

Action Plan

Service Name:	Emcare Travel Clinic
Service number:	00221
Service Provider:	UK Health Enterprises Ltd
Address:	Atlantic House, 45 Hope Street, Glasgow, G2 6AE
Date Inspection Concluded:	05 December 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should develop a process of keeping patients informed of the impact their feedback has on the service (see page 13).	We will add feedback regarding changes we have made from client feedback to our photo board.	By 29 Feb 24	Louise Sinclair
Recommendation b: The service should add Healthcare Improvement Scotland's telephone number and email address to its complaints policy and process to allow easy access for patients (see page 16).	The email address and telephone number will be added to our clinic HIS poster.	By 29 Feb 24	Louise Sinclair
Recommendation c: The service should produce and publish an annual duty of candour report (see page 16).	This has been attached to the website – this was completed in 2023 but not published. This has been sent to IT to have this uploaded	05/02/24 Completed	Joanna Dunbar

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<p>Recommendation d: The service should record patients' consent to share information with their next of kin/emergency contact, in the event of an emergency, in the patient care record (see page 19).</p>	<p>Extra field required in addition to "Emergency Contact Name and Contact Details"</p> <p>Question label: Consent to Share Information With the Emergency Contact in the Event of an Emergency. Drop down yes/no</p>	<p>29/02/23</p>	<p>Louise Sinclair</p>
<p>Recommendation e: The service should document in each patient care record – when a paper record (see page 19) is provided (in addition to the electronic record)</p>	<p>Change the field - PIL sent via Travax</p> <p>Question label: Change wording to PIL given to client via Travax and or Paper</p>	<p>29/02/24</p>	<p>Louise Sinclair</p>

Name	Joanna Dunbar
Designation	Managing Director
Signature	<i>Joanna Dunbar</i>
Date	26 / 02 / 2024

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

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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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