

Action Plan

Service Name:	Bruntsfield Physiotherapy and Sports Medicine Clinic
Service number:	00852
Service Provider:	Shona Dewar Physiotherapy Ltd
Address:	17-19 Barclay Place, Edinburgh, EH10 4HW
Date Inspection Concluded:	29 August 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that all healthcare professionals employed in the service are not included on the children and adults' lists in the Children and Young People (Scotland) Act 2014 and The Protection of Vulnerable Groups (Scotland) Act 2007, and that Basic Disclosure Scotland checks are carried out for non-clinical staff (see page 18).</p> <p>Timescale – by 29 November 2024</p>	<ul style="list-style-type: none"> • All non-clinical staff disclosure applications are currently being processed by Disclosure Scotland. • We have PVG's for all clinical staff and practicing privileges clinician's. • PVG / Disclosure's have been added to the mandatory pre-employment and practicing privileges checklist. 	<p>29 November 2024</p>	<p>Service Manager</p>

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<p>Requirement 2: The provider must ensure that the patients' GP, next of kin and consent to share information with other health care professionals are documented appropriately in patient care records. If the patient refuses to provide the information, this should also be documented (see page 21).</p> <p>Timescale – immediate</p>	<ul style="list-style-type: none"> • GP and next of kin have been added to the patient fields which are taken on booking. • Reception update all current patients as they come in for an appointment. • The clinician's also check we have these details when the patient is in the room. • Weekly audits are carried out to ensure 100% compliance. 	<p>Immediate</p>	<p>Service Manager</p>
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should ensure they have a system in place to make sure its identified aims and objectives are being met (see page 12).</p>	<ul style="list-style-type: none"> • Clinical Staff already have SMART KPI's as part of the appraisal process. These are fed back to the clinician's monthly and discussed at our appraisal meetings or sooner to address any areas of excellence and concerns. These include: Diary occupancy: < 85% (after 6 months in post), Rebook rate: < 80%, Patient visit average: 5 sessions in 3 months, DNA Rate: < 4%, Patient satisfaction: > 90% (based on satisfaction questionnaire scores), any specific Patient feedback. • From the end of January 2025, A feedback questionnaire will be sent to all patient's on discharge from their episode of care, these 	<p>31 January 2025</p>	<p>Service Manager</p>

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	<p>will be audited quarterly aiming for minimum 90% satisfaction.</p> <ul style="list-style-type: none"> • We will also send an annual more comprehensive feedback questionnaire, which will capture any regular patients thoughts and feedback. This will be audited annually and fed back to the team at the staff meeting as well as addressing any individual areas of excellence or concern on an ad hoc basis. Aiming for a 95% satisfaction. • Team Turnover will be reviewed Biannually or as required whichever is the sooner, Training sessions completed by staff will be audited 6 monthly. Minimum training sessions are set at quarterly. • Staff feedback is already sought annually through a leadership questionnaire and ad hoc through our open door, no blame culture. This is audited annually and any changes fed back to the team at the staff meeting. • Exit questionnaire's are used with staff to identify any areas of concern / areas of excellence/areas for improvement and any suggestions for future staff. • Patient outcome measures will be reviewed quarterly, these will include: VAS scores, ROM, use of guidelines and area specific such as Koos and Dash. 		
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<p>Recommendation b: The service should ensure that existing or prospective patients are aware of any improvements made to the service as a direct result of patient feedback (see page 15).</p>	<ul style="list-style-type: none"> • For prospective patients: we will add a section to our website and add ad hoc posts on our social media demonstrating. “you said”, “we did. • For current patients: we will put posters up in the clinic and send individual thank you letters to patients who’s recommendations we have applied. • We will also ask them for specific feedback regarding the improvements. • We will also put an ad hoc section in our monthly newsletter with “you said”, “we did”. 	<p>28 February 2025</p>	<p>Service Manager</p>
<p>Recommendation c: The service should adhere to its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 15).</p>	<ul style="list-style-type: none"> • As for recommendation A, An electronic feedback questionnaire will be sent to all patient’s on discharge from their episode of care, these will be audited quarterly. • We will also send an annual more comprehensive feedback questionnaire, which will capture any regular patients thoughts and feedback. This will be audited annually and fed back to the team at the staff meeting as well as addressing any individual areas of excellence or concern on an ad hoc basis. • We will also reintroduce the feedback and suggestions box in the waiting area, enabling anonymised feedback from patients, which will be included in the quarterly audit. 	<p>31 January 2025</p>	<p>Service Manager</p>

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<p>Recommendation d: The service should develop a more detailed programme of regular audits to cover the key aspects of care and treatment. Audits must be documented, and improvement action plans implemented (see page 19).</p>	<ul style="list-style-type: none"> • We have designed an audit calendar which includes set timescales for all clinical and non-clinical audits. • Following each audit, the improvement plan will be formulated and shared with the team at the quarterly staff meeting or earlier if required and any individual feedback will be provided as required. 	<p>Immediate</p>	<p>Service Manager</p>
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Name	Shona Dewar
Designation	Clinical Director
Signature	
Date	13 / 10 / 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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