Action Plan

Service Name:	Spire Murrayfield Hospital
Service number:	00053
Service Provider:	Spire Healthcare Limited
Address:	122 Corstorphine Road Edinburgh EH12 6UD
Date Inspection Concluded:	25 May 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a. The service should monitor and evaluate improvements made as a result of patient feedback, to determine whether actions taken have led to the improvement anticipated (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Implement a patient feedback actions/improvement tracker to monitor and assess improvements when this an improvement action that can be tangibly measured.	30th September 2026	Julie Campbell

Requirements and Recommendations	Action Planned	Timescale	Responsible Person

Recommendation b. The service should securely destroy original Disclosure Scotland PVG records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 26). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24	Action Communicated to our central HR Team, who manage the onboarding documents for new joiners. Action Complete.	31st May 2026	Julie Campbell Hospital Director

Name	Julie Campbell
Designation	Hospital Director
Signature	
Date	17 / 08 /2026

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.