

Action Plan

Service Name:	Diverse Diagnostics
Organisation Number:	02258
Service Provider:	Diverse Diagnostics Ltd
Address:	Suite 7 Tribune Court, 2 Roman Road, Bearsden, Glasgow, G61 2SW
Date Inspection Concluded:	20 May 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notifications guidance within specified timeframes (see page 18).</p> <p>Timescale – immediate</p> <p>Regulation 5(1)(b) The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</p>	<p>All prescription errors and relevant incidents will be notified to HIS within required timeframes. To support this:</p> <ul style="list-style-type: none"> The Medication Co-ordinator will track all prescription errors using a dedicated log on Notion. All consultants and clinical staff will receive reminders via email and in the weekly staff roundup about the requirement to report any errors. 	Immediate	Medical Director Practice Manager

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	<ul style="list-style-type: none"> • The process will be reviewed and monitored during monthly leadership meetings. • HIS will be notified promptly of any incidents moving forward. 		
<p>Recommendation a: The service should formally record outcomes when reviewing performance against each identified key performance indicator (see page 11).</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>	<ul style="list-style-type: none"> • Establish structured KPI meetings at the start of each quarter. • Share KPI objectives and deliverables with leadership staff before each quarter. • Review progress on KPIs during weekly one-to-one meetings with relevant team members. • Document outcomes formally and retain records for audit and improvement planning. 	Within the next quarter and ongoing thereafter.	Senior Leadership Team
<p>Recommendation b: The service should further develop the structure of staff meetings to include a set agenda, and detail the staff responsible and timescales for taking forward any actions (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>	<ul style="list-style-type: none"> • Develop and circulate a standard agenda prior to each meeting. • Assign a dedicated minute taker to record discussions, actions, and responsibilities. • Share meeting minutes with all staff, including an attached action plan outlining specific tasks, responsible job titles, and deadlines for each action. 	Immediate implementation and ongoing.	Practice Manager

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<p>Recommendation c: The service should develop clear and measurable action plans to monitor and evaluate the impact of any improvements made as a result of patient feedback, and ensure patients are informed of any changes made to the service as a result of their feedback (see page 15).</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>	<ul style="list-style-type: none"> • Create a feedback response log capturing the feedback received, resulting changes, and date of implementation. • Develop measurable action plans for each significant change arising from feedback. • Include updates in patient newsletters or direct communications to ensure patients are informed. 	<p>To commence immediately, with first review in three months.</p>	<p>Practice Manager</p>
<p>Recommendation d: The service should further develop its procedures for reporting and recording accidents and incidents to ensure this is in line with its accident and incident reporting policy (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>	<ul style="list-style-type: none"> • Implement an updated accidents and incidents record system on the shared Google Drive. • Train all staff on accessing and completing the form during team meetings. • Review records monthly to ensure compliance and identify trends for improvement. 	<p>Already implemented; continuous monitoring ongoing.</p>	<p>Practice Manager Medical Director</p>

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<p>Recommendation e: The service should ensure that information from all risk assessments is included in the risk register to ensure that all risks to patients and staff have been identified and are being managed (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>	<ul style="list-style-type: none"> • Integrate all completed risk assessments into the central risk register. • Review and update during monthly team meetings to ensure completeness and accuracy. • Provide staff with guidance on updating and referring to the risk register. 	Immediate integration; ongoing updates.	Practice Manager Medical Director
<p>Recommendation f: The service should address the outstanding recommendations in its health and safety risk assessment (see page 20).</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>	<ul style="list-style-type: none"> • Implement outstanding actions such as improvements to fire exits and mounting fire extinguishers. • Engage the building manager to confirm completion and document progress. • Conduct a follow-up review to ensure all items have been resolved. 	Within three months.	Practice Managers

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<p>Recommendation g: The service should further develop its programme of audits to cover additional key aspects of care and treatment. Audits should be documented, with improvement action plans developed, where necessary (see page 20).</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>	<ul style="list-style-type: none"> • Expand audit programme to include areas such as report audits and private prescription audits. • Document all audit findings formally. • Develop specific improvement action plans following each audit cycle. 	<p>New audit areas to be launched within six months; continuous thereafter.</p>	<p>Medical Director</p>
<p>Recommendation h: The service should implement a system for ongoing monitoring and safety checks for staff working in the service, including those working under practicing privileges (see page 22).</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>	<ul style="list-style-type: none"> • Introduce a staff tracker system to monitor documentation status and expiration dates. • Implement a traffic light alert system (red/amber/green) to identify upcoming expiries. • Review the tracker quarterly to ensure ongoing compliance. 	<p>Implemented; ongoing monitoring.</p>	<p>Practice Manager</p>

Name	ALICIA BROWN		
Designation	PRACTICE MANAGER		
Signature		Date	07/07/2025

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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 the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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