialist provider to install.	31/12/2022	B McCormick
<b>Requirement 2:</b> The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.	We are aware that we need to inform HIS regarding clinical incidents/changes to provider services. We have asked the HIS for clarification regarding the level at which incidents need reported for example all incidents regardless of the level of significance.	Prior to publication of report	B McCormick

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<b>Recommendation a:</b> The service should ensure that all relevant annual checks are carried out on each individual healthcare worker who is working under practicing privileges.	We have a system in place for annual appraisal. A review is carried out of annual performance and a consultant activity report is also produced. We will implement a processing for the management and review of practising privileges so that this is routinely recorded.	Immediately	
<b>Recommendation b:</b> The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.	We are in the process of building a quality improvement plan. An example of what will be included in the plan is: the development of a fully electronic clinic record system, workforce planning, staff training and development	Ongoing	

Name	Bernadette McCormick		
Designation	Service Manager		
Signature		10 / 08 /2022	
In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.			