Unannounced Inspection Report: Independent Healthcare

Nuffield Hospital - Glasgow
Nuffield Health, Glasgow

13–14 December 2016
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 A summary of our inspection

About the service we inspected

Nuffield Hospital - Glasgow is registered with Healthcare Improvement Scotland as an independent hospital providing care and treatment to children and adults in acute surgery and medical management. The hospital is part of the UK wide not for profit healthcare provider Nuffield Health.

There are 33 inpatient beds available with an extensive range of inpatient procedures, clinics and outpatient services provided. The hospital has one ward and all the bedrooms are single rooms with en-suite facilities. There is on-site parking available.

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 Nuffield Hospital - Glasgow on 13 and 14 December 2016. The inspection team was made up of two inspectors.

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: (aggregated score) 5 - Very good
Quality Statement 0.3 – consent to care and treatment: 6 - Excellent
Quality Statement 0.4 – confidentiality: 5 - Very good

Quality Theme 1 – Quality of care and support: (aggregated score) 4 - Good
Quality Statement 1.1 – participation: 4 - Good
Quality Statement 1.5 – care records: 5 - Very good

Quality Theme 2 – Quality of environment: (aggregated score) 4 - Good
Quality Statement 2.3 – equipment: 5 - Very good
Quality Statement 2.4 – infection prevention and control: 4 - Good

Quality Theme 3 – Quality of staffing: (aggregated score) 5 - Very good
Quality Statement 3.2 – recruitment and induction: 5 - Very good
Quality Statement 3.4 – ethos of respect: 6 - Excellent

Quality Theme 4 – Quality of management and leadership: (aggregated score) 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 Nuffield Hospital - Glasgow 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 service had excellent systems in place to make sure consent to care and treatment reflects best practice. We found a strong customer care and patient focus in the service. We found good quality assurance systems in place and patients rated the care very highly.

**What the service could do better**
The service must review its infection prevention and control systems to make sure they reflect best practice. All staff employed to carry out regulated work must be checked through Disclosure Scotland and enrolled in the Protecting Vulnerable Groups (PVG) Scheme. The service must make sure all policies and procedures contain reference to Scottish legislation as appropriate.

This inspection resulted in four requirements and two recommendations. Four recommendations made at our previous inspection on 9–10 March 2015 inspection have been carried forward. The requirements are linked to compliance with the Act 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.

Nuffield Health, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Nuffield Hospital - Glasgow for their assistance during the inspection.
2 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 9–10 March 2015

Recommendation

We recommend that the service should update its literature to ensure the correct reference is made to the regulating body in Scotland

Action taken

We saw that the service had updated the literature in its patient information folder to include Healthcare Improvement Scotland as the regulator in Scotland. This recommendation is met.

Recommendation

We recommend that the service should ensure consent forms are completed in line with hospital policy.

Action taken

Regular documentation audits were completed which included consent form checks. This recommendation is met.

Recommendation

We recommend that the service should keep records of the daily checks of theatre equipment.

Action taken

We saw that the theatre department had developed a sheet to record daily checks of theatre equipment. This recommendation is met.

Recommendation

We recommend that the service should keep detailed records of all the checks and maintenance of the anaesthetic machines along with the serial numbers of circuits as they are replaced.

Action taken

We saw that the service was recording the serial numbers of the circuits when changed in the relevant log book. However, not all maintenance checks were recorded, such as filter and soda lime changes. This recommendation is partially met and will be carried forward.
Recommendation

We recommend that the service should identify all clinical hand wash basins and assess them on current guidance. The clinical hand wash basin that are not compliant with current standards should be upgraded in line with a risk based plan that takes into account the use of the basin, its design and the wider refurbishment plans for the service.

Action taken

While we saw the service had assessed the clinical hand wash basins, non-compliant basins had not yet been upgraded. These will be upgraded as part of a planned programme of refurbishment of the hospital. This recommendation is not met and has been carried forward.

Recommendation

We recommend that the service should develop daily, weekly and monthly cleaning schedules to guide clinical staff who are cleaning the clinical areas and equipment and develop a system of checking this.

We saw evidence of daily, weekly and monthly cleaning schedules for clinical staff in the theatre department. The service also had a system in place to check these regularly. This recommendation is met.

Recommendation

We recommend that the service should develop a model of clinical supervision to support staffs professional practice

Action taken

Most staff had up-to-date appraisals with personal development plans and objectives in place. Staff met with their supervisors to discuss their development plans twice a year and could ask for support and clinical supervision as required. This recommendation is met.

Recommendation

We recommend that the service should develop a clear participation strategy.

Action taken

While the service had a draft participation strategy, it still did not have a full participation policy. This recommendation is not met and will be carried forward.

Recommendation

We recommend that the service should ensure policies, procedures and relevant documentation reflect legislation and guidance in Scotland as a primary reference.

Action taken

Some policies still did not reflect Scottish legislation. This recommendation is not met and will be carried forward.
3 What we found during this inspection

Quality Theme 0 – Quality of information

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: 6 - Excellent
We saw that the service had an updated comprehensive policy in place which included all relevant Scottish references. We checked six patient care records and saw that all consent to treatment forms had been correctly completed listing risks and benefits.

Patients we spoke with confirmed that staff always discussed care or treatment with them before starting and gave them the opportunity to ask questions. One patient told us that: ‘They always ask your permission before they do anything’.

■ No requirements.
■ No recommendations.

Quality Statement 0.4
We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 5 - Very good
The service had an information governance policy and associated standard operating procedures in place.

Staff knew the procedures to follow to protect patient confidentiality and keep information secure.

We saw evidence of consent documentation in place for sharing information. We saw information governance audits were completed every year and action plans produced.

Area for improvement
We saw patient information folders at each patient bedside had a section about confidentiality information sharing. Information about how patients can access information held about them could be included in the information folders to improve them further.

■ No requirements
■ No recommendations.
Quality Theme 1 – Quality of care and support

Quality Statement 1.1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 4 - Good
We saw minutes of patient focus groups that the service had recently held. We also saw evidence that the service made improvements based on the feedback from patients.

The service had a complaints policy in place. Information folders at each patient bedside included information about how to make a complaint and directed patients to request for more information about the process.

The service had recently purchased and planned to install 'you said, we did' boards throughout the hospital.

Areas for improvement
We saw limited evidence of information being shared with patients, such as:

- audit results
- Healthcare Improvement Scotland inspection reports, and
- monthly reports produced following patient feedback.

We spoke with management staff and discussed sharing this information with patients. It would help highlight good practice as well as actions taken to address negative feedback from patients, families and carers.

Information about how to make a complaint should be made more widely available to the service’s patients, their relatives and carers. For example, at information points at reception, waiting areas, the outpatient department and ward.

At our previous inspection, we had suggested to management staff that comment boxes or feedback boxes could be introduced to reception and other key areas of the hospital. This would give patients, their relatives and carers another way to provide feedback. These should be put in place (see recommendation a).

We saw evidence of monthly reports produced following patient feedback. However, we saw no evidence of action plans developed to address negative feedback.

Recommendation a

- We recommend that the service should introduce patient information points at reception, waiting areas, the outpatient department and ward. Information about how to make a complaint and anonymous feedback or suggestion boxes should be made available at these information points.

- No requirements
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: 5 - Very good
The six patient care records we inspected during our inspection were correctly completed. The records contained information about:

- consultation
- documented assessment with risk assessments
- ongoing care information, and
- treatment care plans.

The service had a medical records policy in place and carried out documentation audits every 3 months. We saw evidence that audits were discussed at clinical governance meetings and actions plans were developed to address areas of concern.

The service had recently organised an external legal company to provide training to staff about the importance of documentation.

Area for improvement
We saw that the service’s ‘patient care pathway’ documents were laid out in a way that made it difficult to use and follow when completing risk assessments. The matron explained the provider was reviewing patient care records and considering moving to a digital format. The provider had also recently formed a group to develop a new risk assessment and treatment options for venous thromboembolism (the formation of blood clots in the vein). We will follow this up at future inspections.

- No requirements.
- No recommendations.

Quality Theme 2 – Quality of environment

Quality Statement 2.3
We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.

Grade awarded for this statement: 5 - Very good
Servicing and maintenance contracts were in place for all clinical and non-clinical equipment, such as lifts, hoists and beds. We saw evidence of servicing reports and repair and maintenance actions taken.
Staff were able to describe the procedure in place to report maintenance issues to the facilities team.

- No requirements.
- No recommendations.

**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: 4 - Good**

The provider’s infection control team supported an infection control link nurse and co-ordinator based at the hospital. We saw evidence that governance meetings, including the infection control committee discussed infection prevention and control.

We saw generally good compliance with standard infection prevention and control precautions in the ward and theatre department. We discussed any exceptions with staff and these were addressed at the time of the inspection.

**Areas for improvement**

The service had an infection control policy in place. However, it did not reference Scottish guidance, including the Healthcare Improvement Scotland *Healthcare Associated Infection Standards 2015* or Health Protection Scotland’s *national infection prevention and control manual*. The service should review its infection prevention and control policies and procedures to make sure they are in line with Scottish guidance (see requirement 1).

We saw evidence of infection control audits being completed. However, these did not audit compliance against all 10 standard infection control precautions as defined in Health Protection Scotland’s *National Infection Prevention and Control Manual*. Completed aseptic technique audits we saw showed the theatre department had poor compliance with aseptic technique. The Scottish Patient Safety Programme has published care bundles for the safe insertion and maintenance of invasive devices, including peripheral vascular devices. These should be implemented to improve compliance (see requirement 2).

In the endoscopy unit, staff should introduce a decontamination audit. A tracking and traceability challenge test should also be completed at least yearly. These will provide assurance that policies and procedures for the decontamination of endoscopes are being followed (see requirement 3).

Patient rooms in the ward had carpet flooring and did not have clinical hand wash basins. These should be upgraded as part of a planned programme of refurbishment (see recommendation b).

**Requirement 1 – Timescale: by 1 June 2017**

- The provider must review all its infection prevention and control policies, procedures and audits to ensure that they are in line with Scottish guidance.
Requirement 2 – Timescale: by 1 June 2017

- The provider must implement Scottish Patient Safety Programme’s care bundles for the safe insertion and maintenance of peripheral vascular devices.

Requirement 3 – Timescale: by 1 June 2017

- The provider must:
  
  (a) complete an annual decontamination audit of the endoscopy unit. An action plan should be developed for any deficiencies noted.

  (b) complete an annual tracking and traceability challenge test in the endoscopy unit.

Recommendation b

- We recommend that the service should replace the carpeted flooring in the ward as part of a planned programme of refurbishment of the hospital in line with current Scottish guidance.

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

The service had staff recruitment and induction policies in place. We reviewed four staff files. All required checks had been completed, including background checks and references.

The service had completed all retrospective Protecting Vulnerable Groups background checks for all relevant staff. Monthly professional registration checks were carried out for all relevant staff. These checks identified when employees’ registrations were to be renewed and whether they had any conditions of practice in place.

We looked at the procedures in place for practicing privileges. The service had a good system in place to make sure staff could start their role in the hospital, including:

- background checks
- indemnity insurance was in place, and
- professional registration checks.

Area for improvement

We looked at the procedures in place for registered medical officers provided through a third party agency. Although the agency made sure staff had background checks completed in England, they were not members of the Protecting Vulnerable Groups scheme in Scotland (see requirement 4).
Requirement 4 – Timescale: by 1 March 2017

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

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: 6 - Excellent

All staff and patients we spoke with during the inspection told us they felt they were treated with respect. Interactions we observed between staff and patients and between colleagues were respectful. We found a strong customer care and patient focus in the service.

We saw that the service carried out regular surveys asking patients to comment on the quality of the service they received. From the recent survey, 97% of patients stated that they were treated with dignity and respect.

The service had recently introduced new equality, diversity and inclusion training for staff. Procedures were in place for staff to raise any concerns they had, including a bullying and harassment policy and whistleblowing policy. Each department had regular staff meetings and all staff we spoke with said they were able to raise any concerns.

We spoke with patients to discuss their impressions of the service’s staff and how they were treated. All were very complimentary of the staff. Patients told us:

- 'They treat you very well.'
- 'The nurses are very caring.'

- No requirements.
- No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.3

To encourage good quality care, we promote leadership values throughout our workforce.

Grade awarded for this statement: 5 - Very good

Clinical staff took on the responsibility of a link nurse or champion for different areas.

From clinical governance and senior management team meetings, we saw that senior staff had clear areas of responsibility for actions. A number of senior staff also attended provider meetings and committees. Nominated staff attended a daily communication huddle each morning. This was an opportunity for staff to discuss the 24 hours before and after, highlighting any areas of concern. This information was then fed back to other departments.
Most staff we spoke with reported the service was a good place to work, in particular they reported good working relationships across the multidisciplinary team.

**Areas for improvement**

Some results from the recent ‘Leadership MOT’, a management survey, were lower than previous years. Management staff acknowledged issues in recruiting staff for specialised areas, such as theatres and this was having an impact on staff morale. Staff we spoke with highlighted shortage of staff as an issue. Management staff had put an action plan in place along with meetings with staff and were proactively trying to recruit more staff. We will follow this up at future inspections.

All staff had access to the corporate online training system and some modules were mandatory. However, some modules such as communication and team working were available but not visible to all staff groups. These modules could be promoted more and supported with face-to-face training for all staff groups.

- No requirements.
- No recommendations.

**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 basic self-assessment to Healthcare Improvement Scotland. This self-assessment is completed each year to give a measure of how the service has assessed itself against the quality themes and national care standards. We found adequate quality information that we were able to verify during our inspection.

We saw that the service had good quality assurance systems in place, which included:

- the clinical governance group
- the medical advisory committee, and
- senior management meetings.

The clinical governance group minutes showed it oversaw reports from various subgroups including medicines management and infection prevention and control. Other issues discussed at the meeting included accidents and incidents, complaints and staff training.

The service had a risk register in place, an electronic incident reporting system and quarterly health and safety reviews.

The service had a wide ranging audit programme, some of which were displayed through an electronic dashboard. This information was analysed for trends and actions were agreed and planned.
We looked at the way complaints were recorded and dealt with and saw that they were handled in line with the provider’s policy.

The service was able to show us early plans for the development of the hospital site, which would increase its capacity and improve service provision.

**Areas for improvement**

The frequency of some audits meant that it could be time consuming. The provider was reviewing how the audits were planned. This could be an opportunity to make the audit programme more proportionate. Targeted audits could still be added if required. 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.

### Quality Statement 1.1

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td>Recommendation</td>
<td>We recommend that the service should:</td>
</tr>
<tr>
<td>a</td>
<td>introduce patient information points at reception, waiting areas, the outpatient department and ward. Information about how to make a complaint and anonymous feedback or suggestion boxes should be made available at these information points (see page 9).</td>
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National Care Standards – Independent Hospitals (Standard 9 – Expressing Your Views)

### Quality Statement 2.4

<table>
<thead>
<tr>
<th>Requirements</th>
<th>The provider must:</th>
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<tbody>
<tr>
<td>1</td>
<td>review all its infection prevention and control policies, procedures and audits to ensure that they are in line with Scottish guidance (see page 11).</td>
</tr>
</tbody>
</table>

Timescale – by 1 June 2017

*Regulation 3(d)(i)*

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

National Care Standards – Independent Hospitals (Standard 6 – Infection Control)
Quality Statement 2.4 (continued)

2. implement Scottish Patient Safety Programme’s care bundles for the safe insertion and maintenance of peripheral vascular devices (see page 12).

   Timescale – by 1 June 2017

   *Regulation 3(d)(i)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standards – Independent Hospitals (Standard 6 – Infection Control)

3. (a) complete an annual decontamination audit of the endoscopy unit. An action plan should be developed for any deficiencies noted.

   (b) complete an annual tracking and traceability challenge test in the endoscopy unit (see page 12).

   Timescale – by 1 June 2017

   *Regulation 3(d)(i)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standards – Independent Hospitals (Standard 6 – Infection Control)

**Recommendation**

We recommend that the service should:

b. replace the carpeted flooring in the ward as part of a planned programme of refurbishment of the hospital in line with current Scottish guidance (see page 12).

   National Care Standards – Independent Hospitals (Standard 6 – Infection Control)

Quality Statement 3.2

**Requirement**

The provider must:

4. ensure that all staff undertaking regulated work are enrolled in the Protecting Vulnerable Groups (PVG) Scheme (see page 13).

   Timescale – by 1 March 2017

   *Regulation 9*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standards – Independent Hospitals (Standard 10.3 – Staff)
Quality Statement 3.2 (continued)

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tr>
<td>None</td>
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Recommendations carried forward from our 9–10 March 2015 inspection

<table>
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</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 15.1 – Your Environment)</td>
</tr>
<tr>
<td>identify all clinical hand wash basins and assess them on current guidance. The clinical hand wash basin that are not compliant with current standards should be upgraded in line with a risk based plan that takes into account the use of the basin, its design and the wider refurbishment plans for the service.</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 13.8 – Prevention of infection)</td>
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<tr>
<td>develop a clear participation strategy.</td>
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<tr>
<td>National Care Standards – Independent Hospitals (Standard 9.1 – Expressing your views and Standard 9.7 – Expressing your views)</td>
</tr>
<tr>
<td>ensure policies, procedures and relevant documentation reflect legislation and guidance in Scotland as a primary reference.</td>
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<tr>
<td>National Care Standards – Independent Hospitals (Standard 12.1 – Clinical effectiveness)</td>
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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.