

Action Plan

Service Name:	Forte Aesthetics
Organisation Number:	02110
Service Provider:	Catherine Myles
Address:	312 Broughty Ferry Road, Dundee, DD4 7NJ
Date Inspection Concluded:	11 February 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must further develop its practicing privileges policy and have practicing privileges contracts that describe the governance procedures in place to ensure safe delivery of care with individual responsibility and accountability clearly identified and agreed (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 12(d) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Develop a more detailed PP agreement to include an agreement for adhering to all Forte Aesthetics Policies and Procedures (available to view in the Clinic) Additional agreement on access to patient care records must be provided to the Manager (or her representative) in order to audit all aspects of patient from consultation through to aftercare and including feedback. Thus, ensuring safe treatments and Records are fully complete.</p> <p>A monthly audit will be carried out on a selection of patients for each PP provider.</p>	<p>Immediate development to implement ASAP</p>	<p>Manager</p>

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<p>Requirement 2: The provider must further develop its medicines management policy and implement measures to ensure safe medicines management, including ensuring that: a) systems are in place to ensure emergency equipment and medication is always available, and b) medicines, medical supplies and emergency drugs and equipment can be checked and audited (see page 16).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Additional instruction will be added to the Medicine Management Policy setting out how medicines will be procured, received, stored, prescribed, transported, administered and disposed of. This policy adherence will be monitored\audited monthly. Although all PP providers have their own Emergency equipment and medication when in Clinic, the Clinic will hold a Forte Aesthetics Emergency Equipment and medicines including emergency drugs in situ. This will be ordered via one of Nurse Prescribers and subject to monthly audit.</p>	<p>Immediate</p>	<p>Manager</p>
<p>Requirement 3: The provider must produce and publish an annual duty of candour report (see page 16).</p> <p>Timescale – by 11 May 2026</p> <p><i>Regulation 5(2) The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p>	<p>Using Duty of Candour Annual Report Template from Healthcare Improvement Scotland, Forte Aesthetics will complete an Annual Report.</p> <p>The Duty of Candour Policy is displayed in Clinic and will be published on Forte Beauty Clinics Website under Forte Aesthetics</p>	<p>April 2026</p>	<p>Manager</p>

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<p>Requirement 4: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 18).</p> <p>Timescale – by 11 May 2026</p> <p><i>Regulation 13(2)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>A risk register will be produced and implemented by Forte Aesthetics to include business, clinical, patients and staff. Risk Assessment audits will be carried out to ensure compliance, patient care, safety and identify general improvement of the service. This will aid in the overall management of the Service</p> <p>A further programme of Audits will be created and implemented. Including Medicine Management, Clinical records, infection control and staff files</p>	<p>1 May 2026</p>	<p>Manager</p>
<p>Requirement 5: The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited, including that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 8(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>PVG enrolment for each member of Forte Aesthetics will be carried out and checked every 5 years. Forte Aesthetics have contacted Disclosure Scotland and applied for registration. In the interim the Practising Privileges Staff will receive membership via an Umbrella Company – Scottish Disclosures</p>	<p>Immediate and on going</p>	<p>Manager</p>

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<p>Requirement 6: The provider must develop a formal role-specific induction package for all staff to evidence that they have the appropriate support and knowledge required for their role (see page 21).</p> <p>Timescale – by 11 May 2026</p> <p><i>Regulation 12(a)(d) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Staff or Practising Privileges staff will have a more formalised introduction/induction to the Service. Specific checks will be ensuring Professional Qualifications and registrations are up to date and any required CPD relating to the Service is undertaken via Turras and or Learn Pro and any other relevant courses identified. Regular meetings will continue with a summary being posted on Group WhatsApp with the introduction of regular one to ones with each PP Staff member.</p>	7 May 2026	Manager
<p>Requirement 7: The provider must introduce regular one-to-ones and annual appraisals to allow all staff the opportunity to discuss progress in their role or any concerns (see page 21).</p> <p>Timescale – by 11 May 2026</p> <p><i>Regulation 12(c)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Annual Appraisal system has been created and will be implemented in addition to the one-to-one chats.</p>	7 May 2026	Manager
<p>Requirement 8: The provider must ensure that the manager has access to all patient care records at all times: a) so that all relevant documentation is available to view by an authorised person when requested, including Healthcare Improvement Scotland inspectors during an inspection b) in case of</p>	<p>The Manager has made contact with all PP Staff and arranged one-to-one meetings to arrange access to Patient Care Records so that all records are available to view by an authorised person when requested, HIS inspection, emergency and auditing purposes.</p>	Immediate and on going	Manager

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<p>an emergency, and c) for auditing purposes (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2)(a) The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p> <p><i>Regulation 4(3)(b) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>			
<p>Recommendation a: The service should share its aims and objectives with patients and staff (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>	<p>The Manager will ensure Aims and Objectives are available to access and view in Clinic for Patients and Staff to view</p>	<p>1 May 2026</p>	<p>Manager</p>
<p>Recommendation b: The service should develop key performance indicators to include monitoring the safe care and treatment of patients (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>	<p>Key Performance Indicators have been produced and will be implemented to aid in ensuring the Service is operating to its optimum</p>	<p>7 May 2026</p>	<p>Manager</p>

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<p>Recommendation c: The service should implement a structured approach to gathering and analysing patient feedback, which all staff use, to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback (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 4.8</p>	<p>At the next group meeting an Agenda point will be how we can create a standardised document that we can use to gather and analyse patient feedback. Patients will be informed of any changes made as a result of the feedback given</p>	<p>7 May 2026</p>	<p>Manager and PP Staff</p>
<p>Recommendation d: The service should develop a list of mandatory training for staff to complete. This should include clinical training to ensure patient safety, as well as training on governance procedures (see page 16).</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>An agenda point at the next meeting will be to discuss and develop a list of mandatory training. PP Staff have undertaken much of the courses via NHS Turras and Learn Pro. Other training will be identified including patient safety and governance procedures including complaints management, informed consent and safeguarding.</p>	<p>7 May 2026</p>	<p>Manager and PP Staff</p>
<p>Recommendation e: The service should make its complaints process easily available to patients (see page 16).</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>The Service will ensure that its Complaints Policy can be accessed easily by patients. All Policies will be available in Hard Copy in the Clinic for all interested Parties.</p>	<p>1 May 2026</p>	<p>Manager</p>
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<p>Recommendation f: The service should ensure that practicing privileges staff are registered with the Information Commissioner's Office (see page 16).</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>	<p>Agenda Point at the next meeting will be to assess if the PP staff are registered with ICO and address as necessary.</p>	<p>1 May 2026</p>	<p>Manager and PP staff</p>
<p>Recommendation g: The service should develop a programme of audits to cover key aspects of care and treatment, such as patient care records, the clinic environment and equipment, staff files and medicines management. Audits should be documented and improvement action plans implemented (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 4.19</p>	<p>A Programme of Audits is being produced and will be implemented. These will include: Patient Care records; Environment and Equipment; staff files and Medicines Management. Continuous development will be action planned and implemented.</p>	<p>1 May 2026</p>	<p>Manager</p>
<p>Recommendation h: The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	<p>A formal Business Contingency Plan will be developed which will set out the arrangement for continuity of care for Patients, in the event of the service closing.</p>	<p>7 May 2026</p>	<p>Manager</p>

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organisation providing my care and support. Statement 4.14			
<p>Recommendation i: The service should complete and submit a self-evaluation as and when requested by Healthcare Improvement Scotland (see page 21).</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>	A Self-evaluation will be completed and submitted on request.	When requested	Manager

Name	Catherine Myles		
Designation	Manager		
Signature	Catherine Myles	Date	26 March 2026

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.

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- 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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