



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Enhanced Facial Aesthetics Ltd, Larbert

Service Provider: Enhanced Facial Aesthetics Ltd

5 November and 11 December 2024

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First published February 2025

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Healthcare Improvement Scotland Announced Inspection Report
Enhanced Facial Aesthetics Ltd: 5 November and 11 December 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 10 September 2019

Requirement

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

Action taken

The provider had taken steps to develop effective systems that demonstrate the proactive management of risks. **This requirement is met.**

Requirement

The provider must develop a policy to ensure safe and robust recruitment.

Action taken

The provider had developed a policy for safe and robust recruitment.

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' list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Action taken

The provider had not risk-assessed staff roles. Appropriate background checks had not been carried out to make sure employees were not listed on the adults' list in the Protection of Vulnerable Groups (Scotland) Act 2007. **This requirement is not met** and is reported in Domain 7: Quality control (see requirement 4 on page 25).

Requirement

The provider must implement a suitable system of regularly reviewing the quality of the service.

Action taken

Some audits had been carried out and a template had been developed to record feedback from patients, after our inspection on 5 November 2024. We saw that quality improvement systems had been introduced at the time of our second inspection on 11 December 2024. However, these systems should be further developed. **This requirement met.**

What the service had done to meet the recommendations we made at our last inspection on 10 September 2019

Recommendation

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

Action taken

The service had developed a patient participation policy. However, we found that it did not reflect the practice followed in the service. This recommendation is reported in Domain 3: Co-design, co-production (see recommendation b on page 18).

Recommendation

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

Action taken

The service had carried out some audits after our inspection on 5 November 2024. However, it did not have a formal audit programme in place. This recommendation is reported in Domain 5: Planning for quality (see recommendation j on page 23).

Recommendation

The service should develop a safeguarding policy to support staff when they have safety concerns about a patient.

Action taken

The service had a safeguarding policy in place. However, it lacked sufficient detail to support staff if they had safety concerns about a patient. This recommendation is reported in Domain 4: Quality control (see recommendation d on page 21).

Recommendation

The service should develop and implement a consent policy, and record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients' care records

Action taken

A consent policy was in place. However, it did not include information about obtaining consent to share information with patients' GPs or other healthcare professionals' details. During our inspection on 5 November 2024, we saw consent forms completed for each patient care record we reviewed. However, we saw no consent to share information with any other healthcare professionals. During our second inspection on 11 December 2024, we saw evidence of consent to share information with other healthcare professionals in the patient care records we reviewed. This recommendation is reported in Domain 4: Quality control (see recommendation d on page 21).

Recommendation

The service should ensure that the retention period for, and the destruction method of, patient care records is included in its general data protection policy

Action taken

The service included a retention period and a destruction method for patient care records in its general data protection policy.

Recommendation

The service should develop an induction and ongoing training programme for staff.

Action taken

The service had a training policy in place. However, it did not contain a training programme for staff induction and ongoing training. This recommendation is reported in Domain 4: Quality control (see recommendation h on page 22).

Recommendation

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

Action taken

The service had made no progress against this recommendation. This recommendation is reported in Domain 5: Planning for quality (see recommendation k on page 23).

Recommendation

The service should formally record the minutes of staff and management meetings. These should include any actions taken and those responsible for the actions.

Action taken

While we saw a proposed agenda and were told the service planned to carry out a staff and management meeting, no formal staff and management meetings had been carried out at the time of our second inspection on 11 December 2024. This recommendation is reported in Domain 2: Leadership and culture.

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 Enhanced Facial Aesthetics Ltd on Tuesday 5 November 2024. Having identified some immediate concerns during this inspection, we carried out a second inspection on Wednesday 11 December 2024 to follow these up. We spoke with the owner (practitioner) during the inspection. We received feedback from 23 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Larbert, Enhanced Facial Aesthetics Ltd is an independent clinic providing non-surgical treatments and weight loss treatments.

The inspection team was made up of one inspector at each inspection.

What we found and inspection grades awarded

For Enhanced Facial 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
The service's website detailed its aim. Formalised aims and objectives with measurable key performance indicators should be developed and implemented.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patient information was available. Patients could give feedback in a variety of ways. Medicines were ordered and stored appropriately.</p> <p>Staff appraisals must be carried out regularly. A yearly duty of candour report must be published and accessible to patients. The participation policy should be reviewed to demonstrate how feedback is reviewed and how patients are informed of the changes. Policies and procedures should be regularly reviewed.</p>		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service.</p> <p>Information recorded in patient care records must be improved. Appropriate background checks must be carried out for all staff working in the service.</p>		✓ Satisfactory

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 Enhanced facial 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 four requirements and 11 recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered (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

Implementation and delivery

Requirements

- 1** The provider must complete annual appraisals with all members of staff who work in the service (see page 21).

Timescale – immediate

Regulation 12(c)(i)

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

- 2** The provider must produce an annual duty of candour report (see page 21).

Timescale – immediate

Regulation 5(2)

The Healthcare Improvement Scotland (Inspections) Regulations 2011

Recommendations

- b** The service should review its participation policy to ensure it reflects the process being followed in the service (see page 18).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

- c** The service should ensure that all relevant staff undertake duty of candour training (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

- d** The service should ensure that all policies and procedures are thoroughly reviewed to ensure that they are accurate, clear for staff and reflect practice in the service (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

Implementation and delivery (continued)

- e** The service should ensure that its complaints policy is made publicly available for patients (see page 21).

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

- f** The service should ensure that develops an accident and incident policy (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

- g** The service should ensure that the self-employed agreement with the beauty therapist is reviewed to take into account Scottish legislation and systems (see page 22).

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

- h** The service should develop an induction and ongoing training programme for staff (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

This was previously identified as a recommendation in the September 2019 inspection report for Enhanced Facial Aesthetics Ltd.

- i** The service should produce a business continuity plan that covers all aspects of business continuity (see page 22).

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

- j** The service should develop and implement an audit programme as part of a planned programme of quality improvement. Audits should be documented and improvement action plans implemented (see page 23).

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

Implementation and delivery (continued)

- k** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 23).

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 September 2019 inspection report for Enhanced Facial Aesthetics Ltd.

Results

Requirements

- 3** The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment and the aftercare advice given to patients by the healthcare professional. All records must be signed, dated and timed by the healthcare professional (see page 25).

Timescale – immediate

Regulation 4(1)(2)

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

- 4** The provider must carry out appropriate background checks as necessary to ensure that any provider, manager or employee is not listed on the adults' list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 25).

Timescale – immediate

Regulation 9

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

This was previously identified as a requirement in the September 2019 inspection report for Enhanced Facial Aesthetics Ltd.

Recommendations

None

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](#)

Enhanced Facial Aesthetics 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 Enhanced facial Aesthetics Ltd 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 service's website detailed its aim. Formalised aims and objectives with measurable key performance indicators should be developed and implemented.

Clear vision and purpose

The service's website stated that it aimed to bring safe, affordable non-surgical aesthetic treatments from honest, trustworthy, highly trained registered healthcare professionals with a passion for restoring confidence and happiness.

What needs to improve

While the website detailed its aim, the service did not have objectives in place to describe how it would meet the aim. We also saw no evidence that the service had a process in place to measure its performance against any aims or objectives (recommendation a).

- No requirements.

Recommendation a

- The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered.

Leadership and culture

The service was owned and managed by an independent nurse prescriber registered with the Nursing and Midwifery Council (NMC), who was also an experienced aesthetics practitioner.

The service employed two part-time receptionists and a beauty therapist provided their own separate service from the premises.

We were told that staff felt able to approach the manager directly with any concerns and as it was a small team, they had direct access to the manager.

What needs to improve

We were told that since staff often worked at different times, the team communicated through an online team chat and that no formal staff meeting took place. During our inspection on 11 December 2024, we saw that a staff communication book had been introduced to allow help share information and ask questions between the team. We also saw that a formal staff meeting with a proposed agenda had been planned and we were told this would be minuted. We will follow this up at future inspections.

- 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

Patient information was available. Patients could give feedback in a variety of ways. Medicines were ordered and stored appropriately.

Staff appraisals must be carried out regularly. A yearly duty of candour report must be published and accessible to patients. The participation policy should be reviewed to demonstrate how feedback is reviewed and how patients are informed of the changes. Policies and procedures should be regularly reviewed.

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

The service's website provided information about the treatments offered and costs. Information on treatments available was also available in the service. Patients could contact the service directly over the telephone, through email or social media.

We were told that patients could give feedback about their experience in the service directly to the practitioner verbally, through a feedback email link or leave messages on the service's social media account.

What needs to improve

We saw no evidence that the service recorded and analysed feedback. While the service had a participation policy in place, it did not reflect the process the service followed in practice (recommendation b).

During our inspection on 11 December 2024, we saw that the service had created a spreadsheet that it planned to use to gather feedback and record improvements. We will follow this up at future inspections.

- No requirements.

Recommendation b

- The service should review its participation policy to ensure it reflects the process being followed in the service.

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 manager was aware of the process of notifying Healthcare Improvement Scotland of any changes occurring in the service.

The service had a variety of policies and procedures in place to support the delivery of person-centred care.

The service's infection prevention and control policy referred to the standard infection control precautions in place to prevent the risk of infection. This included hand hygiene, sharps management and the use of personal protective equipment (such as gloves, aprons and face masks). A good supply of single-use equipment was available to prevent the risk of cross-infection. A contract was in place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles.

The complaints policy included Healthcare Improvement Scotland contact details. The service had not received any complaints since it registered with Healthcare Improvement Scotland in August 2017.

All medications used in the service were ordered from appropriately registered suppliers and ordered for individual patients. Medicine fridges were in use in the service to store medicines. We saw that all medicines, including a small number of emergency medicines held in stock were in-date and stored securely.

Consultations in the service were appointment-only. We were told that patients had face-to-face consultations and were appropriately assessed, consented and given information about aftercare and follow-up.

All patient care records were securely stored electronically on a password-protected system. The service was registered with the Information Commissioner's Office (ICO), an independent authority for data protection and privacy rights.

All staff had contract of employment in place. We saw that the self-employed beauty therapist had appropriate insurance to work in the service.

The manager was a member of the Complications in Medical Aesthetics Collaborative and the British Association of Medical Aesthetic Nurses. They also

attended a variety of training courses every year to help keep up to date with developments in the sector.

What needs to improve

While the manager told us that one-to-one meetings with all staff were planned, the service did not have a regular staff appraisal process in place at the time of our inspection on 11 December 2024 (requirement 1).

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. Even where no incidents occur requiring the need to implement the duty of candour procedure, a yearly report should be produced and made available to the public. The service had not published an annual duty of candour report (requirement 2).

While we saw a duty of candour policy in place, we saw no evidence that staff had completed duty of candour training (recommendation c).

We saw a variety of policies and procedures in place to support the safe delivery of patient care. However, the document control page of the policies and procedures did not make it clear when a policy had been last reviewed and when it was next due for review. In addition, we saw that some of the service's policies and procedures did not reflect its practice or did not give staff enough detail about the actions they should take. These included:

- The consent policy did not include information about consent to share information with the patient's GP or other healthcare professionals.
- The fire safety policy did not describe the actions that staff should take in the event of a fire.
- The in-stock medicines listed in the medicines management policy did not reflect the items we saw the service held in stock during our inspection.
- The safeguarding policy listed the wrong local authority and it did not describe the actions that staff should take if a patient raised a concern.
- The service's weight loss protocol did not include checking the patients' renal or liver function before starting medication if medical history indicated concerns. Associated documents, the lifestyle questionnaire did not include information about alcohol consumption.
- The whistleblowing policy gave incorrect contact information for staff to raise concerns with Healthcare Improvement Scotland (recommendation d).

While the service had a complaints policy in place, it was not publicly available to patients (recommendation e).

During our second inspection on 11 December 2024, we saw that an accident book had been introduced. However, the service did not have a policy in place for the management of incidents or accidents (recommendation f).

The service had an agreement in place with the self-employed beauty therapist. However, the document referred to the Disclosure and Barring Service instead of Disclosure Scotland. The Disclosure and Barring Service does not apply to Scotland. The service's policies should only refer to Scottish legislation and systems (recommendation g).

We saw no evidence that the service carried out an induction for staff or had a general staff training programme in place. While the service had a recruitment policy, it did not describe a process for staff induction (recommendation h).

Requirement 1 – Timescale: immediate

- The provider must complete annual appraisals with all members of staff who work in the service.

Requirement 2 – Timescale: immediate

- The provider must produce an annual duty of candour report.

Recommendation c

- The service should ensure that all relevant staff undertake duty of candour training.

Recommendation d

- The service should ensure that all policies and procedures are thoroughly reviewed to ensure that they are accurate, clear for staff and reflect practice in the service.

Recommendation e

- The service should ensure that its complaints policy is made publicly available for patients.

Recommendation f

- The service should ensure that develops an accident and incident policy.

Recommendation g

- The service should ensure that the self-employed agreement with the beauty therapist is reviewed to take into account Scottish legislation and systems.

Recommendation h

- The service should develop an induction and ongoing training programme for staff.

Planning for quality

During our inspection on 5 November 2024, we saw that the service had a variety of risk assessments in place. The manager discussed with us that she would be reviewing these risks at intervals as detailed on her risk assessments.

We saw on our inspection on 11 December 2024, that the service had a formal written agreement with another service to provide care to patients, if required for any reason.

At the time of our inspection on 5 November 2024, we saw that the service had carried out some audits.

What needs to improve

Other than the agreement with another service to care for patients, the service had no formal business continuity plan or arrangements in place. A formal business continuity plan would help make sure that all aspects of business continuity are adequately planned for example failure in IT systems or distribution to utility services (recommendation i).

While the service had carried out some audits, it did not have a formal audit programme in place. An audit programme would help the service structure its audit process, record findings and improvements made as part of a planned programme of quality improvement (recommendation j).

The service did not have a quality improvement plan or programme in place. This would help to structure and record service improvement processes and outcomes. It would also allow the service to measure the impact of any service changes and demonstrate a continuous cycle of improvement (recommendation k).

Recommendation i

- The service should produce a business continuity plan that covers all aspects of business continuity.

Recommendation j

- The service should develop and implement an audit programme as part of a planned programme of quality improvement. Audits should be documented and improvement action plans implemented.

Recommendation k

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

The environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service.

Information recorded in patient care records must be improved. Appropriate background checks must be carried out for all staff working in the service.

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. Although requested, the service did not submit an annual return this year. 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 limited self-evaluation.

We saw that the service had recently been refurbished to a high standard. The environment was clean, tidy and well maintained. All equipment we saw was clean and in a good state of repair.

During our first inspection on 5 November 2024, we saw that patient care records were not sufficiently completed or detailed. We found an improvement in how patient care records were completed during our second inspection on 11 December 2024. The three patient care records we reviewed during our second inspection included:

- completed past medical history questionnaires, which included questions about allergies and whether the patient regularly used any medicines
- consent obtained before treatments carried out
- patient contact details, and
- patients' GP and next of kin contact details.

Patients who completed our online survey told us:

- ‘I was talked through my procedure from start to finish including aftercare.’
- ‘Always well informed before any procedure by [the practitioner].’
- ‘I was given treatment options and asked questions to inform my decisions.’
- ‘Always gives me time to think about procedures. Even asked me to come back another day when I was sure.’
- ‘The facilities are spotless. So fresh.’

What needs to improve

Patient care records lacked sufficient details about discussions with patients, including initial consultation and aftercare discussions. As part of receiving weight loss treatments, national guidelines also require that patient care records should include any target weights or BMIs, details of regular weigh-ins and any dietary or lifestyle advice given. Patient care records we reviewed for those patients receiving weight loss treatments in the service did not include this information (requirement 3).

We could see that all staff had completed basic disclosure checks with Disclosure Scotland. However, we saw no evidence that appropriate background checks had been carried out as necessary to make sure that any provider, manager or employee is not listed on the adults' list in the Protection of Vulnerable Groups (Scotland) Act 2007. We discussed with the manager the importance of carrying out appropriate checks on new and existing staff to make sure they are safe to work in the service (requirement 4).

Requirement 3 – Timescale: immediate

- The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment and the aftercare advice given to patients by the healthcare professional. All records must be signed, dated and timed by the healthcare professional.

Requirement 4 – Timescale: immediate

- The provider must carry out appropriate background checks as necessary to ensure that any provider, manager or employee is not listed on the adults' list in the Protection of Vulnerable Groups (Scotland) Act 2007.
- 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:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihsregulation@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