



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Bellissimo Clinic, Glasgow

**Service Provider:** Bellissimo Clinic Ltd

1 December 2022

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## 1 Progress since our last inspection

### What the service had done to meet the recommendations we made at our last inspection on 13 March 2019

#### Recommendation

*The service should let patients know how their feedback is used to develop the service.*

#### Action taken

The service's patient handbook now included a page called 'you spoke, we listened'. This detailed changes made in the service following patient feedback. Examples included:

- improved lighting to the outside stairs
- music in the waiting area, and
- adjusting the temperature in the clinic.

An annual newsletter was also now produced which included patients' feedback. This was available in the waiting area.

#### Recommendation

*The service should implement a suitable system to ensure all medications and any items which are required to administer medications are within their expiry date.*

#### Action taken

The service now used medicine log sheets which included recording expiry dates. We saw evidence these log sheets were checked every month.

#### Recommendation

*The service should implement a Health and Safety Executive compliant accident and incident book to ensure information is recorded in a more robust way.*

#### Action taken

The service had now implemented an accident and incident book to record any accidents or incidents that took place in the service.

**Recommendation**

*The service should develop the policies and procedures for recording patient consent.*

**Action taken**

A consent policy had now been developed.

**Recommendation**

*The service should develop and implement an appropriate staff recruitment and induction policy.*

**Action taken**

The service had now developed a recruitment policy. We noted that no new staff had been recruited since the previous inspection in 2019.

**Recommendation**

*The service should develop a system whereby staff supervision and appraisal can be recorded in more detail.*

**Action taken**

We noted that the service manager now carried out and documented annual appraisals for the two staff members employed. This included any plans for further training and education.

**Recommendation**

*The service should develop a quality improvement plan.*

**Action taken**

The service had not yet developed a quality improvement plan. This recommendation is reported in Quality indicator 9.4 (see recommendation k).

## 2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

### About our inspection

We carried out an announced inspection to Bellissimo Clinic (Glasgow) on Thursday 1 December 2022. We spoke with one staff member during the inspection. We also received feedback from 12 patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality 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.

### What we found and inspection grades awarded

For Bellissimo Clinic (Glasgow), the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patient information about the treatments provided was available in the service and on its website. Patient feedback was reviewed regularly to help continually improve the quality of care provided. Clear information about how to make a complaint was easily accessible to patients. An annual duty of candour report should be produced.	✓✓ Good

<b>Key quality indicators inspected (continued)</b>		
<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>		
<b>Quality indicator</b>	<b>Summary findings</b>	<b>Grade awarded</b>
5.1 - Safe delivery of care	The environment and equipment were clean and well maintained. A range of policies and procedures helped the service to deliver care safely. However, national guidance must be followed for the disposal of clinical waste, especially for botulinum toxin. Evidence should be kept of the maintenance checks carried out by building management.	✓ Satisfactory
<b>Domain 9 – Quality improvement-focused leadership</b>		
9.4 - Leadership of improvement and change	The service kept up to date with current best practice through training, development and appraisals. A quality improvement plan should be developed to demonstrate a culture of continuous quality improvement.	✓ Satisfactory

The following additional quality indicators were inspected against during this inspection.

<b>Additional quality indicators inspected (ungraded)</b>	
<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>	
<b>Quality indicator</b>	<b>Summary findings</b>
5.2 - Assessment and management of people experiencing care	Patients were fully assessed and a consent process was in place before any treatment took place. Consultations and treatments were recorded fully in the patient care records. Patients' GP details and emergency contacts should be recorded unless patients do not consent to this.
<b>Domain 7 – Workforce management and support</b>	
7.1 - Staff recruitment, training and development	A recruitment policy was in place, and we saw evidence of staff induction and annual appraisals in individual staff files. However, staff files were incomplete as they could not demonstrate that all necessary recruitment checks had taken place, such as pre-employment checks, proof of

	identity and references. A system should be introduced to obtain Protecting Vulnerable Groups (PVG) updates for staff at regular intervals.
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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:

[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

Further information about the Quality Framework can also be found on our website at:

[https://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach/quality\\_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

## **What action we expect Bellissimo Clinic Ltd to take after our inspection**

This inspection resulted in one requirement and 11 recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

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

[www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/find\\_a\\_provider\\_or\\_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Bellissimo Clinic 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 Bellissimo Clinic (Glasgow) for their assistance during the inspection.



## 3 What we found during our inspection

### Outcomes and impact

This section is where we report on how well the service meets people's needs.

#### Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

#### Our findings

#### Quality indicator 2.1 - People's experience of care and the involvement of carers and families

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**Patient information about the treatments provided was available in the service and on its website. Patient feedback was reviewed regularly to help continually improve the quality of care provided. Clear information about how to make a complaint was easily accessible to patients. An annual duty of candour report should be produced.**

The service operated an appointment-only system for all consultations and treatments. Controlled access to the treatment rooms and screening of windows meant patient privacy and dignity was not compromised. A partition wall had been built between the waiting area and treatment areas to improve privacy inside the clinic.

The service's website provided information for patients on treatments, costs, and risks and complications of treatment. A patient handbook available in the waiting area also provided information on treatments available. The clinic reception also displayed costs and out-of-hours contact details.

The complaints procedure was easily found on the service's website and referred to Healthcare Improvement Scotland, stating that patients could complain to Healthcare Improvement Scotland at any time. No complaints had been received by the service since it was registered with Healthcare Improvement Scotland in April 2017.

Patients were given time to consider treatment options and ask questions before agreeing to treatment. They could come back at a later date if they preferred. This helped to make sure patients had realistic expectations of the proposed treatment. It also gave patients the option of a cooling-off period.

The service had a participation policy and patients were asked to provide feedback using social media, by telephone or by email. Feedback forms were also available in the waiting area, and these could be completed anonymously and placed in a dedicated box once they were completed. All feedback received was recorded and then used to help improve the patient experience and how the service was delivered. An annual newsletter available in the waiting area included details of feedback received, and any changes or improvements made as a result.

All patients who responded to our online survey said they were treated with dignity and respect. They all said they had been involved in their care and treatment. Comments included:

- 'Always - by the whole team - and I have been visiting the surgery for a number of years.'
- 'I felt comfortable and relaxed whilst in the clinic and during the treatment time.'
- 'Yes what I was looking for from the treatment was discussed beforehand and I was given advice on what would suit me best.'

A duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when things go wrong) was in place. We were told some staff members had received duty of candour training.

### **What needs to improve**

Even where no incidents had occurred requiring the need to implement the duty of candour procedure, an annual report should still be produced (recommendation a).

- No requirements.

### **Recommendation a**

- The service should produce and publish an annual duty of candour report.

## Service delivery

This section is where we report on how safe the service is.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

### Our findings

#### Quality indicator 5.1 - Safe delivery of care

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**The environment and equipment were clean and well maintained. A range of policies and procedures helped the service to deliver care safely. However, national guidance must be followed for the disposal of clinical waste, especially for botulinum toxin. Evidence should be kept of the maintenance checks carried out by building management.**

The environment and clinical areas were clean and well maintained. All equipment was in a good state of repair. Single-use equipment was used for clinical procedures to prevent the risk of cross-infection. We saw a good supply of personal protective equipment available, for example face masks, disposable gloves and aprons. This was stored safely and located close to the point of care.

The building management company was responsible for the general maintenance of the building. We saw evidence that fire testing and portable appliance testing of electrical appliances had been carried out.

A safe system was in place for the procurement, prescribing and storage of medicines. All prescribing was done by the service manager, who was a doctor registered with the General Medical Council. Medicines we looked at were in-date and stored appropriately in the treatment area. There was a locked fridge with maximum and minimum temperature monitoring to make sure medicines were stored at the correct temperature. At the time of the inspection, we noted the fridge was not being used as no medications needed to be refrigerated.

An emergency box, first aid kit and a blood spill kit were all readily available in the clinic. All items were in-date. The practitioner is a registered doctor and trained in medical emergency procedures. We were told one staff member would be provided with first aid training. This had been delayed by the COVID-19 pandemic, but was now planned to be carried out in 2023.

We saw evidence that the service carried out regular audits of medicines, cleaning schedules and clinical supplies. A number of policies were in place to support the service to deliver care safely, such as a medicines management policy and an infection prevention and control policy. Audit outcomes and risk assessments were logged and used to make improvements to the service. We saw evidence of these improvements, for example medicine logs and information for patients available in the service.

All patients who responded to our online survey were happy with the clinic environment. Comments included:

- ‘100%. Clinic/equipment is immaculate.’
- ‘... the clinic was a very clean, safe and comfortable environment to be in.’

### **What needs to improve**

Used sharps, such as needles and syringes, were being managed appropriately and a waste management contract was in place. However, the clinical waste bin used to dispose of botulinum toxin was not suitable. There was no evidence botulinum toxin was being appropriately segregated from other clinical waste and being disposed of correctly, in line with national waste legislation. This medicine is categorised as hazardous under waste legislation and must be disposed of correctly (requirement 1).

Although the treatment couch was washable, this was covered with a fabric sheet. Single-use disposable paper rolls should be used to help minimise the risk of cross-infection (recommendation b).

We were told the building management company was responsible for the maintenance of the gas boiler, and the company had confirmed when annual services were carried out. However, we did not see evidence of this, such as a service completion certificate (recommendation c).

We noted that the fire extinguishers were new and, therefore, had not yet been checked. The receipts for these fire extinguishers should be kept in the service’s filing system to show they are not currently in need of testing (recommendation d).

We saw no evidence of a protection of vulnerable adults policy (recommendation e).

#### **Requirement 1 – Timescale: by 15 March 2023**

- The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of safely in line with national waste legislation.

#### **Recommendation b**

- The service should use single-use disposable paper roll on the treatment couch to minimise any infection risks.

#### **Recommendation c**

- The service should obtain a copy of the certificate for boiler maintenance from the building management company.

#### **Recommendation d**

- The service should file the receipt for new fire extinguishers.

#### **Recommendation e**

- The service should develop and implement a protection of vulnerable adults policy.

### **Our findings**

#### **Quality indicator 5.2 - Assessment and management of people experiencing care**

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**Patients were fully assessed and a consent process was in place before any treatment took place. Consultations and treatments were recorded fully in the patient care records. Patients' GP details and emergency contacts should be recorded unless patients do not consent to this.**

The three electronic patient care records we reviewed showed that assessments and consultations were carried out before treatment started. These included:

- health conditions and history
- pregnancy
- medications
- allergies, and
- previous treatments.

Records were kept of each treatment session, including a face plan (a diagram of what the treatment would look like). This helped in explaining the overall care plan with the patient. Dosage and medicine batch numbers were recorded for each treatment. Consent to treatment and for photographs to be taken was recorded in patient care records. We also saw that any risks associated with the treatment were explained.

Patients were invited to return for a free follow-up appointment if required. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice.

Post-treatment aftercare instructions were provided for patients at the consultation stage and following treatment. This was documented in the patient care record. We saw that patients were provided with a 24-hour contact number in case of possible complications.

The service was registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored. Appropriate procedures were in place to make sure that information was held securely and to prevent unauthorised access.

Feedback from our online survey showed that all patients agreed they had been involved in decisions about their care, and the risks and benefits had been explained to them before treatment.

### **What needs to improve**

Where patients choose not to allow information to be shared with their GP, this decision should be clearly documented in the patient care record (recommendation f).

Where patients choose not to allow details about their emergency contact to be recorded, this decision should be clearly documented in the patient care record (recommendation g).

- No requirements.

### **Recommendation f**

- The service should record patients' GP details in the patient care record, or document if consent is not given for this.

### **Recommendation g**

- The service should record emergency contact details in the patient care record, or document if consent is not given for this.

## Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

### Our findings

#### Quality indicator 7.1 - Staff recruitment, training and development

**A recruitment policy was in place, and we saw evidence of staff induction and annual appraisals in individual staff files. However, staff files were incomplete as they could not demonstrate that all necessary recruitment checks had taken place, such as pre-employment checks, proof of identity and references. A system should be introduced to obtain Protecting Vulnerable Groups (PVG) updates for staff at regular intervals.**

As well as the service manager who was the only practitioner, the service employed two non-clinical staff members who had worked in the service for several years. We saw evidence of employment contracts and Disclosure Scotland membership checks for these staff members. A recruitment policy was in place which we were assured would be followed if any new staff were recruited in the future. We saw documentation of annual staff appraisals, as well as evidence of induction training.

The service manager carried out all consultations and treatments and was registered with the General Medical Council (GMC). We saw evidence of annual appraisals from their NHS employment, and evidence of continuing training and development.

#### What needs to improve

Disclosure Scotland applications had been made by each of the staff members directly, and the service was not registered with Disclosure Scotland or an umbrella group. This means the service would not be directly notified of any updates to the status of any relevant staff (recommendation h).

Staff files did not include:

- CVs
- application forms
- identity checks
- references, and
- letters confirming and accepting employment.

One of the employment contracts had not been signed by the service manager (recommendation i).

- No requirements.

#### **Recommendation h**

- The service should introduce a system to obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

#### **Recommendation i**

- The service should follow its recruitment policy for keeping staff files to ensure evidence can be provided of all the necessary pre-employment checks and ensure employment contracts are signed by employees and the manager.



## Vision and leadership

This section is where we report on how well the service is led.

### Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

### Our findings

#### Quality indicator 9.4 - Leadership of improvement and change

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**The service kept up to date with current best practice through training, development and appraisals. A quality improvement plan should be developed to demonstrate a culture of continuous quality improvement.**

We saw evidence of the service manager's ongoing development both as a practitioner and as service leader. They had regular peer-to-peer reviews with the manager of a similar service who was also a doctor. As an NHS consultant, they were appraised every year in their hospital role as part of the revalidation process for General Medical Council (GMC) registration.

The service was registered with several peer support groups such as the Aesthetic Complications Expert (ACE) group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The service kept a treatment complications register, as well as an adverse events register. We were told the service manager held morbidity and mortality meetings every 4 months with a peer support colleague who also operated a similar clinic.

From the annual appraisal records, we saw staff were encouraged to give feedback and make suggestions for improvements. They were also rewarded for their contributions to the service. We saw that the service had continued to develop and improve as it evolved, and were told it wanted to continue to improve.

#### What needs to improve

Minutes of staff meetings and meetings with clinical colleagues should include actions to be taken and who is responsible for each action (recommendation j).

As noted in the March 2019 inspection, a formal quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to clearly demonstrate a culture of continuous quality improvement (recommendation k).

- No requirements.

#### **Recommendation j**

- The service should ensure minutes of meetings include a documented action plan highlighting those responsible for the actions.

#### **Recommendation k**

- The service should develop a quality improvement plan.

## Appendix 1 – Requirements and recommendations

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 at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Domain 2 – Impact on people experiencing care, carers and families

#### Requirements

None

#### Recommendation

- a** The service should produce and publish an annual duty of candour report (see page 10).

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

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirement

- 1** The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of safely in line with national waste legislation (see page 13).

Timescale – by 15 March 2023

*Regulation 3(d)(iii)*

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

## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

- b** The service should use single-use disposable paper roll on the treatment couch to minimise any infection risks (see page 13).

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

- c** The service should obtain a copy of the certificate for boiler maintenance from the building management company (see page 13).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

- d** The service should file the receipt for new fire extinguishers (see page 13).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

- e** The service should develop and implement a protection of vulnerable adults policy (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20

- f** The service should record patients' GP details in the patient care record, or document if consent is not given for this (see page 14).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

- g** The service should record emergency contact details in the patient care record, or document if consent is not given for this (see page 14).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

<b>Domain 7 – Workforce management and support</b>	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>h</b>	<p>The service should introduce a system to obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>
<b>i</b>	<p>The service should follow its recruitment policy for keeping staff files to ensure evidence can be provided of all the necessary pre-employment checks and ensure employment contracts are signed by employees and the manager (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

<b>Domain 9 – Quality improvement-focused leadership</b>	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>j</b>	<p>The service should ensure minutes of meetings include a documented action plan highlighting those responsible for the actions (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>
<b>k</b>	<p>The service should develop a quality improvement plan (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> <p>This was previously identified as a recommendation in the March 2019 inspection report for Bellissimo Clinic (Glasgow).</p>

## Appendix 2 – About our inspections

Our quality of care approach and the quality 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: [www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)

## 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

**Telephone:** 0131 623 4300

**Email:** [his.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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Please contact our Equality and Diversity Advisor on 0141 225 6999  
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