

Action Plan

Service Name:	The Women's Clinic
Service number:	02836
Service Provider:	The Women's Clinic Ltd
Address:	70 West Regent Street, Glasgow, G2 2QZ
Date Inspection Concluded:	Thursday 16 July 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1. The provider must clearly display its Healthcare Improvement Scotland registration certificate in the service to show that it is providing care in line with the agreed conditions of registration (see page 17). Timescale – immediate <i>Regulation Section 10Q(5) The National Health Service (Scotland) Act 1978</i>	This is now in place in the clinic	Now	Amanda Pook

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 10	Review Date:
Circulation type (internal/external): Internal/External		

Requirement 2. The provider must produce and publish a duty of candour report every year, even when no duty of candour incidents have occurred (see page 17). Timescale – immediate <i>Regulation 5(2)</i> <i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i>	To be completed by first week in October 2026	Now	Amanda Pook
Requirement 3. The provider must ensure that medicines given to patients following treatment are prescribed to them on a named patient basis (see page 17). Timescale – immediate <i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	This has now been amended on the suggestion of the Inspector, and patients are being advised to purchase appropriate over the counter pain relief to be used during the post operative healing stage We do not prescribe any other medication to patients	Now	Amanda Pook

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:2 of 10	Review Date:
Circulation type (internal/external): Internal/External		

Requirement 4. The provider must ensure that appropriate background checks are carried out on all staff before they start working in the service and that ongoing checks are then carried out at appropriate regular intervals (see page 18). Timescale – immediate <i>Regulation 9 The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	This has been in place since prior to the granting of the medical registration in October 2025	Now	Amanda Pook
Requirement 5. The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented (see page 22). Timescale – immediate <i>Regulation 4(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	This has now been added to all patient documents	Now	Amanda Pook

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:3 of 10	Review Date:
Circulation type (internal/external): Internal/External		

Requirement 6. The provider must amend its patient assessment form to make clear that the type and purpose of internal speculum examination to be carried out is limited to assessing tissue quality for laser use and is not diagnostic (see page 22). Timescale – immediate <i>Regulation 3(d)(v) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	This has been amended and is clearly stated that the speculum is only for the purpose of assessing the condition of the tissue prior to using the internal laser hand piece	Now	Amanda Pook
Requirement 7. The provider must ensure that signed patient consent forms are held securely in the patient care records (see page 22). Timescale – immediate <i>Regulation 4 The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	This is being done	Now	Amanda Pook

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:4 of 10	Review Date:
Circulation type (internal/external): Internal/External		

Requirement 8. The provider must amend the laser rejuvenation form to include space to record the unique laser handpiece batch number (see page 22). Timescale – immediate <i>Regulation 4 The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	This has now been added to patient records on the consent form	Now	Amanda Pook
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a. The service should identify overarching key performance indicators and develop a process for monitoring and measuring these to help achieve its aim (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	New “feedback” forms will be automatically sent to all patients at the 6 week mark post procedure for any feedback on treatment quality, expectation, general comments on treatment and practitioners that might advise us of any improvements that might benefit all patients	Now	Amanda Pook

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:5 of 10	Review Date:
Circulation type (internal/external): Internal/External		

Recommendation b. The service should introduce a programme of regular staff meetings, with a record of discussions, decisions reached and staff responsible for taking forward any actions (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	A monthly meeting has been organised for general discussion about procedures and patients, as well as an ongoing high level of communication on a regular basis between the practitioner and the clinic manager at any time about a patient	Now	Amanda Pook
Recommendation c. The service should review its participation policy to introduce a wider range of patient feedback methods. The policy should also include details of a structured approach to gathering and analysing patient feedback to demonstrate how improvements to the service are made as a result of feedback (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8	As above	Now	Amanda Pook

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:6 of 10	Review Date:
Circulation type (internal/external): Internal/External		

Recommendation d. The service should relocate the patient care record filing cabinet to an area out of public access (see page 18). Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.2	This has now been corrected and filing cabinet with patient records has been moved into a private clinic area not accessed by patients	Now	Amanda Pook
Recommendation e. The service should introduce regular formal one-to-one meetings with staff working under practicing privileges arrangements, as part of ongoing performance management (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14	This will be done at monthly meetings	Now	Amandapook

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:7 of 10	Review Date:
Circulation type (internal/external): Internal/External		

Recommendation f. The service should develop a programme of regular audits to cover key aspects of care and treatment such as of the clinic environment, medicines management and patient care records. Audits should be documented and improvement action plans implemented (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	A monthly audit will be carried out on all of these aspects	Now	Amanda Pook
Recommendation g. The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Noted and will be done at monthly meetings	Now	Amanda Pook

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:8 of 10	Review Date:
Circulation type (internal/external): Internal/External		

Recommendation h. The service should review the format of the laser treatment form to make it easier to record and check the information documented (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	This has been corrected and changed	Now	Amanda Pook
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Name	Amanda Pook
Designation	Owner/Practitioner
Signature	Amanda Pook
Date	30/09/2026

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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:9 of 10	Review Date:
Circulation type (internal/external): Internal/External		

- **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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:10 of 10	Review Date:
Circulation type (internal/external): Internal/External		