



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** The St Andrews Practice, St Andrews

**Service Provider:** The St Andrews Practice Limited

16 February 2023

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## Contents

<b>1</b>	<b>A summary of our inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>What we found during our inspection</b>	<b>7</b>
<hr/>		
	<b>Appendix 1 – Requirements and recommendations</b>	<b>18</b>
	<b>Appendix 2 – About our inspections</b>	<b>20</b>
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## 1 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 The St Andrews Practice on Thursday 16 February 2023. We spoke with the two managers (lead clinicians) during the inspection. We received feedback from 23 patients through an online survey we asked to issue for us before the inspection. This was our first inspection to this service.

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 comprehensive self-evaluation.

### What we found and inspection grades awarded

For The St Andrews Practice, 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	Patients were treated with dignity and respect, and were fully informed about the treatments, assessments and interventions provided. Although feedback from patients was gathered and reviewed, the service should continue to develop how it informs patients of the impact of their feedback. Information about how to make a complaint should be easily accessible for patients.	✓✓ 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 service was a clean and welcoming environment for patients. However, cleaning schedules should be completed to show that cleaning has taken place. Clinical governance processes helped the service to provide assurance of safe care and treatment, including risk assessments and a range of policies and procedures. The service’s audit programme should be further developed.	✓✓ Good
<b>Domain 9 – Quality improvement-focused leadership</b>		
9.4 - Leadership of improvement and change	Clear governance structures were in place, with systems and processes to monitor and improve the quality of care delivered. This included a comprehensive quality improvement plan and regular staff meetings.	✓✓ Good

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	Patient care records were clear and comprehensive. Thorough assessments were carried out for each patient to establish a formal diagnosis and inform their future treatment. Treatment options were discussed and consent was always obtained.
<b>Domain 7 – Workforce management and support</b>	
7.1 - Staff recruitment, training and development	The service had up-to-date recruitment and practicing privileges policies. Pre-employment safety checks were in place and professional registers were checked regularly.

	However, staff files should contain all required recruitment information, such as application forms and interview notes.
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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 The St Andrews Practice Limited to take after our inspection**

This inspection resulted six recommendations. See Appendix 1 for a full list of the 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)

We would like to thank all staff at The St Andrews Practice for their assistance during the inspection.

## 2 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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**Patients were treated with dignity and respect, and were fully informed about the treatments, assessments and interventions provided. Although feedback from patients was gathered and reviewed, the service should continue to develop how it informs patients of the impact of their feedback. Information about how to make a complaint should be easily accessible for patients.**

The service's website provided comprehensive information on the mental health assessments and treatments available in the service. Patients were provided with information about the assessment process, treatments and potential future costs for medication and the need for additional consultations. This information allowed patients to make an informed decision about accessing treatment with the service.

Patients were informed the service was unable to offer crisis or emergency support. However, the service's website provided information about mental health crisis support and a list of statutory services and charities that could be contacted in an emergency.

Patients were asked to complete a pre-registration form with information about their concerns. This information was reviewed by a clinical lead and patients were then matched to the most suitable clinician based on the information provided.

Patients were seen on an appointment-only basis to maintain patient privacy and dignity. Patients could choose to have their consultation carried out face-to-face or remotely over a video link.

The service had a comprehensive up-to-date participation policy which described how patient feedback would be obtained, reviewed and acted on, where appropriate. Patients could provide feedback to the service by completing an annual patient experience questionnaire. We were told the service received regular informal patient feedback such as thank you cards and emails. We also saw patient testimonials were published on the service's website. Feedback was a standing agenda item at the service's business meeting held every 3 months. Patient feedback was audited, and the information was used to inform the service's quality improvement plan. This helped to continue to develop the service and improve patient satisfaction.

We saw recent improvements had been made to the service after receiving feedback from patients. For example, signage on entry to the service had been improved and additional clinical staff had been recruited.

We saw evidence of the service engaging with patients and the public on its social media pages and website. For example, information was shared on current and general psychological interests, therapeutic models and self-help links.

We were told the service met regularly and worked with the local university disability service to offer support and help for students with mental health conditions. For example, helping students attending the service who required adjustments to their academic course, additional mental health support, accommodation and financial benefits.

Patients who responded to our online survey felt well informed about their treatment. Comments included:

- 'Fully informed at each stage of the process.'
- 'I always received excellent information during my treatment.'
- 'Fully explained ADHD, what would be available to me.'

The service had an up-to-date complaints policy with contact details for Healthcare Improvement Scotland. The service had received one complaint since registering with Healthcare Improvement Scotland in November 2020. We saw this complaint had been appropriately managed, in line with the service's complaint policy.

Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. The service had an up-to-date duty of candour policy. We were told the service had not had any instances requiring it to implement duty of candour principles.



### **What needs to improve**

While we saw patients had the opportunity to provide feedback about their experience, more frequent methods for collecting patient feedback should be introduced. Consideration should also be given to how patients could be informed of any actions taken as a result of their feedback (recommendation a).

Information on how patients could make a complaint was not available on the service's website or provided in the service. This process should be easily accessible to patients (recommendation b).

We were told the service had not produced a duty of candour annual report. We also saw no evidence that staff had completed training in the principles of duty of candour (recommendation c).

- No requirements.

### **Recommendation a**

- The service should consider collecting more regular feedback from patients and develop a process of informing patients about how their feedback has been used to improve the service.

### **Recommendation b**

- The service should ensure that patients know how to make a complaint.

### **Recommendation c**

- The service should publish a duty of candour report every year and ensure staff receive training on the principles of duty of candour.

## 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 service was a clean and welcoming environment for patients. However, cleaning schedules should be completed to show that cleaning has taken place. Clinical governance processes helped the service to provide assurance of safe care and treatment, including risk assessments and a range of policies and procedures. The service’s audit programme should be further developed.**

The environment was clean, warm and welcoming. An external cleaner cleaned the service every week. We were told staff were responsible for cleaning the consultation rooms between patient appointments. Antibacterial hand gel, disposable wipes and face masks were available in each consultation room. A contract was in place with a waste management company for the collection and safe disposal of waste.

Patients who responded to our online survey were satisfied with the environment in which they were treated. Comments included:

- ‘The environment was warm and friendly... .’
- ‘The rooms are comfortable, not too distracting.’
- ‘Very satisfied.’

The service had a fire safety policy and an up-to-date fire risk assessment. Appropriate fire safety equipment and signage was in place throughout the service.

Appropriate policies and procedures were set out in the staff handbook to help support the safe delivery of care. We saw all policies and procedures were reviewed regularly to keep them up to date and in line with current legislation and best practice guidance.

These policies and procedures included:

- assessment protocols for attention deficit hyperactivity disorder (ADHD) and autism
- information management policy
- consent and consultation policy, and
- infection prevention and control policy.

The service had recently started to provide services for children. We saw the service had updated its safeguarding (public protection) policy to ensure that a clear protocol was now in place to respond to any adult or child protection concerns.

The service had a detailed and comprehensive risk management policy. This helped the service to manage clinical risk for patients accessing treatment. All new patients were risk assessed with a focus on risk to self and others. Where patients were considered too complex or where there was a high level of risk identified, patients were signposted to the NHS. We saw the service had a clinical risk assessment tool and patient safety plans to help identify and manage risks appropriately. If a patient's needs changed or the service identified immediate risk, the patient's GP or other mental health services were contacted, where appropriate.

The service's medicine policy referenced the National Institute for Health and Care Excellence (NICE), Scottish Intercollegiate Guidelines Network (SIGN) and General Medical Council (GMC) standards and best practice guidelines for prescribing. The lead psychiatrist was responsible for prescribing all medications. Prescriptions were delivered directly to patients and signed for. No medications were kept on site.

A system was in place for recording and reviewing accidents and incidents. The service's risk register covered organisational and clinical risks and this was reviewed regularly. Risks included local and national medication shortages, staff shortages, data protection issues and any identified public protection concerns.

The service's audit programme covered:

- patient feedback and service evaluation
- mental health referrals
- neurodevelopmental referrals
- patient care records, and
- waiting times.

These audits were documented and reviewed with action plans developed where necessary. We saw information from these audits was used to inform the service's quality improvement plan to help the service continue to develop and improve.

### What needs to improve

Although we saw cleaning schedules had been developed, these were not being completed by the external cleaner to show that appropriate cleaning had taken place (recommendation d).

We discussed with the service the benefits of auditing patient care records more frequently, and introducing additional audits such as infection prevention and control, completed private prescriptions to ensure best practice is being adhered to, and environmental checks (recommendation e).

- No requirements.

### Recommendation d

- The service should ensure that cleaning schedules are completed and signed by the people responsible for cleaning to verify that cleaning tasks are being carried out appropriately and in line with Health Protection Scotland's *National Infection Prevention and Control Manual*.

### Recommendation e

- The service should further develop its programme of audits to cover additional key aspects of care and treatment.

## Our findings

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

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**Patient care records were clear and comprehensive. Thorough assessments were carried out for each patient to establish a formal diagnosis and inform their future treatment. Treatment options were discussed and consent was always obtained.**

Patient care records were stored securely on a password-protected electronic database. Entries on patient care records were made directly onto the electronic record or consultation notes were scanned in, with paper copies securely destroyed.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

We reviewed five patient care records and found all contained comprehensive information. This included detailed consultation notes for each care episode, treatment plans, information about the risk and benefits of any prescribed medications and self-help links relating to their diagnosis. We saw patients were asked to consent to sharing information with their GP and for commencing medication, where necessary. Medication was not prescribed unless consent was provided.

Detailed assessment protocols were in place for patients attending the service for neurodevelopmental disorders such as ADHD and autism. This helped to ensure the service adhered to NICE and SIGN guidelines.

A multidisciplinary approach was used for all neurodevelopment assessments. For example, patients attending for an ADHD assessment were always assessed separately by two different clinicians. Patients were initially reviewed by a clinical psychologist to explore pre-assessment questionnaires and information about their current circumstances, mental health, developmental and personal history. Patients were then reviewed by a consultant psychiatrist to provide a second opinion and discuss medication, if appropriate. We saw comprehensive and thorough diagnostic reports were developed for all patients. These detailed the findings from both clinicians and the clinical decision whether a patient had met the criteria for diagnosis. Patients were provided with a copy of their diagnostic report and management plan, and this was also sent to their GP.

The service had a shared care protocol in place for medical prescribing for adults with ADHD. This is an agreement that enables patient's care to be shared between the service and the patient's GP. We saw evidence of shared care agreements detailing the responsibilities of the service, patients and their GPs. This ensured patients who were prescribed medication for ADHD were monitored appropriately and in accordance with the British National Formulary (BNF), SIGN and NICE guidelines.

Patients who responded to our online survey said:

- ‘The professionalism and organisation gave me great confidence in all aspects of my treatment.’
- ‘Clear communication about the process and what to expect. Treatment options laid out clearly and did not feel pushed in any particular direction, the decision was mine.’
- ‘Excellent professionals.’
  - No requirements.
  - No recommendations.

### 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

**The service had up-to-date recruitment and practicing privileges policies. Pre-employment safety checks were in place and professional registers were checked regularly. However, staff files should contain all required recruitment information, such as application forms and interview notes.**

Policies and procedures were in place for recruitment, induction and for staff granted practicing privileges (staff who are not employed directly by the provider but given permission to work in the service).

The directors and clinical leads of the service were both clinical psychologists. The service has significantly expanded since it was first registered in 2020 and had continued to employ a range of multidisciplinary health clinicians, such as clinical psychologists, a specialist occupational therapist and psychotherapist. All clinical professionals were contracted to work under practicing privileges arrangements.

We reviewed five staff files for staff granted practicing privileges. We saw an appropriate recruitment process was in place to make sure the necessary background and identity checks were carried out. This included references, professional qualifications and registration with the appropriate professional register and Protecting Vulnerable Groups (PVG) checks.

We saw a process was in place to ensure ongoing reviews of professional registration, professional indemnity insurance and regular PVG reviews were carried out, as required.

New staff members received a staff handbook which included policies and procedures, and details of the induction process. As part of the induction process, staff attended mandatory training such as public protection, health and safety, violence and aggression, and first aid. Staff were also provided with information about the shared care and assessment protocols used in the service.

All clinicians were appointed a peer supervisor from the service when they were employed. However, staff were also able to access external supervision if they wished, for example if they were undertaking specific supervision for accreditation. We saw staff had regular one-to-one meetings, including case discussions and yearly appraisals.

The service provided opportunities for staff development and continued professional development. We were told one of the directors regularly updated staff on training and new resources available. For example, we were told a staff member had recently completed autism diagnostic observation schedule (ADOS) training and another had recently been promoted to a senior associate clinician in the service. We saw evidence of the service providing clinical professional development days every 6 months. This gave staff the opportunity to present topics of interest about treatments provided by the service.

### **What needs to improve**

Some staff files we reviewed did not contain all of the required recruitment information, such as application forms, curriculum vitae (CVs) or interview notes (recommendation f).

- No requirements.

### **Recommendation f**

- The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government's Safer Recruitment through Better Recruitment (2016) guidance.

## 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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**Clear governance structures were in place, with systems and processes to monitor and improve the quality of care delivered. This included a comprehensive quality improvement plan and regular staff meetings.**

Both clinical directors of the service were clinical psychologists registered with the Health and Care Professions Council (HCPC). They both had a broad range of experience delivering healthcare for patients with mental health support needs in the NHS and the independent sector.

An overarching quality assurance programme focused on continuously improving the service. This included regular staff and directors meetings, the ongoing review of policies, reviewing patient feedback and a programme of audits.

We saw evidence of staff meetings with regular agenda items for:

- patient feedback
- audit review
- staffing
- clinical governance
- mental health and neurodevelopment service updates
- training, and
- service development.

Minutes of these meetings with action plans were shared with staff.



The service regularly sought feedback from staff. We saw a recent staff survey was carried out asking staff about their experience of working in the service and suggestions for improvement. We saw improvements had been made to the service as a result of staff feedback. For example, sharing of learning and training was now an agenda item at the clinical professional development days that were held every 6 months. We were told staff retention was high. The provider recognised the commitment from staff by offering various benefits and incentives such as private health care for staff and their families.

The service had a comprehensive quality improvement plan which was regularly updated. We noted the service held a strategic planning and development day with a business consultant in May 2022. This allowed the team to review how the service was performing from a business and therapeutic perspective, and to develop future strategic plans. The service had arranged a further team review day in June 2023. We were told the service had contact with organisations providing similar treatments across Scotland. This allowed the service to informally benchmark and evaluate how it was performing in comparison to these services.

We were told the service was planning to develop a board of directors with a range of health professionals, a representative from the local university and a patient ambassador (a patient who had previously attended the service). This will help to inform service development and the quality of care provided by the service.

The service had good working relationships with the local university support service, local GPs and NHS mental health services. We were told this had resulted in the service being able to provide seamless care if a patient's needs changed, if they required additional support, or if a patient was suitable to be transferred to local community mental health services.

We noted the service had won two prestige business awards for mental health specialist services in 2021 and 2022.

- No requirements.
- No recommendations.

## 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	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>a</b>	<p>The service should consider collecting more regular feedback from patients and develop a process of informing patients about how their feedback has been used to improve the service (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
<b>b</b>	<p>The service should ensure that patients know how to make a complaint (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>
<b>c</b>	<p>The service should publish a duty of candour report every year and ensure staff receive training on the principles of duty of candour (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</p>

<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>d</b>	<p>The service should ensure that cleaning schedules are completed and signed by the people responsible for cleaning to verify that cleaning tasks are being carried out appropriately and in line with Health Protection Scotland’s <i>National Infection Prevention and Control Manual</i> (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22</p>
<b>e</b>	<p>The service should further develop its programme of audits to cover additional key aspects of care and treatment (see page 12).</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>Domain 7 – Workforce management and support</b>	
<b>Requirements</b>	
None	
<b>Recommendation</b>	
<b>f</b>	<p>The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s Safer Recruitment through Better Recruitment (2016) guidance (see page 15).</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>

## 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.

### Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

### During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

### After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

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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