

Action Plan

Service Name:	Elanic
Service number:	00246
Service Provider:	Elanic Ltd
Address:	132 Bath Street, Glasgow, G2 2EN
Date Inspection Concluded:	11 November 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance (see page 19). Timescale – immediate <i>Regulation 5(1)(b) The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</i>	Elanic makes every effort to comply with the guidance on notifiable incident. A further review of notifiable incidents has been completed and will be followed.	Completed	Director of Clinical Services
Requirement 2: The provider must ensure that a duty of candour report is produced and published every year (see page 19).	Elanic has always undertaken to publish its Duty of Candour Report. It has been an oversight that it was	18th Feb 2026	Director of Clinical Services

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Timescale – by 18 February 2026 <i>Regulation 5(2) The Healthcare Improvement Scotland (Inspections) Regulations 2011</i>	not published on our website. The Report will be published.		
Requirement 3: The provider must ensure that all complaints are investigated in line with its complaints policy and that the complaints log is fully completed (see page 19). Timescale – immediate <i>Regulation 15(3) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	Elanic has a robust complaints policy and has always managed complaints well, helping patients find resolution. However with the expansion of the site this became more challenging. Elanic has employed a Quality and Assurance Manager who will ensure Elanic is compliant with our Complaints Policy. New Manager will be in place 02/03/26. Elanic are working to bring all complaints up to date in the meantime.	26 th Jan 26	Director of Clinical Services
Requirement 4: The provider must ensure that all risk registers are routinely reviewed and discussed by appropriate senior staff who have not been responsible for compiling the risk registers (see page 20). Timescale – immediate <i>Regulation 13(2)(a)</i>	Elanic has a risk register and will now add this to the monthly SMT meeting for review. This will ensure the register is routinely updated and reviewed.	1 st Feb 26	Submission due in Feb 2026 and Director of Clinical Services will submit this.

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<i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>			
Requirement 5: The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland (see page 25). Timescale – immediate <i>Regulation 5(1)(c)</i> <i>The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</i>	Elanic has always submitted its annual return to Health care Improvement Scotland, it was an oversight due to the recent expansion in 2025 that it was not submitted.	Feb 26	Submission due in Feb 2026 and Ashleigh Jolly will submit this.
Requirement 6: The provider must ensure that all patient care records are fully completed and contain all the relevant information (see page 25). Timescale – by 18 February 2026 <i>Regulation 4(2)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	Elanic has adopted a hybrid of paper based forms and digital forms. We complete a regular audit schedule of our medical records for compliance. The results of these are shared with employees. We will focus further on similar trends that develop and ensure these are actioned in a timely manor.	1 st Feb 26	Director of Clinical Services
Requirement 7: The provider must ensure that safe recruitment of staff is completed in line with policy and national guidance, including the obtaining of two references to ensure any person working in the service	Elanic have a robust recruitment process that involves and interview process and then data gathering, such as qualifications, immunisation, Registration confirmation and references. Elanic	8 Jan 26	Director of Clinical Services
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<p>has the qualifications, skills and experience necessary for the work that they will be carrying out (see page 25).</p> <p>Timescale – immediate</p> <p><i>Regulation 8</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i> This was previously identified as a recommendation in the March 2024 inspection report for Elanic.</p>	<p>always request 2 references and will ensure going forward that employees are not started in position until both references are received.</p> <p>Due to the extensive recruitment that is being undertaken at Elanic we have employed a recruitment admin and HR adviser to assist with compliance.</p>		
<p>Requirement 8: The provider must ensure that any person working in the service has undergone relevant Disclosure Scotland checks and are enrolled in the Protecting Vulnerable Groups (PVG) scheme before starting work in the service (see page 25).</p> <p>Timescale – immediate</p> <p><i>Regulation 9</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Elanic request PVG updates on all clinical staff at the point of offering a position at Elanic.</p> <p>We were in the process of moving to a digital platform at the time of the inspection and not all information was available on that platform at the time.</p> <p>We now include non clinical as well as clinical staff in this requirement. This has been actioned for all staff to be members of the PVG programme.</p>	8 Jan 26	Director of Clinical Services
<p>Requirement 9: The provider must ensure that any person working in the service has</p>	<p>All Elanic staff are supernumerary at the beginning of</p>	8 Jan 26	Director of Clinical Services

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<p>undergone an induction and completed mandatory training (see page 25).</p> <p>Timescale – immediate</p> <p><i>Regulation 12(c)(ii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a recommendation in the March 2024 inspection report for Elanic.</p>	<p>employment with Elanic. They have an induction on the first day with their line manager, these are documented in the staff HR record and include orientation and review of key policy. They are provided with Login details for all platform necessary including the mandatory training platform 'Pro Trainings'. We will ensure that all staff complete their mandatory training during the 1st week of employment.</p> <p>We have also reinforced the monitoring of compliance ensuring staff stay up to date with the requirement. The addition of the Quality Assurance Manager and HR admin will ensure better compliance from employees.</p>		
<p>Requirement 10: The provider must ensure that staff receive regular individual performance reviews and appraisals, and that these are recorded in the staff files (see page 25).</p> <p>Timescale – by 31 March 2026</p> <p><i>Regulation 12(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Elanic have a lot of new employee that are not due for a performance review or appraisal. We acknowledge that their has been a delay to completing these for our existing members of staff. This was due to the expansion in 2025 This delay was communicated with the staff but we acknowledge the benefit of appraisals and performance reviews for staff, Elanic and our patients.</p> <p>These are now schedule to occur in Quarter 1 of 2026.</p>	31st March 2026	Director of Clinical Services

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<p>Recommendation a: The service should formally record the minutes of senior management team meetings. These should include any actions taken and those responsible for the actions (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>	<p>Elanic has a SMT meeting every morning and compile an action log including times and dates of actions that need to be reviewed or completed. Elanic will have this available when required for review.</p>	<p>1st Feb 2026</p>	<p>Operations Director</p>
<p>Recommendation b: The service should ensure that the minutes of the clinical governance meetings are sufficiently detailed to ensure those not in attendance are clear about what has been discussed and agreed (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>	<p>Elanic hold their Clinical Governance meetings routinely and discuss key aspects which are recorded. We acknowledge that these can be clearer for those not in attendance to review and understand.</p> <p>We have changed the template from Jan 26 to improve this.</p>	<p>12 Jan 26</p>	<p>Director of Clinical Services</p>
<p>Recommendation c: The service should ensure that the complaints policy is easily accessible for patients on its website (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	<p>Enhanced Version added to the website.</p>	<p>15 Jan 2026</p>	<p>Director of Clinical Services</p>

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organisation providing my care and support. Statement 4.20			
This was previously identified as a recommendation in the March 2024 inspection report for Elanic.			
Recommendation d: The service should ensure that the recruitment and selection, and practicing privileges, policies are updated to reflect current Scottish legislation and standards (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	Updated and available.	09 Jan 2026	Director of Clinical Services
Recommendation e: The service should ensure all staff receive relevant training specific to their role, including basic life support and duty of candour training (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14	Mandatory Duty of Candour Training for all staff has now been initiated to cover both clinical and non clinical staff at all levels in the organisation. BLS and ILS training is completed annually for staff by an external provider. The certificates for this are now available on the employee HR files.	12 Jan 2026	Director of Clinical Services

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<p>Recommendation f: The service should ensure that relevant staff working in the service have had appropriate occupational health checks carried out (see page 25).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>	<p>Elanic request occupational health information on clinical staff. These are then kept in the patient HR file. Elanic was transitioning HR systems and not all information was available to review in one area. With the addition of HR admin this will now be monitored to ensure all documentation is in the correct files.</p>	<p>10th Feb 2026</p>	<p>Director of Clinical Services</p>
<p>Recommendation g: The service should ensure that theatre safety huddle documentation is fully completed and includes relevant information about the day's surgical list and its patients (see page 25).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27</p>	<p>Elanic complete a safety huddle at the beginning of each day. Elanic acknowledge HIS request for more detailed information to be documented at these meetings. Template changed.</p>	<p>01 Feb 2026</p>	<p>Director of Clinical Services</p>

Recommendations carried forward from our March 2024 inspection

<p>The service should share its vision and purpose statement with staff and patients.</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	<p>Elanic has undergone a significant change since the last inspection. We held 2 Town Hall Meetings with all staff in 2025 where we shared our vision and purpose. We involved staff in this.</p>		<p>Managing Director</p>
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organisation providing my care and support. Statement 4.19			
<p>The service should complete and submit a self-evaluation when requested by Healthcare Improvement Scotland.</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>	This will be submitted as required.		Director of Clinical Services

Name

Ashleigh Jolly

Designation

Director Of Clinical Services

Signature

ASHLEIGH JOLLY

Date

27/01/26

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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