Unannounced Inspection Report: Independent Healthcare

Ross Hall Hospital
BMI Healthcare Limited, Glasgow

11–12 April 2017
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www.healthcareimprovementscotland.org
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1 A summary of our inspection

About the service we inspected

Ross Hall Hospital, Glasgow, is part of BMI Healthcare Limited, the acute private hospital division of General Healthcare Group. Its aim is to provide the highest standards in all aspects of patient care. The hospital offers an extensive range of treatments, including cardiothoracic, colorectal, cosmetic, gastroenterology, orthopaedic surgery, plastic surgery and general surgery. Ross Hall Hospital sees both inpatients and outpatients and offers a paediatric service as required. The building is situated within a residential area, with parking available on site, close to public transport and local amenities.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

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.

We carried out an unannounced inspection to Ross Hall Hospital on Tuesday 11 and Wednesday 12 April 2017.

The inspection team was made up of three inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

**Quality Theme 0 – Quality of information: 4 – Good**
Quality Statement 0.2 – service information: 5 – Very good
Quality Statement 0.3 – consent to care and treatment: 4 – Good

**Quality Theme 1 – Quality of care and support: 4 – Good**
Quality Statement 1.5 – care records: 4 – Good
Quality Statement 1.6 – risk management: 5 – Very good

**Quality Theme 2 – Quality of environment: 5 – Very good**
Quality Statement 2.4 – infection prevention and control: 5 – Very good

**Quality Theme 3 – Quality of staffing: 5 – Very good**
Quality Statement 3.2 – recruitment and induction: 5 – Very good
Quality Statement 3.4 – ethos of respect: 5 – Very good

**Quality Theme 4 – Quality of management and leadership: 5 – Very good**
Quality Statement 4.3 – leadership values: 5 – Very good
Quality Statement 4.4 – quality assurance: 5 – Very good

The grading history for Ross Hall Hospital and more information about grading can be found on our website.

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.

What the service did well
The information provided to patients about their procedure was very good. Patient risk assessments were comprehensive, and included the updated venous thromboembolism (VTE) risk assessment documentation. We saw that there were very good procedures in place for granting practising privileges to consultants and staff interactions with patients were seen to be thoughtful and measured. We also saw evidence that the service had very good quality assurance systems in place.

We would like to thank all staff at Ross Hall Hospital for their assistance during the inspection.

What the service could do better
We saw that the consent form could be improved by including a section to formally document the benefits and risks of treatments and procedures that are discussed with patients.

The service should make sure that the patient care record is completed in full and the service should also review the storage of items in the theatre department.

This inspection resulted in no requirements and seven recommendations. See Appendix 1 for a full list of the recommendations.
2 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 13 and 14 April 2016

Requirement

The provider must ensure that appropriate systems processes and procedures are in place for the use of lasers and intense light source equipment, taking account of the guidance contained in the MHRA Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices (September 2015).

Action taken

We saw that the service had appropriate procedures in place for the use of laser equipment. This requirement is met.

Requirement

The provider must ensure that all staff undertaking regulated work are enrolled in the Protecting Vulnerable Groups (PVG) Scheme.

Action taken

The service told us in its self-assessment, and we saw evidence, that all staff undertaking regulated work are now registered in the Protecting Vulnerable Groups (PVG) Scheme. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 13 and 14 April 2016

Recommendation

We recommend that the service should ensure that information about complaints is consistent across public-facing documents in BMI Healthcare Limited’s Scottish hospital sites.

Action taken

Information about complaints had been updated in the information folder that was available in each patient room. This recommendation is met.

Recommendation

We recommend that the service should ensure that an annual documented tracking and traceability audit for instrument trays is carried out.

Action taken

We saw evidence of tracking and traceability audits for instrument trays. This recommendation is met.
Recommendation

We recommend that the service should review the structure and qualifications of the infection prevention and control link nurses in Scotland to ensure that they are in line with the requirements of the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015.

Action taken

We saw that the infection prevention and control structure has been revised and the roles and responsibilities formalised. This recommendation is met.

Recommendation

We recommend that the service should complete a formal review of the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015. This will identify any relevant learning for the service.

Action taken

A formal review of the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 had been completed. This recommendation is met.

Recommendation

The service should ensure that staff know which signature sheet they must complete before they start to contribute to a patient care record.

This was previously identified as a recommendation in the April 2015 inspection report for Ross Hall Hospital.

Action taken

We saw that staff were completing signature sheets correctly. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 – Very good

Prior to admission, patients were sent information about their stay. An information folder was present at each patient bedside. There was a range of information leaflets available for the different procedures offered by the service. We were told that information was available in different languages and formats on request.

The website had been updated to include information about the hospital’s performance, infection control audits, recent Healthcare Improvement Scotland inspection reports and latest patient satisfaction scores.

The service had recently appointed a new staff member whose role is to provide clarity and transparency around fees for patients. This will make sure that patients are aware of the cost of their procedure prior to admission.

Patients we spoke with all stated that they had received lots of information:

- ‘The consultant was really good with information.’
- ‘Lots of information was given to me.’

Areas for improvement

The website refers heavily to English services, NHS England and international patients. Although we are aware that service provision is different in England, this can cause confusion for Scottish patients as there is no specific information for them. The provider could consider a section to give information explaining how the service provision is provided for all Scottish patients.

We saw that the ‘Your Visit to Our Hospital’ information leaflet, which was available on the website, did not detail that Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. The provider could include this information in their leaflet.

Testimonials and quotes published on the website could be dated to demonstrate that they are current.

◆ No requirements.
◆ No recommendations.
Quality Statement 0.3

We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 4 – Good

The service had a corporate consent policy in place which referenced England legislation only. The service has developed a Scottish consent policy that is currently in draft and awaiting ratification.

We reviewed 10 patient care records. Consent to treatment forms had been completed for all patients. The service carried out a monthly audit to assess compliance of the completion of consent forms. Patients told us that staff always discussed and sought consent for any proposed care or treatment and were given the opportunity to ask questions.

Areas for improvement

While awaiting ratification of the Scottish policy, the service was using an older style consent form. This form had no area to formally record risks and benefits, although some surgeons had written them on the form (see recommendation a).

We saw that there were multiple places to record consent to share information. Staff were confused about where it should be recorded and therefore this was not consistently recorded in one place (see recommendation b).

■ No requirements.

Recommendation a

■ We recommend that the service should revise the consent form in line with Scottish legislation. The consent form should include a section to formally document the benefits and risks of treatments and procedures that are discussed with the patient.

Recommendation b

■ We recommend that the service should make sure that all staff consistently record the patient’s consent to share information.
Quality Theme 1 – Quality of care and support

Quality Statement 1.5
We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users’ physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 4 – Good
We checked 10 patient care records during our inspection and found good standards of record-keeping. All aspects of patients care were considered and the care records contained information about:

- documented nursing assessment
- ongoing care information
- patient risk assessments completed as required, and
- treatment care pathways.

The service had a records management policy in place and carried out monthly documentation audits. We saw evidence that audits were discussed at clinical effectiveness and clinical governance meetings and actions plans were developed to address any areas for improvement. We saw that the service had recently introduced an updated venous thromboembolism (VTE) risk assessment, where the treatment decisions taken by a consultant are recorded. This information is now available to all staff involved in the care and treatment of each patient.

Patients we spoke with rated the care as excellent and commented:

- ‘You are treated as a person.’
- ‘The level of care is second to none.’
- ‘It is the caring attitude, professionalism and friendliness of the staff.’

Areas for improvement
We noted that patient care records and risk assessments were not always fully completed. Some forms that made up a patient’s care record were not used and others were duplicated. The director of nursing informed us that the provider was reviewing the paperwork used to minimise this. Until the new paperwork is available, the service should make sure that patient care records are fully completed and unused parts are removed or marked as not applicable (see recommendation c).

Patient care records we inspected did not include a medical consultation record or referral letter. Senior management staff told us that while some of these records were on-site, others were off-site and unavailable. It is good practice to keep all patient records together as staff involved in a patient’s care can then easily view relevant information. We were told the provider was investigating ways to implement this. We will follow this up at the next inspection.

- No requirements
Recommendation c

■ We recommend that the service should make sure that patient care records are fully completed or unused parts are removed or marked as not applicable.

Quality Statement 1.6

We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.

Grade awarded for this statement: 5 – Very good

A new risk management system was being implemented that records:

■ clinical and non-clinical risks
■ clinical and non-clinical incidents, and
■ complaints and feedback.

A red, amber, green (RAG) rating system is used for the risk register, red being the highest and green being the lowest risk. One of the high risks identified for the service is the maintenance and upgrade of the estate. An external contractor has reviewed the estate to prioritise works required across all BMI Healthcare Limited’s hospital sites in Scotland.

A new vision centre had been created at Ross Hall Hospital. It is hoped that this will be fully operational by May 2017.

■ No requirements.
■ No recommendations.

Quality Theme 2 – Quality of environment

Quality Statement 2.4

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 5 – Very good

We focused on compliance with infection prevention and control policies and procedures in the theatre department. We saw that staff were complying with the majority of standard infection control precautions, including the management of sharps and waste.

Areas for improvement

We observed staff walking from operating theatres to store rooms without removing their gloves and face masks. This does not comply with the guidance contained in Health Protection Scotland’s national infection prevention and control manual.
Personal protective equipment should be removed and the opportunity for hand hygiene taken before leaving the operating theatre (see recommendation d).

We saw a lack of storage facilities in the department and clutter in places. The service should improve the storage of items in this area (see recommendation e).

- No requirements.

**Recommendation d**

- We recommend that the service should ensure compliance with Health Protection Scotland’s national infection prevention and control manual for the use of personal protective equipment. This will reduce the risk of cross-infection in the theatre department.

**Recommendation e**

- We recommend that the service should improve the storage of items in the theatre department.

### Quality Theme 3 – Quality of staffing

#### Quality Statement 3.2

*We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.*

**Grade awarded for this statement: 5 – Very good**

We focused on the procedures in place for granting practising privileges to consultants during this inspection. This is the procedure by which licensed registered medical practitioners may be granted authorisation by the hospital manager to undertake the care and treatment of patients in the hospital.

We saw that the service had a practising privileges policy in place. We reviewed three staff files and found that all checks were completed in line with this policy, including background checks, reference checks and professional registration checks.

- No requirements.
- No recommendations.

#### Quality Statement 3.4

*We ensure that everyone working in the service has an ethos of respect towards service users and each other.*

**Grade awarded for this statement: 5 – Very good**

We observed patients being welcomed and admitted to the hospital at the reception area.

We saw that staff interactions between nurses, physiotherapists, healthcare assistants and patients were measured, with all procedures fully explained. Patients were given adequate time to respond and were encouraged to ask questions.
Staff members we spoke with were very enthusiastic about working at the hospital. They reported that they felt listened to and that senior members of staff were approachable and supportive. The staff stated that it was a good working environment and that they would be happy to raise any concerns if necessary.

The service has policies in place which support the ethos of respect. Equality and diversity training is included as mandatory in the staff induction training programme. The service has a whistle blowing and bullying and harassment policy.

We spoke with some of the patients during the inspection and they were very complimentary about the way that they were treated by staff:

- ‘Staff are extremely friendly and willing to listen. You are treated as a unique individual.’
- ‘The level of attentiveness is like you are one of their loved ones.’

**Area for improvement**

Two patients had expressed concerns that when they had been taken to theatre for an operation, they had been placed in the recovery area. They reported that this had caused them some anxiety. We spoke with the senior management team who stated that this could occur but only in rare circumstances. We advised that this was not best practice (recommendation f).

- No requirements.

**Recommendation f**

- We recommend that the service should review the placement of patients prior to going into the operating theatre.

**Quality Theme 4 – Quality of management and leadership**

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<th>Quality Statement 4.3</th>
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<td>To encourage good quality care, we promote leadership values throughout our workforce.</td>
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**Grade awarded for this statement: 5 – Very good**

The service had a wide variety of training courses for staff who wished to undertake leadership roles, including psychometric testing which identifies their own individual skills. This allows the individual to build on these skills and the organisation can place people in an environment which suits them best.

Staff acknowledged that there was a wide variety of online and practical training available. They felt that there was good supervision and guidance offered by senior members of staff.

The senior management team reported that they felt they were supportive of any training courses which are presented to them and actively encouraged staff to take on leadership roles. Staff we spoke with were mostly positive about leadership opportunities. They felt that any suggestions they made were taken seriously and
gave examples of how they had been able to influence working practices at a ward level.

BMI Healthcare Limited have many online training resources available which include leadership modules, such as BMI Lead (programme), leadership Inspiration and mentoring.

A staff satisfaction survey was carried out in 2016. The results were compiled and distributed to all staff members. The overall results indicated a high level of employee satisfaction. Personal commitment to BMI Healthcare Limited and job satisfaction also scored highly. Some areas for improvement were identified, including change management and communication. Fifty-one percent of staff reported that they had confidence in the executive team. We spoke with staff during this inspection who mirrored the findings of the survey. The service had developed an action plan to address these issues.

All staff members that we spoke with told us that they had completed an annual appraisal.

Area for improvement
Some members of staff reported that they were unsure of how to advance their career progression. We discussed this with senior management teams who felt that most staff members did have career progression. However, members of nursing staff stated that they did not receive formal supervision periods but felt supported and guided on a day-to-day basis (see recommendation g).

- No requirements.

Recommendation g
- We recommend that the service should develop a method of recording how clinical and day-to-day supervision is recorded.

Quality Statement 4.4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 – Very good
The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. This self-assessment is completed each year and it gives a measure of how the service has assessed itself against the quality themes and national care standards. We found good quality information that we were able to verify during our inspection.

We saw that the service had a very good governance structure in place and saw evidence from various meetings such as clinical governance, medical advisory committee and senior management team meetings. We saw evidence that action plans were developed and being progressed.

The service produced a lot of evidence to support their corporate approach to quality assurance. This included audits at a ward and a hospital-wide level. The director of
nursing showed us the results of a recent audit undertaken by BMI Healthcare Limited’s integrated audit team. This had resulted in a large amount of recommendations, almost all of which had been addressed.

The service also had an audit programme and we saw that audits carried out included patient care records, venous thromboembolism (VTE) and infection prevention and control. All audit results were fed into the governance structure.

The senior management team reported that the service makes use of a wide variety of quality assurance tools and risk assessment measures. They stated that taking account of near misses and lessons learned, helped guide clinical and non-clinical practices.

We saw evidence of several improvements which had resulted from the service’s internal auditing process. These included:

- a more robust approach to recording temperatures in clinical areas
- control of infection, and
- the development of a safety plan to make sure that every patient has a unique identification number which ensures that they can receive blood products if needed.

The service had recently recruited a quality and risk manager. A large part of this role is making sure that any complaints were dealt with in line with company policy.

Information about staff compliance with the provision of pre-admission and admission information for patients was displayed on the patient information board. We also saw ‘you said, we did’ boards which detailed the actions taken following patient feedback.

BMI Healthcare Limited had collated the themes from Healthcare Improvement Scotland previous inspections. They had suggested action plans, timescales and had been escalated for approval.

**Areas for improvement**

We were informed about plans to introduce an audit of the service by members of staff from other BMI Healthcare Limited’s hospitals. The information provided by these audits should measure the hospital performance and influence future action plans to address both the clinical and non-clinical performance of the hospital.

At the time of our inspection, the audit had not taken place so we could not evaluate how effective it will be in improving the quality of care provided by the hospital. We will follow this up at future inspections.

- 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 Act, 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.

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<thead>
<tr>
<th>Quality Statement 0.3</th>
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<tbody>
<tr>
<td>Requirements</td>
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<tr>
<td>None</td>
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<td>Recommendations</td>
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<tr>
<td>We recommend that the service should:</td>
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<tr>
<td><strong>a</strong> revise the consent form in line with Scottish legislation. The consent form should include a section to formally document the benefits and risks of treatments and procedures that are discussed with the patient (see page 9).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 11.4 – Deciding on your treatment)</td>
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<td><strong>b</strong> make sure that all staff consistently record the patient’s consent to share information. (see page 9).</td>
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<tr>
<td>National Care Standards – Independent Hospitals (Standard 5.4 – Planning your care)</td>
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### Quality Statement 1.5

**Requirements**

None

**Recommendation**

We recommend that the service should:

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<th>make sure that patient care records are fully completed and unused parts are removed or marked as not applicable (see page 11).</th>
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<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 14.5 – Information held about you)</td>
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### Quality Statement 2.4

**Requirements**

None

**Recommendations**

We recommend that the service should:

<table>
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<tr>
<th>d</th>
<th>ensure compliance with Health Protection Scotland’s national infection prevention and control manual for the use of personal protective equipment. This will reduce the risk of cross-infection in the theatre department (see page 12).</th>
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<td></td>
<td>National Care Standards – Independent Hospitals (Standard 13 – Prevention of infection)</td>
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<td>e</td>
<td>improve the storage of items in the theatre department (see page 12).</td>
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<td>National Care Standards – Independent Hospitals (Standard 13 – Prevention of infection)</td>
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### Quality Statement 3.4

**Requirements**

None

**Recommendation**

We recommend that the service should:

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<th>review the placement of patients prior to going into the operating theatre (see page 13).</th>
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<td>National Care Standards – Independent Hospitals (Standard 15.1 – Your environment)</td>
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### Quality Statement 4.3

<table>
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<tr>
<th>Recommendation</th>
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<td><strong>We recommend that the service should:</strong></td>
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- Develop a method of recording how clinical and day-to-day supervision is recorded (see page 14).

National Care Standards – Independent Hospitals (Standard 10.9 – Staff)
Appendix 2 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.
Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300
Email: comments.his@nhs.net
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.