



Healthcare
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Scotland

Inspections
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To drive improvement

Announced Follow-up Inspection Report: Independent Healthcare

Service: MMV Nails, Beauty and Tanning Ltd, Stirling

Service Provider: MMV Nails, Beauty and Tanning Ltd

3 June and 3 July 2024

*This report is embargoed until 10.00am
on **Wednesday 11 September 2024***

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected MMV Nails, Beauty and Tanning Ltd on 23 August 2023. That inspection resulted in 18 requirements and 18 recommendations. As a result of that inspection, MMV Nails, Beauty and Tanning Ltd produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at:

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

About our follow-up inspection

We carried out announced follow-up inspections to MMV Nails, Beauty and Tanning Ltd on Monday 3 June 2024 and Wednesday 3 July 2024. The purpose of the inspections was to follow up on the progress the service has made in addressing the 18 requirements and 18 recommendations from the last inspection. The service has remained closed to delivering non-surgical aesthetic procedures to patients since the initial inspection in August 2023. This report should be read along with the August 2023 inspection report.

We spoke with the owner/manager during the inspections.

The inspection team was made up of two inspectors.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

		Grade awarded
Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	✓ Satisfactory

The grading history for MMV Nails, Beauty and Tanning Ltd can be found on our website.

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](#)

We found that the provider had complied with the majority of requirements made at our previous inspection. It had also taken steps to act on some of the recommendations we made.

Of the 18 requirements made at the previous inspection on 23 August 2023, the provider has:

- met 14 requirements, and
- not met four requirements.

What action we expect MMV Nails, Beauty and Tanning 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 four requirements and seven recommendations which remain outstanding, and one new requirement and one new recommendation.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop clear measurable objectives for the delivery of care that it provides, and these should be evaluated on a regular basis to ensure they align with the service’s aims (see page 11).</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> <p>This was previously identified as a recommendation in the August 2023 inspection report for MMV Nails, Beauty and Tanning Ltd.</p>

Implementation and delivery	
Requirement	
1	<p>The provider must ensure that the medicines management policy accurately reflects how the service is delivered to ensure the safe management of medicines (see page 14).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the August 2023 inspection report for MMV Nails, Beauty and Tanning Ltd.</p>
2	<p>The provider must publish an annual duty of candour report (see page 16).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2)</i> <i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p> <p>This was previously identified as a recommendation in the August 2023 inspection report for MMV Nails, Beauty and Tanning Ltd.</p>

Implementation and delivery (continued)

Recommendations

- b** The service should ensure its website is up to date and relevant to how the service is delivered. This should include information to help patients make informed decisions about treatments (see page 13).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

This was previously identified as a recommendation in the August 2023 inspection report for MMV Nails, Beauty and Tanning Ltd.

- c** The service should make its complaints process more widely available to patients, including publishing information on how to make a complaint on its website (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

This was previously identified as a recommendation in the August 2023 inspection report for MMV Nails, Beauty and Tanning Ltd.

- d** The service should ensure that all staff have undergone training in the principles of duty of candour (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the August 2023 inspection report for MMV Nails, Beauty and Tanning Ltd.

- e** The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, infection prevention and control, the safety and maintenance of the care environment and patient care records. Audits should be documented, and improvement action plans implemented (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the August 2023 inspection report for MMV Nails, Beauty and Tanning Ltd.

Implementation and delivery (continued)

Recommendations

- f** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the August 2023 inspection report for MMV Nails, Beauty and Tanning Ltd.

Results

Requirements

- 3** The provider must ensure a suitable fridge is used to store temperature-sensitive medication, such as botulinum toxin, and that regular fridge temperature recording is carried out (see page 18).

Timescale – immediate

Regulation 3(d)(iv)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

This was previously identified as a requirement in the August 2023 inspection report for MMV Nails, Beauty and Tanning Ltd.

- 4** The provider must ensure that a suitably qualified healthcare professional is present in the independent healthcare service to access, prescribe and administer prescription-only medicine to patients as part of a response to complications and/or an emergency, if required (see page 20).

Timescale – immediate

Regulation 12(b)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

This was previously identified as a requirement in the August 2023 inspection report for MMV Nails, Beauty and Tanning Ltd.

Results (continued)

Requirements

- 5** The provider must review its information management procedures to make sure staff understand their roles and responsibilities and that patient care records are stored securely on site and destroyed in line with relevant data protection legislation (see page 20).

Timescale – immediate

Regulation 3

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

This was previously identified as a requirement in the August 2023 inspection report for MMV Nails, Beauty and Tanning Ltd.

Recommendations

- g** The service should review and amend its practicing privileges policy to reflect the need for initial and ongoing Protecting Vulnerable Groups (PVG) checks (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- h** The service should ensure botulinum toxin is used in line with the manufacturer's guidance and the medicines management policy must be updated to accurately reflect the service provided (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

This was previously identified as a recommendation in the August 2023 inspection report for MMV Nails, Beauty and Tanning Ltd.

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](#)

MMV Nails, Beauty and Tanning Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at MMV Nails, Beauty and Tanning Ltd for their assistance during the inspections.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 23 August 2023

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

Clear vision and purpose

Recommendation

The service should develop clear measurable objectives for the delivery of care that it provides, and these should be evaluated on a regular basis to ensure they align with the service's aims.

Action taken

We saw no evidence that the service had developed measurable aims, objectives or key performance indicators to evaluate performance since the initial inspection in August 2023 (see recommendation a on page 6).

Leadership and culture

Requirement – Timescale: by 30 November 2023

The provider must have clear governance structures in place that promote quality and safety through leadership that is both accountable and fully engaged in the service.

Action taken

During the inspections, we discussed with the manager their understanding of governance, and their role and responsibilities for managing an independent healthcare service. This included their responsibilities for medicines management, record keeping and for the management of staff with practicing privileges. As a result, the manager submitted amended policies for medicines management, record keeping and for staff with practicing privileges. These policies demonstrated a better understanding of the manager and staff's roles in these areas. **This requirement is met.**

Recommendation

The service should introduce formal staff meetings. These should be documented and include any actions taken and those responsible for the actions.

Action taken

We were told a plan was in place to introduce formal, regular staff meetings with clearly documented minutes which would include any actions and persons responsible. However, as the service has been closed since the initial inspection in August 2023, we noted no staff meetings had yet taken place. We will follow this up at the next inspection.

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

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

Recommendation

The service should ensure its website is up to date and relevant to how the service is delivered. This should include information to help patients make informed decisions about treatments.

Action taken

Although we were told the service was still planning to update its website, no action had been taken to take this work forward at this time (see recommendation b on page 7).

Recommendation

The service should develop a structured approach to how it uses patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made.

Action taken

A patient feedback comments box was now available in the service and we were told feedback would be actively sought from patients when the service reopens. We discussed various ways in which the service could use the feedback gathered to improve how the service is delivered and how this should inform the service's quality improvement plan. We will follow this up at the next inspection.

Recommendation

The service should have a formal system in place to ensure that staff are informed of, and understand, any changes to the service or can feedback and influence how the service is delivered.

Action taken

We were told that the service would ensure all staff were kept informed of any changes to the service, and that staff feedback would be documented and used to influence how the service was delivered. We will follow this up at the next inspection.

Quality improvement

Requirement – Timescale: by 30 November 2023

The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance.

Action taken

We were assured that the provider was now aware of our notifications process, and what and when Healthcare Improvement Scotland should be notified of certain events. We noted that all relevant notifications had been submitted to date. **This requirement is met.**

Requirement – Timescale: by 30 November 2023

The provider must ensure staff are fully aware of the procedure for the management and reporting of all incidents and accidents.

Action taken

We were told that a logbook was now in place for recording any accidents or incidents that occurred, and that staff would be made aware of the procedure for reporting all incidents and accidents. The logbook would be accessible at all times and to all staff working in the service. **This requirement is met.**

Requirement – Timescale: by 30 November 2023

The provider must ensure that all staff with practicing privileges have contracts in place to ensure safe delivery of care with individual responsibility and accountability clearly identified.

Action taken

We saw evidence of contracts for staff working under practicing privileges. These should be regularly reviewed to ensure they remain relevant to the role. **This requirement is met.**

Requirement – Timescale: by 30 November 2023

The provider must ensure that the medicines management policy accurately reflects how the service is delivered to ensure the safe management of medicines.

Action taken

We were provided with an amended medicines management policy that included the ordering, storage and transportation of medicines, and the responsibilities for both the manager and staff with practicing privileges. However, the policy did not provide any information on the arrangements for how medicines are prescribed in the service. **This requirement is not met** (see requirement 1 on page 6).

Requirement – Timescale: by 30 November 2023

The provider must have an appropriate emergency kit which is kept in a secure place in the treatment area at all times for use in the event of an emergency and ensure that its management of emergencies policy clearly sets out how an emergency or adverse event would be dealt with, including out of hours.

Action taken

We were told by the manager that an emergency kit was now in place and that this would be kept on the premises when the service reopens. An amended policy for managing emergencies in the service had been submitted. **This requirement is met.**

Requirement – Timescale: by 5 January 2024

The provider must put in place a schedule for the regular servicing and maintenance of all electrical equipment, as well as ensuring the safety of the provision of the water and gas supplies.

Action taken

We were provided with evidence of the service's recent electrical installation condition report to show that the electrical system was in satisfactory condition. We saw a plan was in place to ensure regular servicing and maintenance of equipment, and for carrying out regular water and gas safety checks. **This requirement is met.**

Recommendation

The service should introduce a system for reviewing its policies and procedures on a regular basis or when changes occur to take account of and reflect current legislation and best practice guidance and to reflect the service provided.

Action taken

We saw evidence that the service had recently reviewed and updated its existing policies and procedures.

Recommendation

The service should make its complaints process more widely available to patients, including publishing information on how to make a complaint on its website.

Action taken

No action had been taken to make the service's complaints policy more accessible to patients, such as publishing information on how to make a complaint on the service's website (see recommendation c on page 7).

Recommendation

The service should ensure it publishes an annual duty of candour report and that all staff have undergone training in the principles of duty of candour.

Action taken

Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year. Even if there have been no incidents requiring the need to implement the duty of candour procedure, a report is still required. No action had been taken to produce and publish an annual duty of candour report. **A new requirement has been made** (see requirement 2 on page 6).

No evidence was provided to show that staff had received duty of candour training (see recommendation d on page 7).

Recommendation

The service should have an induction programme for all new staff, including those working under practicing privileges.

Action taken

We were told that the service would introduce a formal induction programme for any new staff, including staff working under practicing privileges. We will continue to follow this up at future inspections.

Recommendation

The service should further develop access protocols to provide assurance that confidential patient and staff information is securely managed and only accessible to named authorised personnel in line with data protection legislation.

Action taken

We were told a filing cabinet and a secure computer were used to store all confidential patient and staff information, and that access to both systems was restricted to the manager and other relevant staff in line with data protection legislation.

Recommendation

The service should register with the Information Commissioner's Office.

Action taken

The service was now registered with the Information Commissioner's Office.

Planning for quality

Requirement – Timescale: by 19 January 2024

The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include:

- *a comprehensive risk register, and*
- *appropriate risk assessments to protect patients and staff.*

Action taken

A risk register logbook of identified risks for the service was now in place. This included risk assessments for slips, trips and falls, and use of the current clinical wash hand basins. We were told the risk register would be regularly reviewed and a process was in place to highlight when each risk assessment was due to be reviewed. **This requirement is met.**

Recommendation

The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, infection prevention and control, the safety and maintenance of the care environment and patient care records. Audits should be documented, and improvement action plans implemented.

Action taken

No audits had been undertaken and we saw no evidence of an audit programme detailing what audits would be undertaken, and their frequency. We were told audits of medicines management, infection prevention and control, and maintenance of the care environment would take place and results from these would be used to inform the service's quality improvement plan (see recommendation e on page 7).

Recommendation

The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Action taken

No action had been taken to develop a quality improvement plan (see recommendation f on page 8).

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

Requirement – Timescale: by 19 January 2024

The provider must ensure that the equipment used in the service and the general environment is fit for purpose and can be effectively cleaned. This will reduce the risk of cross-infection.

Action taken

A new patient treatment couch had been purchased since the August 2023 inspection. We were told the equipment cleaning schedule would be completed and signed when cleaning was undertaken. **This requirement is met.**

Requirement – Timescale: by 19 January 2024

The provider must develop cleaning schedules which include details of cleaning products, processes and records of completion of cleaning, and ensure that all cleaning products are safely and securely stored in the service when not in use.

Action taken

Cleaning schedules had been developed and included information about the cleaning products and processes to be used. We were told that records of all cleaning undertaken would be kept. A designated secure storage area for all cleaning equipment and products was now in place. **This requirement is met.**

Requirement – Timescale: by 19 January 2024

The provider must ensure a suitable fridge is used to store temperature-sensitive medication, such as botulinum toxin, and that regular fridge temperature recording is carried out.

Action taken

Although a log book was now in place to record fridge temperatures, and a risk assessment had been submitted, a specialist medicines fridge had still not been purchased. **This requirement is not met** (see requirement 3 on page 8).

Requirement – Timescale: by 30 November 2023

The provider must ensure it has a detailed fire safety risk assessment carried out by an appropriately qualified person to highlight any areas of risk and address any actions identified as a result.

Action taken

We saw evidence of a detailed fire risk assessment that had been undertaken since the August 2023 inspection. This highlighted areas of risk and actions to be taken. The manager was aware that these actions must be implemented and that the risk assessment must be reviewed annually. **This requirement is met.**

Requirement – Timescale: by 19 January 2024

The provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must include:

- *the date and time of every consultation with, or examination of, the patient by a healthcare professional and the name of that healthcare professional*
- *the outcome of that consultation or examination*
- *details of every treatment provided to the patient including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it, and*
- *every medicine ordered for the patient and the date and time at which it was administered or otherwise disposed of.*

Action taken

We saw evidence of revised patient care record templates. We saw these will record details of consultations, including dates and times, outcomes and full details of all medicines used. **This requirement is met.**

Requirement – Timescale: by 30 November 2023

The provider must ensure patients' GP, next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented.

Action taken

We noted the revised patient care record templates now included prompts to record details of patients' GPs, next of kin and emergency contacts. **This requirement is met.**

Requirement – Timescale: by 30 November 2023

The provider must ensure that a suitably qualified healthcare professional is present in the independent healthcare service to access, prescribe and administer prescription-only medicine to patients as part of a response to complications and/or an emergency, if required.

Action taken

The manager assured us they were aware that a prescriber needed to be on site to carry out face-to-face consultations and to be present when treatments were delivered. Not all of the current staff with practicing privileges were qualified nurse prescribers. We were told that one qualified nurse prescriber would be responsible for prescribing for all staff. We were also told one of the other staff members was currently working towards their nurse prescribing qualification. Although revised practicing privileges contracts and a practicing privileges policy had now been submitted, they did not detail the specific role and responsibilities of prescribers working in the service. **This requirement is not met** (see requirement 4 on page 8).

Requirement – Timescale: by 30 November 2023

The provider must review its information management procedures to make sure staff understand their roles and responsibilities and that patient care records are stored securely on site and destroyed in line with relevant data protection legislation.

Action taken

Systems were now in place to ensure patient and staff information was stored confidentially. However, although the information management policy had been updated, it still did not include arrangements for the management of before and after photographs of patients. **This requirement is not met** (see requirement 5 on page 9).

Requirement – Timescale: by 30 November 2023

The provider must ensure that the safe recruitment of staff is completed in line with policy and national guidance, including Protecting Vulnerable Groups (PVG) and basic disclosure background checks before staff commence working in the service. A process must be in place to obtain a PVG review update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

Action taken

We saw evidence that Protecting Vulnerable Groups (PVG) checks were now in place for all current staff. The manager was aware of the need to ensure this was done regularly to ensure that staff remain safe to work in the service. **This requirement is met.** However, the practicing privileges policy should be

reviewed and amended to reflect the need for initial and ongoing PVG checks. **A new recommendation has been made** (see recommendation g on page 9).

Requirement – Timescale: by 19 January 2024

The provider must ensure that each person employed in the provision of the independent healthcare service receives regular performance reviews and appraisals to make sure that their job performance is documented and evaluated.

Action taken

We were told that staff performance reviews and appraisals would be carried out regularly when the service reopens. The updated practicing privileges policy referenced the need for regular appraisals. **This requirement is met.**

Recommendation

The service should ensure botulinum toxin is used in line with the manufacturer's guidance and the medicines management policy must be updated to accurately reflect the service provided.

Action taken

We were told the practitioners were now aware of the process for discarding botulinum toxin in line with manufacturer's guidance, and that this was their responsibility as the practitioner using this prescription-only medicine. However, the medicines management policy had not been updated to reflect this (see recommendation h on page 9).

Recommendation

The service should ensure that consent to share information with other healthcare professionals is discussed with the patient and the outcome of that discussion documented in the patient care record.

Action taken

We noted the revised patient care record templates now included prompts to ensure consent to share information with other healthcare professionals, if needed, would be recorded.

Recommendation

The service should ensure that the medicine dosage of any medicines used and the areas treated is recorded in patient care records.

Action taken

We noted the revised patient care record templates now included prompts to ensure full information about medicines used during treatment would be recorded.

Recommendation

The service should ensure there is a supply of personal protective equipment in the service at all times to reduce the risk of infection for patients and staff.

Action taken

We saw a supply of personal protective equipment, including disposable aprons and gloves, was now available in the treatment room.

Recommendation

The service should review its arrangements for clinical waste uplift, and follow national guidance for the safe management and disposal of clinical waste including sharps.

Action taken

We noted that the clinical waste contract had been updated to reflect the days of collection and uplift arrangements. We were assured by the manager that national guidance for the safe management and disposal of sharps and clinical waste would be followed when the service reopens.

Appendix 1 – About our inspections

Our quality of care approach and the quality assurance framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihcregulation@nhs.scot

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We are happy to consider requests for other languages or formats.
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or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.scot