

# Announced Inspection Report: Independent Healthcare

**Service:** Hampden Sports Clinic, Glasgow

**Service Provider:** The National Stadium Sports  
Medicine Centre

6 December 2021

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First published February 2022

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# 1 A summary of our inspection

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

## About our inspection

We carried out an announced inspection to Hampden Sports Clinic on Monday 6 December 2021. We spoke with a number of staff during the inspection. We received feedback from 185 patients through 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 team was made up of one inspector.

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

## What we found and inspection grades awarded

For Hampden Sports Clinic, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The service was clean and most equipment was in a good state of repair. Appropriate processes and procedures must be in place to manage risk and ensure a safe environment for patients and staff, including for the management of medicines. An audit programme should be introduced to review the safe delivery and quality of the service. While some areas, such as	✓ Satisfactory

	the hydrotherapy pool, had recently been upgraded, some other areas of the service should be considered for further refurbishment.	
<b>Domain 9 – Quality improvement-focused leadership</b>		
<b>Quality indicator</b>	<b>Summary findings</b>	<b>Grade awarded</b>
9.4 - Leadership of improvement and change	The provider's Board of Trustees includes members of the Scottish Football Association and Glasgow's three universities. An overarching quality assurance process must be in place to ensure the service delivered is of an appropriate quality. Senior leadership and staff meetings and any resulting actions to be taken should be formalised.	✓ Satisfactory

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

<b>Additional quality indicators inspected (ungraded)</b>		
<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>		
<b>Quality indicator</b>	<b>Summary findings</b>	
5.2 - Assessment and management of people experiencing care	Patient care records included a thorough assessment and detailed treatment plans. Most patients had a positive experience and effective treatment. Consent to treatment and patient's emergency contact details should be documented in patient care records.	
<b>Domain 7 – Workforce management and support</b>		
7.1 - Staff recruitment, training and development	A comprehensive process of recruitment and staff support was in place with the support of the Scottish Football Association. Staff felt fully supported and enjoyed working for the service. Personal development reviews should be carried out every year.	

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:

[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

### **What action we expect The National Stadium Sports Medicine Centre to take after our inspection**

This inspection resulted in four requirements and nine 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

The National Stadium Sports Medicine Centre, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Hampden Sports Clinic for their assistance during the inspection.

## 2 What we found during our inspection

### Service delivery

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

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

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

#### **Our findings**

#### **Quality indicator 5.1 - Safe delivery of care**

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**The service was clean and most equipment was in a good state of repair. Appropriate processes and procedures must be in place to manage risk and ensure a safe environment for patients and staff, including for the management of medicines. An audit programme should be introduced to review the safe delivery and quality of the service. While some areas, such as the hydrotherapy pool, had recently been upgraded, some other areas of the service should be considered for further refurbishment.**

The service is situated in a football stadium and includes a number of consulting rooms, gymnasium and hydrotherapy pool. The landlord, the Scottish Football Association, is responsible for the maintenance of the building. This includes:

- annual electrical checks
- fire safety, and
- general maintenance.

Fire extinguishers, smoke alarms and fire safety signage were in place throughout the building.

All clinical staff were trained to support patients in the event of a medical emergency. This included the provision of emergency life-saving equipment such as a defibrillator.

All equipment had servicing agreements in place with external contractors or with the manufacturer. The service was currently in the process of replacing some of its older gym equipment. The hydrotherapy pool had recently had a significant refurbishment and we saw that regular daily checks were carried out to ensure the chlorination in the pool was maintained at appropriate levels.

A comprehensive health and safety policy was in place. The service's infection prevention and control policy referenced Health Protection Scotland's *National Infection Control and Prevention Manual* and Healthcare Improvement Scotland's *Healthcare Associated Infection* standards. We also saw a public protection (safeguarding) policy as the service could provide treatments to children from the age of 5 years old.

The reception area had recently been refurbished, and was clean and comfortable for patients. The landlord employed a team of cleaners who cleaned all areas every day. We were told that staff cleaned 'high-touch areas', such as door handles, and equipment after every patient. Patient appointments were appropriately spaced out to allow for necessary cleaning. We saw that personal protective equipment, such as face masks, aprons and gloves, were readily available and patients had access to alcohol-based hand gel throughout the service. Hand hygiene facilities were available in the consultation rooms. Clinical waste, including sharps, was managed appropriately and a waste contract was in place.

The service's risk register covered aspects such as COVID-19 and breaches in data protection. This was regularly reviewed by the chief executive officer and presented at the Board meetings every 3 months.

A small number of medications were used infrequently in the service. We were told all medications were ordered from appropriately registered suppliers and we saw these were in date.

Feedback from our online survey showed that patients were satisfied with the cleanliness of the environment they were treated in:

- 'More than satisfied.'
- 'The facilities and setting are second to none.'
- 'The facilities and equipment... are excellent, well maintained and always clean.'



### **What needs to improve**

Although a corporate risk register was in place, we saw no evidence of a system in place to manage all aspects of patient and staff safety risks. A system, including risk assessments must be developed for all potential risks to patients and staff. This should be reviewed and updated regularly with appropriate processes in place (requirement 1).

There was no medicine management policy outlining procurement, prescribing and storage of medicines (requirement 2).

The service had a small stock of injectable prescription-only medicines. However, these were not stored appropriately or securely in either a locked room or a locked cupboard (requirement 3).

We found that all of the service's policies were out of date. Policies should be reviewed every 2-3 years or when national guidance, legislation or best practice changes (recommendation a).

Generally, we saw that the environment was clean. However, we noted some areas were cluttered and some areas of flooring were damaged (recommendation b).

We found there was no regular programme of audits carried out. A documented programme of regular audits should be implemented which, as a minimum, should include:

- environmental checks and cleaning schedules
- medicine management, including checking expiry dates of single-use equipment and medicines, and
- patient care records (recommendation c).

### **Requirement 1 – Timescale: immediate**

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

### **Requirement 2 – Timescale: 12 March 2022**

- The provider must develop and implement a medicine management policy that describes how medicines will be procured, prescribed, ordered, delivered, stored, administered and disposed of in the service.

### Requirement 3 – Timescale: immediate

- The provider must ensure that all medicines are stored securely in either a locked cupboard or a locked room.

### Recommendation a

- The service should ensure that policies are reviewed and updated regularly.

### Recommendation b

- The service should ensure that, where possible, areas are kept free from clutter and further refurbishment of the flooring is considered.

### Recommendation c

- 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

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**Patient care records included a thorough assessment and detailed treatment plans. Most patients had a positive experience and effective treatment. Consent to treatment and patient's emergency contact details should be documented in patient care records.**

Patient care records were stored electronically on a secure password-protected database, in line with the service's data protection policy.

We reviewed five patient care records. All records had patient contact details and GP contact details. Patients were sent initial information by email to be completed before their first appointment, including a COVID-19 screening questionnaire.

During the first appointment, a thorough detailed patient assessment was carried out. This included information on past medical history and regular medicines. We saw an agreed treatment plan was completed in each case. This often included an exercise regime and a planned date to return for a follow-up appointment.

We were told that patients may need to be reviewed by more than one healthcare professional, for example a patient may be reviewed by both the physiotherapist and podiatrist, if required. We were told a verbal or written handover between healthcare professionals was in place in these cases.

There was a process of consent to be completed by the patient, including consent to share information with other healthcare professionals. We also saw a detailed consent process for patients requiring treatment with injectable medicines.

Feedback from our online survey confirmed that patients were fully involved in discussions around treatment options.

- ‘The treatment was well explained and I had plenty of opportunity to ask questions.’
- ‘Very professional in all aspects from reception to treatment.’
- ‘I was asked at every session what my thoughts were regarding what I wanted within the session that day.’

### **What needs to improve**

While we saw that consent was obtained for various aspects in the patient journey, not all patient care records documented consent for treatment (recommendation d).

The patient’s next of kin emergency contact details were not documented in the patient care record (recommendation e).

- No requirements.

### **Recommendation d**

- The service should ensure that consent for treatment is obtained and documented consistently in each patient care record.

### **Recommendation e**

- The service should ensure patients’ next of kin contact details are requested in the event of an emergency.

## 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

**A comprehensive process of recruitment and staff support was in place with the support of the Scottish Football Association. Staff felt fully supported and enjoyed working for the service. Personal development reviews should be carried out every year.**

The service was supported by the human resources team from the Scottish Football Association. This ensured a thorough and consistent recruitment process was in place. Alongside a recruitment policy, we saw a number of policies about staff recruitment and management of staff including:

- employee induction guide
- employee rules
- flexible working policy, and
- harassment at work.

We reviewed five staff files and saw a recruitment process was in place to make sure the necessary background and identity checks were carried out. This included references, professional qualifications and registration with the appropriate professional register, and Protecting Vulnerable Groups (PVG) checks. New staff members received an engagement pack which included their terms and conditions of employment and guided them through the first weeks in their new job. The pack also ensured all new staff were informed of data protection regulations and of their probationary period, if appropriate. All staff had signed showing they had received this information. We saw that new staff members had a programme of induction and were mentored for a period of time by their line manager.

We saw a process was in place to ensure ongoing reviews of professional registration and regular PVG reviews were carried out, as required. We saw detailed emails sent to support staff who were furloughed during the pandemic. We saw evidence of staff using flexible working or maternity leave with the necessary contracts in place.

The senior leadership team comprised of the chief executive officer, the service manager and the senior physiotherapy lead. They each had a number of staff they were responsible for and meetings with these staff members took place every 1-2 months. These meetings were both on a one-to-one basis and as a group.

The service provided a number of in-service training days which were available to all relevant staff. Examples of this included training in physiotherapy in pregnancy and postnatal care. Staff often had the opportunity to participate in significant sporting events allowing them to gain experience in their role.

We were told about staff promotions which had resulted in some of the team providing teaching sessions to local universities. A small staff training budget was available allowing staff to access appropriate external training courses.

Staff we spoke with felt fully supported in their role. They enjoyed working for the service and felt that the senior team was always visible and approachable.

### **What needs to improve**

We saw a small number of personal development reviews had been carried out with staff members recently. However, the majority of staff had not yet had their annual review as these had been put on hold during the pandemic. We were told the service was planning to carry out all personal development reviews in the next few months (recommendation f).

We noted that a staff survey had been carried out in the past but had not been done in recent years. The manager told us there were plans to do this again in the future.

- No requirements.

### **Recommendation f**

- The service should ensure all personal development reviews are carried out when required to give staff the opportunity to discuss progress in their role or raise any concerns.

## 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

**The provider's Board of Trustees includes members of the Scottish Football Association and Glasgow's three universities. An overarching quality assurance process must be in place to ensure the service delivered is of an appropriate quality. Senior leadership and staff meetings and any resulting actions to be taken should be formalised.**

The provider's Board of Trustees includes members of the Scottish Football Association and Glasgow's three universities. The service's chief executive officer reports to the Board every 3 months where budgeting, staffing and service succession planning are discussed.

There is a working relationship between the service and Glasgow's Caledonian University. Staff from the university provided a podiatry service and equipment under a temporary memorandum of understanding agreement. This has demonstrated the benefits of providing a podiatry service and, as a result of the success of this, the provider is looking to recruit permanently to the role.

The chief executive officer was registered with the General Medical Council and treated a small caseload of patients in the service. They were also a member of a number of sports committees including:

- as an examiner for the Faculty of Sports and Exercise Medicine
- the UK anti-doping therapeutic exemption committee
- the chief medical officer for the Commonwealth Games
- the European indoor athletics team doctor, and
- chief medical consultant for Scottish Football Association.

This wide range of roles and involvement with a number of other sporting bodies and organisations gives staff the opportunity to expand their skills while working in significant sporting events, for example the Commonwealth Games and the European swimming championships.

We were told the senior leadership team met every week and discussed operational and day-to-day aspects of running and managing the service. We noted an agenda for this meeting was regularly documented in the chief executive officer's diary.

In recent years, the service had recruited a marketing consultant to develop its social media and website coverage. They were responsible for creating a newsletter issued to patients every 3 months, for developing health and fitness packages for the public and business partners, and for gathering feedback from patients about the service through online surveys.

We were told the service worked in collaboration with the three Glasgow universities and had a number of research articles published. This included research into the occurrence of dementia in football players.

### **What needs to improve**

We saw no overarching quality assurance processes in the service regularly reviewing the quality of the service delivered. This would help to make sure the service delivered is of a quality appropriate to meet the needs of patients (requirement 4).

While the senior leadership team regularly met, there was no consistent formal structure to these meetings. There was also no structured format to staff meetings. All meetings should have an agenda available to all members, minutes of the meeting should be recorded and action plans should be developed from discussions where improvement actions are identified (recommendation g).

The service did not have a formal quality improvement plan in place. This would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to clearly demonstrate a culture of continuous quality improvement (recommendation h).

A patient survey was carried out every year. However, the service could not provide any evidence of improvements made on the basis of patient feedback as a result of the survey. Feedback should be used to improve the quality of care provided and how the service is delivered (recommendation i).

#### **Requirement 4 – Timescale: 12 March 2022**

- The provider must implement a suitable system of regularly reviewing the quality of the service. A written record of the review must be made available to Healthcare Improvement Scotland and patients.

#### **Recommendation g**

- The service should formally record the minutes of management and staff meetings. These should include a documented action plan highlighting those responsible for the actions.

#### **Recommendation h**

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

#### **Recommendation i**

- The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs the patient of how their feedback has been used to improve the quality of the service.



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

#### Requirements

- |          |   |
|----------|---|
| <b>1</b> | The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 9).<br><br>Timescale – immediate<br><br><i>Regulation 13(2)(a)</i><br><i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>  |
| <b>2</b> | The provider must develop and implement a medicine management policy that describes how medicines will be procured, prescribed, ordered, delivered, stored, administered and disposed of in the service (see page 9).<br><br>Timescale – 12 March 2022<br><br><i>Regulation 3(d)(iv)</i><br><i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i> |
| <b>3</b> | The provider must ensure that all medicines are stored securely in either a locked cupboard or a locked room (see page 10).<br><br>Timescale – immediate<br><br><i>Regulation 3(d)(iv)</i><br><i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>   |

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

### Recommendations

<b>a</b>	<p>The service should ensure that policies are reviewed and updated regularly (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
<b>b</b>	<p>The service should ensure that, where possible, areas are kept free from clutter and further refurbishment of the flooring is considered (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22</p>
<b>c</b>	<p>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 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
<b>d</b>	<p>The service should ensure that consent for treatment is obtained and documented consistently in each patient care record (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>
<b>e</b>	<p>The service should ensure patients' next of kin contact details are requested in the event of an emergency (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

Domain 7 – Workforce management and support	
Requirements	
None	
Recommendation	
<b>f</b>	<p>The service should ensure all personal development reviews are carried out when required to give staff the opportunity to discuss progress in their role or raise any concerns (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>

Domain 9 – Quality improvement-focused leadership	
Requirement	
<b>4</b>	<p>The provider must implement a suitable system of regularly reviewing the quality of the service. A written record of the review must be made available to Healthcare Improvement Scotland and patients (see page 16).</p> <p>Timescale – by 12 March 2022</p> <p><i>Regulation 13(2)(c)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
<b>g</b>	<p>The service should formally record the minutes of management and staff meetings. These should include a documented action plan highlighting those responsible for the actions (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

## Domain 9 – Quality improvement-focused leadership (continued)

### Recommendations

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

- i** The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs the patient of how their feedback has been used to improve the quality of the service (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

## Appendix 2 – About our inspections

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

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

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

### Before inspections

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

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



Before

### During inspections

We use inspection tools to help us assess the service.

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

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



During

### After inspections

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

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

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)

## Complaints

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

Our contact details are:

**Healthcare Improvement Scotland**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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