



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Beauty Health Aesthetics, Stirling

Service Provider: Beauty Health Aesthetics Ltd

9 July 2024

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 1 October 2019

Requirement

The provider must ensure that all relevant pre-employment checks are undertaken and recorded at the time of appointment.

Action taken

The recruitment files we reviewed confirmed that a record of pre-employment checks carried out before staff worked in the service was maintained. **This requirement is met.**

Requirement

The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults' and children's list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Action taken

All staff roles were risk-assessed and every employee required to be registered with Disclosure Scotland under the Protection of Vulnerable Group (PVG) scheme. However, the service had not yet carried out its own PVG update for staff before they commenced employment in the service. **This requirement is not met** and a new requirement is reported in Domain 4: Quality Improvement (see requirement 1 on page 17).

What the service had done to meet the recommendations we made at our last inspection on 1 October 2019

Recommendation

The service should develop and implement a patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken

The service had developed and implemented a patient engagement strategy to demonstrate how it would obtain patients feedback about the service.

Recommendation

The service should ensure that the service history for all equipment is retained and accessible.

Action taken

A record of maintenance and servicing for all equipment was available in the service.

Recommendation

The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented.

Action taken

The service had introduced an audit programme, which included audits of:

- infection prevention and control
- medicine management, and
- patient care records.

Recommendation

The service should provide written aftercare information. This would enable patients to be better informed about their care.

Action taken

Patients received written aftercare instructions following their treatment and this was documented in their patient care records.

Recommendation

The service should ensure that a system is in place to record all ongoing professional registration checks of practitioners working in the service.

Action taken

The service carried out yearly professional registration checks for all clinical staff and this was documented in recruitment files where relevant.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Beauty Health Aesthetics on Tuesday 9 July 2024. We spoke with the clinical director and one staff member. We received feedback from 40 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Stirling, Beauty Health Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Beauty Health Aesthetics Ltd, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
<p>The provider's corporate strategy included its vision and purpose. Key performance indicators helped the service to evaluate the quality of the service it delivered to patients. Staff attended monthly meetings and received good opportunities for training.</p>		<p>✓✓ Good</p>
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Results from patient feedback showed high patient satisfaction levels. Key policies, procedures and treatment protocols helped the service deliver safe patient care. Clear procedures were in place for managing accidents, incidents and complaints. Safe systems were in place for medicines management and responding to medical emergencies. Duty of candour reports were published and displayed in the service and on the website.</p> <p>Quality assurance processes enabled the service to monitor the quality of care delivered to patients. The quality improvement plan should be further developed to show the impact of any service changes. The service must carry out its own Disclosure Scotland background checks for new and existing staff members and update its recruitment policy.</p>		<p>✓✓ Good</p>

Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>Our survey results were very positive and confirmed that patients felt safe and satisfied with the quality of care and treatment they received in the service. The clinic environment was clean and patient equipment was fit for purpose. We saw good compliance with infection control procedures. Patients care records we reviewed showed that patients had a full assessment to determine their suitability for treatment. Consent-to-treatment forms were fully completed. Patients were given verbal and written aftercare instructions, and follow-up support to review treatment and check they were satisfied with the results. Medicines were stored securely.</p> <p>Staff recruitment files provided evidence of pre-employment checks. Professional registration checks were completed for clinical staff yearly. Signed contracts of employment, practicing privileges agreements and annual appraisals were evident in the recruitment files we reviewed.</p>	<p>✓✓ Good</p>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Beauty Health Aesthetics Ltd to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one requirement and one recommendation.

Implementation and delivery	
Requirement	
1	<p>The provider must ensure that appropriate Disclosure Scotland background checks are carried out on:</p> <p style="margin-left: 40px;"><i>(a) all staff before they begin working in the service, and</i> <i>(b) all staff currently working in the service.</i></p> <p>Checks must be recorded and retained in staff files and the service’s recruitment policy updated (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 8(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
a	<p>The service should further develop its quality improvement plan to measure the impact of service changes and demonstrate a culture of continuous improvement (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Beauty Health Aesthetics Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Beauty Health Aesthetics for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The provider's corporate strategy included its vision and purpose. Key performance indicators helped the service to evaluate the quality of the service it delivered to patients. Staff attended monthly meetings and received good opportunities for training.

Clear vision and purpose

The service had a 5-year strategic plan and a clear vision and purpose to inform the future direction of the business. The key focus of its vision and purpose was to:

- 'Continue to be open to introducing new treatments and to being honest with service users and each other.'
- 'Continue to expand our knowledge and skills in aesthetics and offer a first-class service to our service users.'
- 'Work hard to deliver excellence in everything we do.'

The mission was to:

- 'Deliver personalised care and attention to every patient.'
- 'Ensure patient safety is at the heart of everything we do.'
- 'Ensure that all treatments are evidenced based.'
- 'Provide the highest quality of medical aesthetic treatments in a safe and comfortable environment.'
- 'Use only the most advanced technologies and products to deliver outstanding results.'

Key performance indicators were used to help identify and measure the effectiveness of the quality of the service delivered to patients. This included collecting and evaluating data from:

- compliance audits
- patient feedback
- recruitment, and
- workforce development

- No requirements.
- No recommendations.

Leadership and culture

The service was owned and managed by the clinical director, a registered nurse prescriber and advanced nurse practitioner. A small core team of staff were employed in the service. This included an office management team and a registered nurse prescriber. The provider also employed a number of registered healthcare professionals and therapists under a practicing privileges arrangement (staff not employed directly by the provider but given permission to work in the service).

We saw the service had adequate staffing to support the delivery of safe and person-centred care to patients. The clinical director (who was also the clinical governance lead) provided day-to-day management of the service. The registered nurse employed in the service covered the management of the service when the clinical director was on leave. The office manager and assistant manager shared a range of administrative duties to support the smooth running of the clinic. This included co-ordinating patient appointments, responding to patient enquiries and coordinating staff training and updating training plans.

Monthly staff meetings were held and the service had recently introduced a daily morning meeting covering all the planned activity that day. We saw the clinical director was committed to making sure that staff were suitably skilled and experienced for the role and had regular opportunities for training and development. Minutes of staff meetings confirmed that staff contributed to the wider development of the service.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Results from patient feedback showed high patient satisfaction levels. Key policies, procedures and treatment protocols helped the service deliver safe patient care. Clear procedures were in place for managing accidents, incidents and complaints. Safe systems were in place for medicines management and responding to medical emergencies. Duty of candour reports were published and displayed in the service and on the website.

Quality assurance processes enabled the service to monitor the quality of care delivered to patients. The quality improvement plan should be further developed to show the impact of any service changes. The service must carry out its own Disclosure Scotland background checks for new and existing staff members and update its recruitment policy.

Co-design, co-production (patients, staff and stakeholder engagement)

Key information about the service was available in the clinic and on its website. This included information about treatments and costs and allowed prospective patients the option to contact the clinic direct or online to book a free consultation and treatment with the therapist or practitioner of their choice. A variety of patient information leaflets about treatments offered in the service and pre- and post-treatment information were available in the clinic reception area and on the clinic website.

The service's patient participation policy directed the variety of ways the service obtained patient feedback. Patients were supported to share their views about the quality of care and treatment delivered and contribute to the ongoing development of the service.

The service engaged with patients in a variety of ways. For example:

- a post-treatment email with a questionnaire was sent to every patient
- a suggestion box was available for patients in the clinic
- 'open nights' allowed staff to provide education and advice about new treatments, and

Patients could also leave reviews on the clinic's website or social media sites. We saw that patients were asked to rate their experience of the service, using a five-star system. A one-star review was rated as poor, and a five-star review was rated as excellent. An audit report of patient satisfaction we reviewed from January 2024 showed high satisfaction levels, the service achieved a five-star rating from 100% of patients who participated. We received similar results from patients who completed our online survey. Patients told us that staff were friendly, professional and treated them with dignity and respect.

The service compared results from previous surveys and produced action plans to promote improvements in the service. For example, the service had reviewed its opening times to offer patients greater flexibility as a result of their feedback.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The clinical director was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance.

Appropriate arrangements were in place to maintain patient privacy and dignity in line with the service's privacy and dignity policy. All consultations were appointment-only and carried out in private consulting rooms to maintain patient confidentiality.

We saw that maintenance contracts were in place for fire safety equipment, lasers, electrical wiring and the gas boiler. A system was also in place to regularly test portable electrical appliances to make sure they were safe to use.

The service had a range of policies and procedures to set out the agreed ways of working to help make sure it delivered safe and person-centred care. The policies we reviewed had been updated in January 2024. We saw that some of the policies in place included those for:

- health and safety
- infection control
- medicines management, and
- safeguarding.

Staff could access the policies in the clinic and any policy changes were discussed at staff meetings.

The service's complaints policy included the contact details for Healthcare Improvement Scotland and made clear that patients could contact us directly at any stage if they had a complaint. The policy was displayed in the clinic reception area and on the website. We were told the service had not received any complaints about the service since it was registered with Healthcare Improvement Scotland in December 2017.

A duty of candour policy described how the service would meet its professional responsibility to be honest with patients if things went wrong. The service produced and published a duty of candour report each year in line with its policy. The most recent report from June 2024 confirmed that no duty of candour incidents were reported. The report was displayed in the clinic and was available on the website. We saw that staff had received duty of candour training.

The provider was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure patients' confidential information was safely stored. Patient care records were stored electronically in a password-protected computer. This helped to maintain confidentiality of patient information in line with data protection legislation.

A system was in place to monitor and manage accidents and incidents in the service. We were told that no accidents, incidents or adverse events had occurred in the service since its registration in December 2017.

The service had a safe system for prescribing, storing and administering medicines. Medicines were obtained from an appropriately registered supplier and the service was registered to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). A stock control and audit system allowed the service to monitor medicines supplies and their expiry dates. Temperature-sensitive medicines were stored in a locked medical refrigerator and medical devices, such as dermal fillers were stored in a lockable cupboard. The temperature of the refrigerator was monitored and recorded every day to make sure medicines were safe to use.

Appropriate arrangements were in place for medical emergencies or complications from treatment. This included mandatory staff training and the availability of emergency medicines and equipment. Patients were provided with an out-of-hours number to contact a practitioner if they had any issues or concerns following their treatment.

Patients were involved in planning their treatment as part of the consultation and assessment process. All patients completed a pre-treatment questionnaire before they had a face-to-face consultation with the practitioner to assess their medical history and suitability for treatment. A treatment plan was prepared and treatment options were discussed with patients. Our online survey results confirmed that patients were given time to discuss and ask questions and did not feel pressured to go ahead with treatment.

Before receiving treatment, patients signed a consent form to confirm they understood the risks, benefits and likely outcome of the proposed treatment. We saw that consent to share information with their GP or other healthcare professional where necessary and for taking pre- and post-treatment photographs, were obtained. Patients were given verbal aftercare advice and written aftercare instructions following their treatment. Patients were invited to attend a 2-week follow-up appointment where appropriate, to review the outcome of the treatment and check that patients were satisfied with the results.

Patients registered on the weight management programme, had to meet strict criteria and provide consent for their GP to be notified they were commencing the programme. Patients receiving alternative approaches to traditional hormone replacement therapy (a plant-based alternative to HRT) and hayfever injections also followed a detailed assessment protocol before they could commence treatment.

The service had a registered external laser protection advisor to make sure laser safety rules and guidance were followed to support the safe delivery of laser treatments for its patients. An appropriate laser risk assessment and local rules (the local arrangements developed by the laser protection advisor to manage laser safety) were in place for each laser. Staff authorised to operate the lasers had completed their laser safety core of knowledge training. These members of staff were required to carry out regular refresher training and had signed to say they had read and understood the local rules. Locks on doors were used to control access to laser treatment rooms. We saw appropriate signage in place to alert staff when lasers were in-use and to prevent unauthorised entry.

Staff that the provider employed and clinical staff who worked under a practicing privileges arrangement were recruited according to their skills, experience and the qualifications required for the role. The majority of staff were registered nurse prescribers. The clinical director supported the ongoing development of staff through:

- annual appraisal
- competency-based training
- induction, and
- professional development plans.

The clinical director also provided mentorship and clinical education to registered nursing staff to support the revalidation of their professional qualification every 3 years. All registered healthcare professionals were members of industry-specific organisations, such as The Aesthetic Complications Expert Group (ACE).

What needs to improve

We were told that staff employed in the service completed their own Disclosure Scotland background checks, which they then submitted to the clinical director upon recruitment. While we saw that all staff including clinical staff working under practicing privileges were Protecting Vulnerable Groups (PVG) scheme members, the Disclosure Scotland certificates we reviewed were from previous or current employers and not linked to the service. The provider must either register as a counter-signatory with Disclosure Scotland or commission an ‘umbrella body’ to carry out PVG checks and regular updates on its behalf. This will ensure that staff are fit and not barred from doing regulated work and provide assurance that all staff are safe to work in the service (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure that appropriate Disclosure Scotland background checks are carried out on:

- (a) all staff before they begin working in the service, and*
- (b) all staff currently working in the service.*

Checks must be recorded and retained in staff files and the service’s recruitment policy updated.

- No recommendations.

Planning for quality

The service’s risk management system supported the ongoing assessment, monitoring and management of risk. We saw appropriate environmental risk assessments were carried out for the laser, fire safety and ventilating the treatment rooms. The service’s clinical waste contract included the correct category to help make sure that hazardous medicines, such as botulinum toxin were disposed of safely.

Environmental audits documented slip trip or fall hazards, infection control practice, and control of substances hazardous to health (COSHH). We saw the service had a risk register, which identified the control measures it had put in place to reduce each identified risk. Clinical risks associated with treatments were also documented and included the preventative measures that patients should follow to reduce risk before and after treatment.

The service had developed an audit programme, which included audits of:

- infection control
- medicines stock
- patient care records, and
- patient feedback.

It also audited the number of new and returning patients to monitor patient satisfaction with the service. This helped the service to identify areas of non-compliance and prompted actions for improvement. For example, an infection control audit had highlighted that clinical waste was not always disposed of correctly. This was discussed at a staff meeting and a notice was posted in the treatment rooms to remind staff to follow the correct procedure.

A quality improvement plan was in place. This informed and directed service improvement activities from patient feedback analysis, previous inspections and audit results. For example, each staff member had signed all the policies updated in the staff folder earlier in 2024 to confirm they had read and understood them.

What needs to improve

While the quality improvement plan directed improvement activities, it did not measure the outcome or impact of service changes (recommendation a).

- No requirements.

Recommendation a

- The service should further develop its quality improvement plan to measure the impact of service changes and demonstrate a culture of continuous improvement.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

Our survey results were very positive and confirmed that patients felt safe and satisfied with the quality of care and treatment they received in the service. The clinic environment was clean and patient equipment was fit for purpose. We saw good compliance with infection control procedures. Patients care records we reviewed showed that patients had a full assessment to determine their suitability for treatment. Consent-to-treatment forms were fully completed. Patients were given verbal and written aftercare instructions, and follow-up support to review treatment and check they were satisfied with the results. Medicines were stored securely.

Staff recruitment files provided evidence of pre-employment checks. Professional registration checks were completed for clinical staff yearly. Signed contracts of employment, practicing privileges agreements and annual appraisals were evident in the recruitment files we reviewed.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

The clinic environment and patient equipment was clean and fit for purpose. We saw that cleaning schedules were fully completed to confirm that cleaning had been carried out in line with standard infection control precautions. Patients who completed our online survey told us the environment was clean, comfortable and hygienic. Some comments included:

- ‘The clinic is immaculately clean, and I haven’t had any problems with the equipment.’
- ‘The clinic was welcoming, clean, and felt very comfortable in the environment.’
- ‘Clean well-maintained clinic, very comfortable and very hygienic too.’

We saw good compliance with infection prevention and control procedures. This included clear procedures for the safe disposal of medical sharps, such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub and appropriate personal protective equipment, such as disposable gloves, aprons and face masks. Observational audits of hand hygiene practice in June 2024 confirmed that staff practice was good.

Medicines that required to be stored in a refrigerator were monitored daily and the daily records of temperatures we reviewed confirmed that medicines were being stored in the correct temperature range. The medical fridge was clean, not overstocked and temperature sensitive prescription-only medicine, such as botulinum toxin was in-date. Medicines and medical devices, such as needles and syringes were in-date. The service maintained a stock of emergency medicines to respond to medical emergencies, such as allergic reactions or complications from treatment. Patient care records we reviewed included the batch number and expiry date of medicines used during clinical treatments.

We reviewed five electronic patient care records. We saw fully completed medical questionnaires, a summary record of the face-to-face consultation and signed consent to treatment forms in all the patient care records we reviewed. This included consent to share information with patients' GPs and for taking photographs. Consent forms documented the risks and benefits of treatment. A record of the patients' emergency contact or next of kin was also documented. We saw that patients received a treatment plan outlining their treatment options and the estimated cost. Patients received verbal and written aftercare instructions and a follow-up appointment 2 weeks after their treatment to review the outcome of the treatment and make sure patients were satisfied with the results. Results from an audit of 20 patient care records between October 2023 and January 2024 were positive and showed that patient care records were fully completed.

Our survey results confirmed that patients felt safe, were fully involved in planning their treatment and positive about the information and support they received from staff before and after their treatment. Some comments included:

- ‘As always, I was given clear and concise information about the aesthetic treatment I had paid for. I was also given clear aftercare advice and I was also assured that I could get in touch with the team at any time after my treatment if I had any questions or concerns.’
- ‘I’m a happy customer and I feel in safe hands when I go to see Beauty Aesthetics Stirling.’
- ‘The salon is spotlessly clean, the staff are all lovely people, the practitioners are very knowledgeable and expert in their treatments. I trust them to provide me with safe and excellent results.’

We reviewed four recruitment files for staff, including clinical staff employed under a practicing privileges arrangement. The files contained a record of their:

- evidence of training attended
- professional qualifications
- proof of identity, and
- two references.

All files we reviewed confirmed that staff had attended a service induction prior to working in the service and had an employment contract or practicing privileges agreement. Clinical staff files provided evidence of professional registration, health clearance and up-to-date indemnity insurance. An up-to-date appraisal and details of any future training plans was available in all the recruitment files we reviewed.

- No requirements
- No recommendations

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.



More information about our approach can be found on our website: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

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Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
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