Announced Inspection Report: Independent Healthcare

Service: Moving Minds, Glasgow
Service Provider: Moving Minds Ltd

28 February 2023
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 his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2023

First published April 2023

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc-nd/4.0/

www.healthcareimprovementscotland.org
## Contents

1. **A summary of our inspection**  
   
2. **What we found during our inspection**  
   
   **Appendix 1 – Requirements and recommendations**  
   **Appendix 2 – About our inspections**
1 A summary of our inspection

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

About our inspection

We carried out an announced inspection to Moving Minds on 28 February 2023. We spoke with the director of the service during the inspection. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection.

This was our first inspection to this service. The inspection was made up of two inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a limited self-evaluation.

What we found and inspection grades awarded

For Moving Minds, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
</tbody>
</table>
Domain 5 – Delivery of safe, effective, compassionate and person-centred care

5.1 - Safe delivery of care

The service was clean. Appropriate processes and procedures must be in place to make sure the environment is safe for patients and staff. A regular programme of audits should be implemented to review the safe delivery and quality of care.

Domain 9 – Quality improvement-focused leadership

9.4 - Leadership of improvement and change

Quality assurance processes and systems must be developed to help evaluate and measure the quality, safety and effectiveness of the service. This should include developing a quality improvement plan.

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

### Additional quality indicators inspected (ungraded)

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were in paper format and stored securely. Patients received a comprehensive consultation before treatment was carried out. The service should review how patient documentation is filed in each patient care record.</td>
</tr>
</tbody>
</table>

#### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Safer recruitment processes must be in place to make sure staff are safe to work in the service. Appropriate disclosure checks must be carried out on all clinical and non-clinical staff. The provider’s recruitment and induction policy must be reviewed and implemented.</td>
</tr>
</tbody>
</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.
More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

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

What action we expect Moving Minds Ltd to take after our inspection

This inspection resulted in six requirements and 10 recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Moving Minds Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Moving Minds for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

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

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

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

Our findings

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

A complaints policy was in place. Patients’ privacy and confidentiality was maintained. The participation policy should be further developed and implemented to improve the quality of care provided. Information about how to make a complaint should be accessible to patients.

The service made sure that patients’ privacy, dignity and confidentiality was maintained. Consultations were appointment-only and only one patient was treated in the service at any given time.

The service’s website provided comprehensive information about treatments and costs. Patients could contact the service through its website or call directly. The service offered a free telephone consultation to gather further information and so patients could ask questions about treatments to help make informed decisions before agreeing to treatment.

Patients received a pre-treatment questionnaire to complete, which was then discussed at their pre-assessment consultation with a consultant psychiatrist. Patients were asked to consent to the service sharing information with their GP. This allowed the service to assess and consider all relevant information about the patient’s presentation and determine if treatment was suitable. We were told treatment was not provided unless consent to share information was obtained.

Patient information leaflets about treatments were available in the service. We were told the service would also provide this information to patients in an email.
The service’s complaints policy made clear that patient could contact Healthcare Improvement Scotland at any time if they had a complaint. The service had not received any complaints since it was first registered in 2020.

Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. The service had a duty of candour policy in place and we were told it had not had any instances requiring it to implement duty of candour principles.

**What needs to improve**
The service’s duty of candour policy had not been reviewed since it was first published and a yearly duty of candour report had not been published. We also saw no evidence that staff had completed training in the principles of duty of candour (recommendation a).

The service’s complaints policy had not been reviewed. Information on how patients could make a complaint was not easily available on its website or in the service (recommendation b).

The service had a patient participation policy in place. However, we saw no evidence it had been implemented as patient feedback was not formally gathered. The participation policy lacked detail on how the service would:

- analyse results
- gather patient feedback
- implement changes to drive improvement, and
- measure the impact of improvements (recommendation c).

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

**Recommendation b**
- The service should ensure that information about how to raise a concern or complain about the service is accessible to patients.

**Recommendation c**
- The service should review and further develop its patient participation policy to provide a more structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made.
Service delivery

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

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

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

Our findings

Quality indicator 5.1 - Safe delivery of care

The service was clean. Appropriate processes and procedures must be in place to make sure the environment is safe for patients and staff. A regular programme of audits should be implemented to review the safe delivery and quality of care.

The service was on the first floor of a commercial business premises and we saw the environment was clean. We were told staff were responsible for all cleaning in the service. Hand washing facilities and alcohol-based hand rub was available in the consulting room. As the service carried out mental health treatments only, no clinical waste was generated.

We saw the landlord had completed a legionella and fire risk assessment. Fire extinguishers were accessible in communal areas of the premises.

What needs to improve

Healthcare Improvement Scotland’s notifications guidance is a list of specific events and circumstances which services are required to report to Healthcare Improvement Scotland, in specified timescales. During the inspection, we were told of an incident which required to be reported to Healthcare Improvement Scotland and was not (requirement 1).

While we were told clinical equipment had been serviced in July 2022, we did not see documented evidence of this. Non-clinical equipment had not been serviced or maintained yearly. The service had no system in place to make sure all equipment was serviced regularly (requirement 2).

Some areas of the service were cluttered. During our inspection, we found no structured approach to cleaning and practice was not in line with national
infection prevention and control guidance. For example, we saw no documented evidence of cleaning schedules and no evidence of a cleaning system for clinical equipment (requirement 3).

While the landlord had completed risk assessments, staff in the service lacked awareness of risk management processes and how these linked to different aspects of the service. We were told the service had an accident and incident log. However, we saw no documented evidence of this (recommendation d).

The service did not have a formal process in place to review its policies. The service’s policies had not been reviewed since first published, including for infection prevention and control. Policies should be reviewed regularly or when national guidance, legislation or best practice changes. The service’s safeguarding policy (public protection) also referred to English legislation. This should reference Scottish legislation (recommendation e).

We saw a limited number of audits carried out, such as consent and patient care records. However, the service did not have a regular programme of audits in place. A documented programme of regular audits should, as a minimum, include audits for:

- cleaning schedules
- clinical practice
- environmental checks
- infection prevention and control, and
- patient care records (recommendation f).

**Requirement 1 – Timescale: immediate**
- The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.

**Requirement 2 – Timescale: by 29 May 2023**
- The provider must ensure a system is in place to confirm that all clinical and non-clinical equipment is maintained and serviced regularly to reduce any risk to patients and staff.
Requirement 3 – Timescale: by 29 May 2023

- The provider must develop cleaning schedules to ensure the environment is clean and safe for use by implementing a structured approach to cleaning the environment. This should detail all cleaning tasks, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately in line with HPS’s National Infection Prevention and Control Manual.

Recommendation d

- The service should develop effective systems and processes that demonstrate the proactive management of risks to patients and staff, and monitor the quality of and safety of the service.

Recommendation e

- The service should ensure that policies are reviewed and updated regularly and in line with Scottish legislation.

Recommendation f

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were in paper format and stored securely. Patients received a comprehensive consultation before treatment was carried out. The service should review how patient documentation is filed in each patient care record.

Patient care records were in paper format and stored securely in a locked filing cabinet. We reviewed four patient care records and found all contained comprehensive information, including patient’s personal information and GP.

Patients were asked to consent to treatment and consent to sharing of information with their GP. We saw patients’ GPs were given a letter about the patient attending the service for treatment.
Patient care records we reviewed showed that a consultant psychiatrist carried out comprehensive consultations and assessments with patients before treatment, which included assessing their:

- past medical history
- past psychiatric history
- previous treatments carried out, and
- regular medications.

We saw examples of where the service had shared information with the patient’s GP.

Patients were given the opportunity to discuss their concerns and treatment options to make sure they had realistic expectations of the proposed treatment. Risks and benefits were explained to patients before the treatment. The practitioner documented and signed records of each treatment session.

We saw patients were given verbal and written aftercare advice after their treatment.

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

**What needs to improve**
The information kept in patient care records we reviewed were not organised in a clear and structured way (recommendation g).

**Recommendation g**
- The service should review the patient care records to ensure a structured and organised approach is used to file documentation.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Safer recruitment processes must be in place to make sure staff are safe to work in the service. Appropriate disclosure checks must be carried out on all clinical and non-clinical staff. The provider’s recruitment and induction policy must be reviewed and implemented.

The service had a small number of employed staff. This included the clinical lead (who was a consultant psychiatrist registered with the General Medical Council) and the clinic manager. The service had a recruitment policy in place.

What needs to improve
A safe recruitment process is where a service follows an appropriate recruitment and selection process to make sure a prospective employee is fit to work in their role. The service could not demonstrate that it had followed the Scottish government’s guidelines for safer recruitment for staff working in the service. In staff files, we found no documented evidence of:

- educational qualifications
- identity or background checks
- interviews, and
- references (requirement 4).

Part of a safe recruitment process is carrying out checks on potential employees to make sure they are fit to work with vulnerable adults and children. The service could not provide evidence to demonstrate that Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks had been carried out on staff employed in the service (requirement 5).

Staff files we reviewed had no documented evidence of training and development. The service also did not have a formal training programme in place (recommendation h).
Requirement 4 – Timescale: by 29 May 2023
- The provider must review and implement its recruitment and induction policy to ensure safe and consistent recruitment guidelines are followed for all staff working in a registered healthcare service.

Requirement 5 – Timescale: by 29 May 2023
- The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service. A process should also be in place to obtain a PVG update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

Recommendation
- The service should develop a formal annual training programme for staff and record all training in staff’s personnel files.
Vision and leadership

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

Domain 9 – Quality improvement-focused leadership

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

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Quality assurance processes and systems must be developed to help evaluate and measure the quality, safety and effectiveness of the service. This should include developing a quality improvement plan.

The service’s clinical lead was a consultant psychiatrist. They had a broad range of experience in delivering healthcare for patients with mental health support needs in the NHS and the independent sector. We were told the clinical lead was in regular contact with their peers through meetings and conferences. This provided opportunities for peer support from other consultant psychiatrists and helped the service keep up to date with best practice and changes in mental health legislation.

What needs to improve

The service had no overarching quality assurance structures in place and no system for reviewing the quality of the service being delivered. For example, outcomes from audits, patient feedback and complaint investigations would help to measure quality and identify areas for improvement in the service delivery (requirement 6).

The service had not quality improvement plan in place. A formal quality improvement plan would help to structure improvement activities, record the outcomes and measure the impact of service change. This would allow the service to clearly demonstrate a culture of continuous quality improvement (recommendation i).
While we saw minutes of monthly staff meetings, the service did not have a formal agenda for these meetings. Regular standing agenda items would help to improve governance and accountability for these meetings. Topics could include:

- health and safety
- infection prevention and control
- patient satisfaction,
- quality improvement.

This would also allow staff to formally contribute to developing and improving the service (recommendation j)

**Requirement 6 – Timescale: by 29 May 2023**

- The provider must implement a suitable system of regularly reviewing the quality of the service to make sure it is of a quality appropriate to meet the needs of patients.

**Recommendation i**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

**Recommendation j**

- The service should introduce formal staff meetings with standing agenda items. These should include documented action plans highlighting those responsible for the actions.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

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

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

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong></td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4 |

| **b** | The service should ensure that information about how to raise a concern or complain about the service is accessible to patients (see page 8). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20 |

| **c** | The service should review and further develop its patient participation policy to provide a more structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made (see page 8). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8 |
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

<table>
<thead>
<tr>
<th></th>
<th>The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance (see page 10).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Timescale – immediate</td>
</tr>
</tbody>
</table>
|    | *Regulation 10(j)(5)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*  |
| 2 | The provider must ensure a system is in place to confirm that all clinical and non-clinical equipment is maintained and serviced regularly to reduce any risk to patients and staff (see page 10). |
|    | Timescale – by 29 May 2023 |
|    | *Regulation 13(2)(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*  |
| 3 | The provider must develop cleaning schedules to ensure the environment is clean and safe for use by implementing a structured approach to cleaning the environment. This should detail all cleaning tasks, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately in line with HPS’s National Infection Prevention and Control Manual (see page 11). |
|    | Timescale – by 29 May 2023 |
|    | *Regulation 3(d)(i)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*  |

### Recommendations

<table>
<thead>
<tr>
<th>d</th>
<th>The service should develop effective systems and processes that demonstrate the proactive management of risks to patients and staff, and monitor the quality of and safety of the service (see page 11).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17</td>
</tr>
</tbody>
</table>
**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| e | The service should ensure that policies are reviewed and updated regularly and in line with Scottish legislation (see page 11).

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

| f | The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 11).

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

| g | The service should review the patient care records to ensure a structured and organised approach is used to file documentation (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27 |

**Domain 7 – Workforce management and support**

**Requirements**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 4 | The provider must review and implement its recruitment and induction policy to ensure safe and consistent recruitment guidelines are followed for all staff working in a registered healthcare service (see page 14).

Timescale – by 29 May 2023 |

*Regulation 8*

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
### Domain 7 – Workforce management and support (continued)

**5** The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service. A process should also be in place to obtain a PVG update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 14).

Timescale – by 29 May 2023

*Regulation 9*

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

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>h</strong> The service should develop a formal annual training programme for staff and record all training in staff’s personnel files (see page 14).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6</strong> The provider must implement a suitable system of regularly reviewing the quality of the service to make sure it is of a quality appropriate to meet the needs of patients (see page 16).</td>
</tr>
</tbody>
</table>

Timescale – by 29 May 2023

*Regulation 13*

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

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>i</strong> The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
| The service should introduce formal staff meetings with standing agenda items. These should include documented action plans highlighting those responsible for the actions (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

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

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

During inspections

We use inspection tools to help us assess the service.

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

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

After inspections

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

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

We check progress against the improvement action plan.

More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

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

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
0141 225 6999

www.healthcareimprovementscotland.org