Unannounced Inspection Report

Queen Margaret Hospital | NHS Fife
29 November 2012
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## Contents

1. Background ................................................. 4  
2. Summary of inspection ................................. 6  
3. Key findings ................................................. 8  
   Appendix 1 – Requirements and recommendations 13  
   Appendix 2 – Inspection process .......................... 15  
   Appendix 3 – Inspection process flow chart .............. 17  
   Appendix 4 – Details of inspection ......................... 18  
   Appendix 5 – Glossary of abbreviations ................... 19
1 Background

The Healthcare Environment Inspectorate (HEI) was established in April 2009 to undertake inspections of all acute hospitals across NHSScotland. In addition to the acute hospitals, the NHS National Waiting Times Centre (Golden Jubilee National Hospital, Clydebank), the Scottish Ambulance Service and the State Hospitals Board for Scotland (State Hospital, Carstairs) will also be inspected.

Our focus is to improve the standards of care for patients through a rigorous inspection framework. Specifically we will focus on:

- providing public assurance and protection, to restore public trust and confidence
- ensuring care is delivered in an environment which is safe and clean, and
- contributing to the broader quality improvement agenda across NHSScotland.

In keeping with our philosophy, we will use an open and transparent method for inspecting hospitals, using published processes and documentation.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- be 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 we inspect
- if necessary, inspect hospitals again after we have reported the findings
- check to make sure our work is making hospitals cleaner and safer
- publish reports on our inspection findings which are available to the public in a range of formats on request, and
- listen to the concerns of patients and the public and use them to inform our inspections.

We will not:

- assess the fitness to practise or performance of staff
- investigate complaints, and
- investigate the cause of outbreaks of infection.

More information about our inspection process can be found in Appendix 2.
You can contact us to find out more about our inspections or to raise any concerns you have about cleanliness, hygiene or infection prevention and control in an acute hospital or NHS board by letter, telephone or email.

Our contact details are:

**Healthcare Environment Inspectorate**
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1 South Gyle Crescent
Edinburgh
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** hcis.chiefinspector@nhs.net
2 Summary of inspection

Queen Margaret Hospital, Dunfermline, is a 193-bedded hospital providing healthcare services to people within the Fife area. Following the previous inspection to Queen Margaret Hospital, the majority of acute services have been moved to Victoria Hospital, Kirkcaldy.

We previously inspected Queen Margaret Hospital in September 2011. That inspection resulted in 10 requirements and three recommendations. The inspection report is available on the Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/HEI.aspx.

We carried out an unannounced inspection to Queen Margaret Hospital on Thursday 29 November 2012.

We assessed the hospital against the NHS Quality Improvement Scotland (NHS QIS) healthcare associated infection (HAI) standards and inspected the following areas:

- cataract unit
- minor injuries unit
- outpatients department
- ward 5 (geriatric/medical), and
- ward 6 (geriatric/rehabilitation).

The inspection team was made up of two inspectors with support from a project officer. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting Queen Margaret Hospital can be found in Appendix 4.

Overall, we found evidence that NHS Fife is complying with the majority of NHS QIS HAI standards to protect patients, staff and visitors from the risk of acquiring an infection. In particular:

- staff were aware of their individual responsibilities for infection prevention and control, and
- we noted good compliance with uniform and dress code among the majority of staff disciplines.

However, we did find that further improvement is required in the following areas.

- Ensuring staff adhere to the local peripheral venous catheter (PVC) care bundles and complete the associated documentation.
- Distribute HAI information to patients and visitors to make sure they receive appropriate information.

This inspection resulted in four requirements and seven recommendations. The requirements are linked to compliance with the NHS QIS HAI standards. A full list of the requirements and recommendations can be found in Appendix 1.

NHS Fife must address the requirements and the necessary improvements made, as a matter of priority.
Ensuring your hospital is safe and clean

An action plan for areas of improvement has been developed by the NHS board and is available to view on the Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/HEI.aspx.

We would like to thank NHS Fife and in particular all staff at Queen Margaret Hospital for their assistance during the inspection.
3 Key findings

3.1 Governance and compliance

Roles and responsibilities
Staff spoken with during the inspection were knowledgeable and confident in describing their roles and responsibilities for the prevention and control of infection. Staff told us they are able to contact the infection control team to obtain advice and guidance about the prevention and control of infections.

Following the previous inspection in September 2011, NHS Fife was required to ensure that senior charge nurses are empowered to influence cleaning services within their ward area. On this inspection, we found that senior charge nurses were empowered to influence cleaning services. Domestic staff are required to sign off a checklist when duties are complete. The domestic supervisor then reviews the sign-off checklist and conducts spot-checks. However, the system currently in use does not provide evidence of communication or sign off of domestic tasks with the senior charge nurse. Therefore, senior charge nurses could not demonstrate full accountability for cleaning services within their ward area.

■ Recommendation a: NHS Fife should ensure there are systems in place that provide assurance that the senior charge nurse has a responsibility for all aspects of ward environment cleanliness. This is in accordance with health department letter (HDL) 2005(7).

In the cataract unit, internal environmental audits had been carried out. From these audits carried out in 2010, there were outstanding requirements about removing carpets from clinical areas which had not been actioned. During this inspection, we saw that the carpets had not been removed and we observed that the laser room was also a carpeted area.

■ Requirement 1: NHS Fife must formalise a plan, with an identified date, for removing carpets in clinical areas in order to comply with national guidance on infection prevention and control in the healthcare environment.

Audit and surveillance
Following the previous inspection in September 2011, NHS Fife was required to ensure that up-to-date audit and infection rates information is displayed in ward areas. We saw charts displayed in all areas inspected which detailed surveillance information, including mandatory surveillance for Clostridium difficile infection (CDI) and Staphylococcus aureus bacteraemias (SABs).

There are a variety of audits taking place in Queen Margaret Hospital, which include audits on the environment, hand hygiene and peripheral vascular catheters (PVC). Staff spoken with during the inspection had a good awareness of audits being carried out.

During this inspection, we checked four mattresses and four examination couches. All were found to be clean and in good condition. In ward 6, we were told that mattress checks are carried out every day and these are recorded when completed. However, we found significant gaps in the recording of mattress checks on this ward. We also found a mattress in a transport cage which was not labelled. Staff spoken with were not able to tell us if the mattress was clean or if it was due for disposal. In ward 5, we were told that mattresses are checked when the patient is discharged and during a monthly deep clean. However, these
checks were not recorded and we could not establish when a mattress had last been checked. During the inspection, we found that the frequency of mattress checks, and the recording of these, varied between the wards inspected.

- **Recommendation b:** NHS Fife should ensure that policies in relation to mattress checks are consistently implemented and recorded. This will provide assurance that mattresses are clean and fit for purpose at all times.

We were told that it is the responsibility of nursing staff to make sure that the patient bed space is cleaned once a patient has been discharged. However, there was no formal checklist in place to record that the bed space had been cleaned between patients. During the inspection, we were given a copy of a ward cleaning schedule which contained a checklist for bed space cleaning. However, this checklist was not in use in ward 5 or ward 6.

Weekly cleaning schedules were in place to record cleaning tasks carried out by nursing staff. We were told that the nurse in charge of a ward is required to sign the cleaning schedule to confirm that all tasks have been completed. However, these were not completed consistently on all wards inspected.

- **Requirement 2:** NHS Fife must ensure that staff are made aware of, and implement, the cleaning schedule relevant to each individual unit, ward or department.

We noted that some clinical sinks had taps and plugs which did not comply with the published guidelines presented in *Scottish Health Facilities Note (SHFN) 30 version 3 – Infection control in the built environment: design and planning* (9.206) and (9.213). This states that taps should be elbow, knee or sensor-operated and sinks should not have a plug or a recess capable of taking a plug. We were not made aware of any assessment which had been conducted for the continued use of plugs and taps.

- **Recommendation c:** NHS Fife should carry out a risk assessment and take any appropriate actions on the continued use of sinks, which have plugs, and non-compliant taps. This is to meet national published guidelines advising that such taps and plugs should not be used in clinical areas.

**Policies and procedures**

The infection control manual was available to all staff on the NHS Fife intranet site. Staff spoken with during the inspection had a good awareness of how to access the infection prevention and control policies.

There was good compliance with standard infection control precautions. In all wards and departments inspected, we saw staff taking the opportunity to wash their hands appropriately. Alcohol hand rub was available at the entrance to all wards, patient rooms, patient bed spaces and sinks. We also noted good linen and sharps management in all wards inspected.

A good supply of personal protective equipment (PPE), such as gloves and aprons, was available for use outside all patient rooms and bays. Overall, we saw good compliance with the use of PPE.

Overall, there was good compliance by staff with the national dress code policy, with most staff adhering to the Chief Executive Letter (CEL)53 (2008). However, there were two minor
incidences of non-compliance. One member of medical staff was observed wearing a tie, and another with long sleeves in a ward area. This was raised with the senior charge nurse during the inspection. NHS Fife should remain diligent with staff compliance with the dress code policy.

**Risk assessment and patient management**

Following the previous inspection in September 2011, NHS Fife was required to ensure that staff fully implement policies for the isolation of patients and monitor compliance. Across the wards and units inspected, there was good awareness of the isolation policy. The nurses spoken with were aware of the need for a risk assessment when the isolation room doors were kept open.

We found that PVC insertion and maintenance bundles were being used in the wards inspected. The bundles are used to reduce the risk of device-related blood stream infections. This includes a record to document the safe management of the insertion catheter. The bundle includes daily monitoring checks carried out over a 3-day period. These checks make sure that the catheter is free from any signs of inflammation and whether it still requires to be in place.

We were informed and saw evidence that staff are carrying out PVC audits to assess PVC bundle documentation and address areas of non-compliance. We saw good evidence of audit activity being carried out.

During this inspection, we checked six PVCs. The corresponding documentation was incomplete for five PVCs. We also noted that one maintenance bundle, which should have been in place, had not been started.

- **Requirement 3**: NHS Fife must ensure that where a PVC is in place, staff are adhering to the local policy and completing the care bundle documentation. This is to ensure that the PVC care bundle is implemented consistently and the risk of infection to the patient is reduced.

**Cleaning**

During this inspection, we found the majority of wards and clinical areas inspected were clean and well maintained. However, we found that the minor injuries unit did not meet the same standards as the other wards. This was due to damage to the fabric of the unit, meaning some surfaces would not be easy to clean. For example:

- bare wood was visible on many of the doors
- floor coverings, coving and hand rails were split
- work surfaces were not intact, meaning spillages could not be cleaned suitably, and
- ceiling tiles were missing and pipe work was exposed in the clean storage cupboard.

- **Recommendation d**: NHS Fife should undertake an evaluation of the damage to the fabric in the minor injuries unit to ensure remedial works are appropriately prioritised and action taken.
Following the previous inspection in September 2011, NHS Fife was required to ensure that domestic cleaning schedules meet the needs of each patient environment. This requirement was made for staining found on bedside curtains. During this inspection, the curtains were found to be clean with no visible staining.

Domestic staff spoken with during the inspection described the process for the cleaning of floors. We were told that mop heads are changed and laundered following the completion of a specific area in line with current guidance. Domestic staff were also able to identify which cleaning materials to use for which cleaning tasks.

During the inspection, we found a number of patient transport chairs were dusty and stained. Domestic staff told us that it is the responsibility of porter staff to clean the chairs between patient use. However, porter staff spoken with told us that it was not their responsibility and they were unsure who would be responsible. We were given a copy of a risk assessment for the cleaning of chairs used to transport patients. This risk assessment stated that seat backs and arm rests are to be cleaned by porter staff. We were told that a system was being planned to have a bar code system for chairs. This will track them for cleaning and maintenance purposes. This system will be reviewed at a future inspection.

■ **Recommendation e:** NHS Fife should ensure a suitable and effective cleaning system is implemented for items of equipment such as patient transport chairs and trolleys.

We looked at five commodes which staff considered were clean and ready for patient use. We found that three of these were visibly contaminated.

■ **Requirement 4:** NHS Fife must ensure that staff comply with the standard operating procedure for the cleaning of patient equipment, including commodes. This will ensure satisfactory standards of cleanliness and ensure compliance with the *NHS Scotland code of practice for the local management of hygiene and healthcare associated infection (HAI)* (2004).

### 3.2 Communication and public involvement

**Communication with staff**

Staff spoken with during the inspection told us that the infection control team was easily contactable to discuss and provide advice on infection control issues.

Domestic supervisors oversee the work of domestic staff. We were informed that if there were any outstanding domestic cleaning tasks to be completed, the domestic supervisors would make arrangements for these to be completed.

All wards and units inspected informed us that repair and maintenance issues were reported to the estates department, logged in a reporting book and staff were provided with a job number. When jobs were completed, the reporting book was signed to confirm completion. Of the six areas inspected, one unit had an electronic recording system in place. In some wards inspected, we noted that few of the jobs logged to estates were confirmed as being complete. Staff were unclear which jobs were outstanding and which had been completed.
Recommendation f: NHS Fife should ensure that the system for estates work is used fully, which includes recording when works have been completed. This will ensure staff are aware of what work has been completed and what work is outstanding.

Communication with the public
Across the hospital, we noted a variety of posters, HAI information and prompts displayed in various formats, including motion-activated electronic signs. However, patient information leaflets were inconsistently displayed throughout the hospital. This meant that patients and visitors did not have easy access to information about HAIs and infection prevention and control. In ward 5, leaflets were located in a stairwell outside the ward area. This area was not easily accessible to all patients or visitors.

During the inspection, we spoke with eight patients and two visitors. Patients told us they were pleased with the care and treatment they had received at Queen Margaret Hospital. All of the patients and visitors spoken with said they had not received HAI information.

Recommendation g: NHS Fife should ensure that HAI information is easily accessible to all patients and visitors. This will ensure that patients and visitors are receiving appropriate information on infection prevention and control and HAIs.

3.3 Education and development

Strategy
NHS Fife has recently implemented an electronic learning system. This is an online module training programme for staff which includes infection control education. Staff spoken with during the inspection were not aware of the new system or its content.

Assurance
Training is linked to the electronic knowledge and skills framework (eKSF) dimensions. In the self-assessment submitted by NHS Fife, we were told that all staff have a personal development plan (PDP) in place which includes an HAI-related objective. None of the four members of nursing staff spoken with during the inspection were aware if they had an HAI-related objective in their PDP.
Appendix 1 – Requirements and recommendations

The actions the HEI expects the NHS board to take are called requirements and recommendations.

- **Requirement:** A requirement sets out what action is required from an NHS board to comply with the standards published by Healthcare Improvement Scotland, or its predecessors. These are the standards which every patient has the right to expect. A requirement means the hospital or service has not met the standards and the HEI are concerned about the impact this has on patients using the hospital or service. The HEI expects that all requirements are addressed and the necessary improvements are implemented.

- **Recommendation:** A recommendation relates to national guidance and best practice which the HEI considers a hospital or service should follow to improve standards of care.

Prioritisation of requirements:
All requirements have been priority rated (see table below). Compliance is expected within the highlighted timescale.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>MINOR</td>
<td>9 months</td>
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<tr>
<td>LOW</td>
<td>6 months</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>3 months</td>
</tr>
<tr>
<td>HIGH</td>
<td>1 month</td>
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### Governance and compliance

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HAI standard criterion</th>
<th>Priority</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>NHS Fife must:</td>
<td></td>
<td></td>
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<tr>
<td>1</td>
<td>formalise a plan, with an identified date, for removing carpets in clinical areas in order to comply with national guidance on infection prevention and control in the healthcare environment (see page 8).</td>
<td>4b.1</td>
<td>Low</td>
</tr>
<tr>
<td>2</td>
<td>ensure that staff are made aware of, and implement, the cleaning schedule relevant to each individual unit, ward or department (see page 9).</td>
<td>4a.1</td>
<td>Low</td>
</tr>
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<td>3</td>
<td>ensure that where a PVC is in place, staff are adhering to the local policy and completing the care bundle documentation. This is to ensure that the PVC care bundle is implemented consistently and the risk of infection to the patient is reduced (see page 10).</td>
<td>3b.2</td>
<td>High</td>
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4 ensure that staff comply with the standard operating procedure for the cleaning of patient equipment, including commodes. This will ensure satisfactory standards of cleanliness and ensure compliance with the **NHS Scotland code of practice for the local management of hygiene and healthcare associated infection (HAI)(2004)** (see page 11).

<table>
<thead>
<tr>
<th>Recommendations</th>
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<th>Communication and public involvement</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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<td>None</td>
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<td>g ensure that HAI information is easily accessible to all patients and visitors. This will ensure that patients and visitors are receiving appropriate information on infection prevention and control and HAIs (see page 12).</td>
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Appendix 2 – Inspection process

Inspection is a process which starts with local self-assessment, includes at least one inspection to a hospital and ends with the publication of the inspection report and improvement action plan.

First, each NHS board assesses its own performance against the Standards for Healthcare Associated Infection (HAI), published by NHS Quality Improvement Scotland (NHS QIS) in March 2008, by completing an online self-assessment and providing supporting evidence. The self-assessment focuses on three key areas:

- governance/compliance
- communication/public involvement, and
- education and development.

We assess performance both by considering the self-assessment data and inspecting acute hospitals within the NHS board area to validate this information and discuss related issues. We use audit tools to assist in the assessment of the physical environment and practices by noting compliance against a further nine areas:

- environment and facilities
- handling and disposal of linen
- departmental waste handling and disposal
- safe handling and disposal of sharps
- patient equipment
- hand hygiene
- ward/department kitchen
- clinical practice, and
- antimicrobial prescribing.

The complete inspection process is described in the flow chart in Appendix 3.

Types of inspections

Inspections may be announced or unannounced and will involve the physical inspection of the clinical areas, interviews with staff and patients on the wards, interviews with key staff and a discussion session with senior members of staff from the NHS board and hospital. We will publish a written report 6 weeks after the inspection.

- **Announced inspection**: the NHS board and hospital will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection**: the NHS board and hospital will not be given any advance warning of the inspection.
Follow-up activity
The inspection team will follow up on the progress made by the NHS board in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- an announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by video conference
- a written submission by the NHS board on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

More information about the HEI, our inspections, methodology and inspection tools can be found at http://www.healthcareimprovementscotland.org/HEI.aspx.
Appendix 3 – Inspection process flow chart

Prior to Inspection

- Online self-assessment framework finalised and issued
- NHS board undertakes self-assessment exercise and submits outcomes to HEI
- HEI reviews self-assessment submission to inform and prepare onsite inspections

During Inspection

- Arrive at hospital
- Inspections of selected wards and departments
- Individual discussions with senior staff and/or operational staff and patients
- Group discussions with NHS board and senior hospital staff
- Feedback with NHS board and senior hospital staff
- Further inspection of hospital if areas of significant concern identified

After Inspection

- Report and improvement action plan published
- Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Queen Margaret Hospital, NHS Fife was conducted on Thursday 29 November 2012.

The inspection team consisted of the following members:

Aidan McCrory
Lead Inspector

Julie Tulloch
Associate Inspector

Supported by:

Jill Sands
Project Officer
## Appendix 5 – Glossary of abbreviations

<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CDI</td>
<td><em>Clostridium difficile</em> infection</td>
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<tr>
<td>eKSF</td>
<td>electronic Knowledge and Skills Framework</td>
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<tr>
<td>HAI</td>
<td>healthcare associated infection</td>
</tr>
<tr>
<td>HDL</td>
<td>Health Department Letter</td>
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<tr>
<td>HEI</td>
<td>Healthcare Environment Inspectorate</td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<tr>
<td>PDP</td>
<td>personal development plan</td>
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<tr>
<td>PPE</td>
<td>personal protective equipment</td>
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<tr>
<td>PVC</td>
<td>peripheral vascular catheter</td>
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<tr>
<td>SABs</td>
<td><em>Staphylococcus aureus</em> bacteraemias</td>
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HEI
Healthcare Environment Inspectorate
Ensuring your hospital is safe and clean

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