

Action Plan

Service Name:	Marie Curie Hospice- Glasgow
Service number:	00029
Service Provider:	Marie Curie
Address:	133 Balornock Road, Glasgow, G21 3US
Date Inspection Concluded:	03-04 October 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should ensure that the range of meetings held are meaningful to all staff and are managed appropriately (see page 13).	North & West Governance review completed. Scotland-wide governance review to be carried out.	March 2024	Libby Milton Irene Johnstone Eileen McGinley Libby Ferguson
Recommendation b: The service should ensure its complaints policy and procedures contain the correct information and details for patients to be able to contact Healthcare Improvement Scotland at any point of the complaint process (see page 20).	Review display boards, Digital Signage and local service user information to ensure regulatory contact information. Following rebrand, ensure all Marie Curie literature contains accurate information for our regulators.	Immediately March 2024	Michelle Harkins Marie Curie National
Recommendation c: The service should produce and publish an annual duty of candour report (see page 20).	Publish Duty of Candour Report	December 2024	Eileen McGinley Michelle Harkins

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<p>Recommendation d: The service should ensure all relevant staff contact details are included in the business continuity plan (see page 22).</p>	<p>Review Business Continuity Plan staff telephone cascade.</p>	<p>November 2023</p>	<p>Michelle Harkins Michael Kenny</p>
<p>Recommendation e: The service should ensure that information on the patient's power of attorney status is documented in the correct place in the patient care record and is easily accessible for all staff (see page 25).</p>	<p>EMIS electronic patient record template updated to ensure accessible to all relevant teams. Monitoring of Power of Attorney completion.</p>	<p>Immediately Quarterly</p>	<p>Libby Ferguson Aileen Labram Eileen McGinley</p>

Name	Irene Johnstone	
Designation	Head of Operations	
Signature		<p>Date <input data-bbox="1339 999 1697 1046" type="text" value="13 /11/2023"/></p>

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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