

<p>Requirement 2: The provider must have clear governance structures in place that promote quality and safety through identified leadership that is both accountable and fully engaged in the service (see page 17).</p> <p>Timescale – immediate</p> <p>Regulation 13(1) The Healthcare Improvement Scotland (Inspections) Regulations 2011</p>	<p>Elanic have provided a document that details the governance structure at Elanic. Elanic has continued and commenced a regular schedule of both clinical governance related meeting and non-clinical governance related meetings (varying from bimonthly, monthly and quarterly) and clear guidance on how the information is cascaded between meetings, staff and upwards to Board level.</p>	<p>Completed</p>	<p>Director of Clinical Services and Director of Strategy and Operational Excellence.</p>
<p>Requirement 3: The provider must ensure that appropriate clinical governance procedures are implemented to provide monitoring and oversight of safe patient care (see page 17).</p> <p>Timescale – immediate</p>	<p>Monthly clinical governance meeting schedule implemented.</p> <p>MAC meeting scheduled quarterly.</p> <p>Regular bi-monthly MDT meetings scheduled.</p> <p>Medicines management meeting scheduled monthly</p> <p>Blood transfusion committee meetings scheduled quarterly.</p> <p>SMT monthly meeting scheduled.</p>	<p>Schedule completed</p>	<p>Director of Clinical Services and Director of Strategy and Operational Excellence.</p>

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<p>Regulation 13 (2)(b) The Healthcare Improvement Scotland (Inspections) Regulations 2011</p>	<p>The governance structure document provided details the meetings and how information is supplied from one to the other and to the employees and service users.</p>		
<p>Requirement 4: The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance and in a timely manner see page 24).</p> <p>Timescale – immediate</p> <p>Regulation 5(1)(b) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>SOP- 161- Notification to HIS created to provide clear guidance of what must be notified and the timescale for notifications. Senior clinical team now have access to HIS portal for making notifications to HIS.</p>	<p>Completed</p>	<p>Director of Clinical Services</p>

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<p>Requirement 5: The provider must ensure that medicine management systems are in place which demonstrate clear evidence of regulatory compliance and staff competency (see page 24).</p> <p>Timescale – immediate</p> <p>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>Pharmacist led Medicine Management Meeting occurring monthly. Schedule implemented.</p>	Completed	Director of Clinical Services
	<p>Staff competency assessments created for clinical and relevant non-clinical staff and being implemented.</p>	30/04/26	Director of Clinical Services
	<p>Medicine Management mandatory training implemented, date set for all staff to be compliant.</p>	30/04/26	Director of Clinical Services
<p>Requirement 6: The provider must ensure that all complaints are investigated in line with its complaints policy and that the complaints log is fully completed to reflect all complaints that involve the hospital (see page 24).</p> <p>Timescale – immediate</p>	<p>SOP – 162 – Allocation management of complaints across a multi-site facility created. Ensures complaints are correctly aligned to the correct registered facility and reduce confusion.</p>	Completed	Quality and Assurance Manager
	<p>Bi-weekly complaints management meeting with senior clinical team scheduled and minutes documented.</p>	Completed	Outpatient Manager
	<p>Complaint tracker kept up-to date.</p>	Completed	Quality and Assurance Manager
	<p>All complaints currently managed as per policy.</p>	Completed	Director of Clinical Services

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<p>Regulation 15(3) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>			
<p>Requirement 7: The provider must have a process in place to ensure that all risks identified on the risk register and assessment framework have been assessed and reviewed by the service. This will ensure effective oversight of how the service is being delivered (see page 28).</p> <p>Timescale – by 11 May 2026</p> <p>Regulation 13(2)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>Risk Register review is now an agenda item on most committee meeting, such as Clinical Governance and Facilities Management.</p>	<p>Completed (added to the agenda for meetings and reviewed at Clinical Governance Meeting).</p>	<p>Director of Strategy and Operational Excellence and Director of Clinical Services.</p>

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<p>Recommendation a: The service should review its strategic plan and develop a strategic plan appropriate for the current service (see page 14).</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 are developing a more robust strategic plan to reflect the service we provide.</p>	<p>Aug 26</p>	<p>Director of Strategy and Operational Excellence.</p>
<p>Recommendation b: The service should share its vision and purpose statement with staff and patients (see page 14).</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>Vision and purpose statement posters are visible within the hospital environment to staff, visitors and service users.</p> <p>Monthly newsletter commencing.</p> <p>Website to be updated with vision and purpose statement</p>	<p>Completed</p> <p>30TH April 2026</p> <p>12th May 2026</p>	<p>Director of Strategy and Operational Excellence.</p> <p>Director of Strategy and Operational Excellence</p> <p>Director of Strategy and Operational Excellence</p>

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<p>Recommendation c: The service should demonstrate that improvements made after feedback from patients is communicated to the public (see page 19).</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>Website to be updated with highlights of changes via a You Said We Did page and our social media channels to include examples of this as well</p>	<p>30/05/26</p>	<p>Director of Strategy and Operational Excellence</p>
<p>Recommendation d: The service should update its complaints policy to accurately reflect all aspects of the complaints process, including who investigates the complaint and how this is communicated to patients (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>	<p>Elanic has a 'Patient Information – Guidance on Making a Complaint' leaflet that is provided to patients when they are making a complaint. This document details the process of making a complaint and the timescales, discussing what complaints can be managed and the 3 stages of the process. It also has information on how to contact Healthcare Improvement Scotland if required. It now also details when the complaint handler will be confirmed.</p> <p>There is information available on our website to assist patients when making a complaint.</p>	<p>Completed</p>	<p>Director of Clinical Services and Quality and Assurance Manager.</p>

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<p>Recommendation e: The service should service should implement a formal process for clinical supervision of trained staff (see page 24).</p> <p>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>Elanic has a formal induction programme for all employees, this includes supervision of trained staff when completing certain required clinical aspects of the role. This is being monitored via internal audit programme.</p> <p>As part of ongoing improvement and development, Elanic is implementing more frequent supervision of trained staff throughout their employment on a biannually or annually basis depending on the role.</p>	<p>20th May 2026</p>	<p>Director of Clinical Services</p>
<p>Recommendation f: The service should implement a competency framework for all staff working in the service (see page 24).</p> <p>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>Prior to commencement of employment, Elanic check the relevant qualifications of employed staff and then as part of their induction they are supervised completing key aspects of their role. As part of continuous development and PDP Elanic are reviewing and implementing a competency framework.</p>	<p>10th June 2026</p>	<p>Director of Clinical Services and Director of Strategy and Operational Excellence.</p>

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<p>Recommendation g: The service should amend its recruitment policies to make sure it sets out the recruitment process it will follow and contains the correct legislation and standards (see page 24).</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>Recruitment and Selection Policy reviewed and relevant legislation updated.</p>	<p>Completed</p>	<p>Quality and Assurance Manager</p>
<p>Recommendation h: The service should develop a regular formal programme for non-clinical staff team meetings. These should be documented and include any actions taken and those responsible for the actions. Minutes of meetings should be shared with all staff involved to ensure issues discussed and decisions made are communicated to anyone unable to attend the meeting (see page 29).</p>	<p>All non-clinical teams to have a monthly meeting which will be documented with actions and those will be shared with all staff within that team</p>		<p>Director of Strategy and Operational Excellence, and Operations Manager</p>

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<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>Recommendation i: The service should develop a consistent format for recording one-to-one meetings between staff and their line manager which should be added to the individual's staff file (see page 29).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>	<p>To ensure consistency and that all 1:1's are recorded in the employee file, Elanic has developed a digitised form via Bright HR. This is being implemented as present.</p>	<p>30th April 2026.</p>	<p>Theatre Improvement Lead and HR Admin</p>

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<p>Recommendation j: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 29).</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 is currently progressing a consolidated quality improvement plan which will focus on the following factors:</p> <ul style="list-style-type: none"> • Clinical quality: <ul style="list-style-type: none"> ○ Incidents or Complaints ○ Infection rates ○ Returns to theatre ○ PROMS ○ Scottish Arthroplasty project for whole practice view of all surgeons undertaking joint replacements at Elanic ○ Innovations for improvement • Service quality: <ul style="list-style-type: none"> ○ NPS feedback ○ Google review feedback ○ Doctify feedback ○ Innovations for improvement 	01 July 26	Director of Strategy and Operational Excellence, and Director of Clinical Services
<p>Recommendation k: The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 34).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	Self Evaluation was completed in February	completed	Director of Clinical Services


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<p>organisation providing my care and support. Statement 4.19</p>			
<p>Recommendation I: The service should obtain two references for new members of staff, in line with safe recruitment practices (see page 34).</p> <p>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 have employed a HR administrator to help collate all required documents prior to employment.</p> <p>HR audit programme commenced to monitor compliance.</p>	<p>Completed</p> <p>Ongoing</p>	<p>HR Admin</p> <p>HR Admin and Quality and Assurance Manager</p>

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<p>Recommendation m: The service should implement a formal documented induction process for self-employed staff, including those granted practicing privileges to work in the service (see page 34).</p> <p>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>Whilst induction occurs for all self employed staff and those with PP's is it not routinely documented for those with PP's This will be formalised into an induction programme.</p>	<p>16th May 2026</p>	<p>Operations Manager</p>
<p>Recommendation n: The service should ensure that cleaning schedules are fully and accurately completed for overnight cleaning and are available (see page 34).</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 internal cleaning schedules for all areas and provided these at the time of inspection. We also provided and cleaning schedule for the 3rd party provider that cleans at night. We are implementing and cleaning signoff schedule to ensure all aspects of the schedule are completed and evidenced.</p>	<p>30th April 2026</p>	<p>Director of Clinical Services.</p>

<p>Name</p> <p>Designation</p> <p>Signature</p>	<p>Date</p>
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Ashleigh Jolly

Director of Clinical Services

14 / 04 / 2023

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

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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