

Action Plan

Service Name:	The Cryo Doctor
Service number:	02629
Service Provider:	Dr Jami Islam
Address:	Room 32 Haypark Business Centre, Marchmont Avenue, Falkirk, FK2 0NZ
Date Inspection Concluded:	10 December 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should ensure that a system is in place to make sure its stated aims and objectives are being met.	Annual review and renewal of aims and objectives will be documented.	April 2026	Practitioner
Recommendation b: The service should develop a process to communicate to patients how their feedback is used to improve the service.	Improvements made to the service will be posted on the service website.	May 2026	Practitioner
Recommendation c: The service should introduce a system with documented evidence to show when policy reviews are undertaken, and what changes or updates were subsequently made.	The foot of each policy will have amendments for each version documented.	April 2026	Practitioner

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<p>Recommendation d: The service should introduce a formal audit programme to make clear when audits will be carried out.</p>	An audit schedule will be created and reviewed annually.	April 2026	Practitioner
<p>Recommendation e: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.</p>	A quality improvement plan will be created and updated with continuing improvements in the service.	April 2026	Practitioner
<p>Recommendation f: The service should ensure that patients are asked if their information can be shared with their GP and other healthcare professionals. This should be documented in the patient care records. If the patient refuses to provide the information, this should also be documented.</p>	Patients' consent to share information will be documented in the patient record on their initial consultation.	Already implemented	Practitioner

Name	<input type="text" value="Jami Islam"/>
Designation	<input type="text" value="Practitioner"/>
Signature	<input type="text" value="Jami Islam"/>
Date	<input type="text" value="5 / 2 / 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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