

Action Plan

Service Name:	Albyn Hospital
Service Provider:	Circle Health Group
Date of inspection:	11 March 2026

Ref	Action Planned	Timescale	Responsible Person	Progress	Date completed
Req 1	Add a statement in to the Breast Radiologists review that confirms the annual requirement of 5000 mammographic reports has been met in their practice.	3 months	Bets Wellman		
Req 2	Addition to be made to EP2B to define who can entitle the most senior Radiographer/CSM/Lead when the Executive Director is not a Radiographer. Locally CSM to be signed off (Entitled) by CSM counterpart in Glasgow.	3 months	Simon Harvey / Amanda Fairley		
Req 3	Site should formally entitle each new Referrer as they present and issue an Entitlement letter.	3 months	Amanda Fairley		
Req 4	Add referral guides to Albyn Imaging webpage for Referrers (including those outside of local catchment area)	3 months	Amanda Fairley / Lily Cham		

Rec a	Competency should only be signed off or reviewed by those who are Benner model level 6 in both the practical aspect and operation of equipment.	Immediately	Amanda Fairley		
Rec b	Revise wording in EP2B to make clear than anyone at Benner level 6 can act as Supervisor. Colour code entitlement matrix to demonstrate all those who are level 6 and can act as supervisor	3 months	Simon Harvey / Amanda Fairley		
Rec c	Update or remove referral criteria for acceptance of patients under 40 years of age and share with referrers	3 months	Amanda Fairley		
Rec d	Update to 'Mammographic history form' to include an additional screening question on; "? implantable devices"	2 months	Amanda Fairley		
Rec e	Mammography operator protocol to be updated to reflect practice, that the operator choose the Eklund technique where reasonably practicable for imaging of women with breast implants.	2 months	Amanda Fairley		
Rec f	Technical recall data to be recorded alongside technical retake analysis audit. Audit document to be updated to reflect this change.	Immediately	Amanda Fairley		

Name: Karen Benton

Designation: Director of Clinical Services



Signature:

Date:

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