Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Ionising Radiation (Medical Exposure) Regulations 2017

Service: Edinburgh Bupa Health Centre

Service Provider: Bupa

11 February 2026

NHS SCOTLAND

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First published April 2026

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Background

Healthcare Improvement Scotland has a statutory responsibility to provide public assurance about the quality and safety of healthcare through its inspection activity.

Our focus

The focus of our inspections is to ensure each service is implementing IR(ME)R 2017. Therefore, we only evaluate the service against quality indicators that align to the regulations. We want to find out how the service complies with its legal obligations under IR(ME)R 2017 and how the services are led, managed and delivered.

About our inspection

We carried out an announced inspection to Edinburgh Bupa Health Centre (EBHC) on Wednesday 11 February 2026. We spoke with a number of staff during the inspection including service manager, lead physician, radiologist mammography lead, mammographer. This was our first inspection to this service. The service operates with one mammographer onsite. There is a robust link to the organisations mammography lead who is based in England. Image reporting is provided off-site by a third-party service, and MPE support is also located off-site.

Based in Edinburgh, EBHC provides private healthcare services including health assessments, primary care, mammography and physio. Mammography services are provided under the health assessment umbrella of care. The focus of the inspection was on mammography services.

The inspection team was made up of two inspectors.

What action we expect Edinburgh BUPA Health Centre to take after our inspection

The actions that Healthcare Improvement Scotland expects Edinburgh Bupa Health Centre to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of a service to comply with the Regulations. 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.

This inspection resulted in four requirements and six recommendations. Requirements are linked to compliance with IR(ME)R.

Safety Culture and Leadership	
Requirements	
	None.
Recommendations	
	None.

Implementation of IR(ME)R requirements	
Requirements	
1	EBHC staff must be adequately trained in the practical aspects of their role, including the Eklund technique. (Regulation 17(1) &(4)) (see page 10).
2	EBHC must implement a procedure to identify individuals entitled to act as IR(ME)R referrers Regulation 6(1)(a) (see page 10).
3	EBHC must include in their employer's procedure or similar documents that all mammograms will be double read in line with current publish guidance form the Royal College of Radiologist, Clinical Radiology Guidance on screening and symptomatic breast imaging, fifth edition. (Regulation 6 (Schedule 2(j)) (see page 15).
4	EBHC must provide assurance that the radiologists used in mammography image reporting meet the standards for working practice of radiologists and breast clinicians as per the Guidance for radiology and advanced radiographic practice in the NHS Breast Screening Programme including participation in audit. (Regulation (Regulation 7) (see page 18).
Recommendations	

a	EBHC should provide clarification that the third-party service provider for image reporting meet the breast screening guidance for image reading standards. (see page 10).
b	EBHC should review the existing referral form to ensure complete clinical history, including presence of implantable devices is accounted for at the point of referral. (see page 11).
c	EBHC should document the steps that should be taken in the event that the National Diagnostic Reference Level (NDRL) is exceeded by an agreed factor. (see page 13).
d	EBHC should consider adopting the national Scottish Breast Screening Programme Diagnostic Reference Levels for mammography. (see page 13).
e	It is recommended that EBHC include in their employer's procedure or similar document on the process of arbitration and includes those staff groups involved and their roles. (see page 15).
f	EBHC should document their clinical audit programme. (see page 18).

Risk and Communication	
Requirements	
	None.
Recommendations	
	None.

An improvement action plan has been developed by Bupa Health Centre, Edinburgh and is available on the Healthcare Improvement Scotland website.

Bupa Health Centre, Edinburgh, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Bupa Health Centre, Edinburgh for their assistance during the inspection.

2 What we found during our inspection

Safety Culture and Leadership

This is where we report on how clear the service's safety culture and how supportive its leadership and culture is.

Key questions we ask:
How clear is the service's vision and purpose?
How supportive is the culture and leadership of the service?

Our findings

A strong safety culture and environment was seen, with the necessary understanding and implementation of IR(ME)R demonstrated to the inspectors.

Safety culture

A strong safety culture can help to strengthen safety in the use of radiation technology, preventing injuries and reducing unnecessary or unintended radiation dose to patients. The safety culture is demonstrated through the measures in place to ensure the appropriate entitlement and scope of practice, Employer's Procedures (EPs), optimisation practices, quality assurance systems, as well as the audit and governance arrangements in place.

The staff at EBHC are close knit and reported an open environment both in the centre and with the wider Bupa managerial team. Open lines of communication were reported with all staff groups that we spoke with. Incidents are reported locally through Datix. Staff we spoke to were aware of the reporting procedures and pathways. Staff members involved in incidents raise the Datix's themselves post incident. Staff we spoke to felt comfortable to raise any issues to senior members of staff and reported an open culture for reporting and discussion of incidents.

Requirement

- No requirements.

Recommendation

- No recommendations.

Implementation of IR(ME)R requirements

This is where we report on how well the service implements the requirements of IR(ME)R and manages and improves performance.

Key questions we ask:
How well does the service manage and improve performance?
How does the organisation demonstrate the safe use of ionising radiation (patient exposure)?

Our findings

There were systems and processes in place for the development of EPs, entitlement of staff and staff training. Staff were clear on their scope of practice

Employer's procedures

Schedule 2 of IR(ME)R 2017 sets out the requirement for employers to produce specific written procedures relating to protection of the patient. EBHC have procedures in place covering the requirements of schedule 2. These are available in the IR(ME)R manual provided for inspection. EBHC had a copy of this manual available on the day of inspection. The IR(ME)R manual is compiled by Bupa staff and has an MDT approach to the review panel involved. The manual and its components are reviewed on a 2 yearly basis.

The local documents and policies provided to the inspection team, whist they did cover the necessary procedures, some were vague in detail and lacking depth. The policies provided cover all BUPA centres and are not specific to each local centre. BUPA may wish to consider whether expanding the level of operational detail in their EPs and SOPs would strengthen the documents and support consistent understanding of processes.

All documents reviewed were within the review period.

Requirement

- No requirements.

Recommendation

- No recommendations.

Training

All radiographers working within breast screening are required to have a Post Graduate Certification (PG Cert) in Mammography. The records for training and induction for staff members are held centrally with the Bupa administration team. Evidence of PG Cert was provided to the inspectors for the mammographer on site. Staff were aware of the link between their training and their own individual scope of practice. Individual training records and competencies are reviewed regularly as part of annual appraisals with centre manager and Bupa Mammography lead. Whilst refresher training is not routine in practice, staff felt comfortable to raise any training issues or requests with management and mammography lead. Induction records, training certificates for equipment training and equipment QA records were seen.

Under IR(ME)R regulation 6 (3)(b) every employer is to ensure that every practitioner or operator undertakes continual professional development (CPD). All staff groups we spoke to reported having adequate CPD time and can request time if required. The radiologists involved in the reporting of images confirmed there was dedicated CPD time allocated to them.

What needs to improve

The Eklund technique is mandatory for all women with implants who attend for breast screening and proceed with routine mammography with the option to further consent to the additional procedure. The Eklund technique is an internationally recognised method to optimise cancer detection in women with breast implants. As per the Bupa policy staff require to complete the training DVD on the Eklund technique. It was confirmed that this had not been undertaken. This was due to an assessment that was made based on previous experience that prior to joining EBHC the radiographer was already competent in the technique. No evidence of practical assessment or completion of required training for the Eklund technique was available. IR(ME)R requires employers to ensure that staff undertaking medical exposures are adequately trained and competent for the procedures they perform, including the practical aspects.

The guidance document “Breast screening: guidance for image reading” states that, “It is the responsibility of a mammography reader involved in breast screening to - report a minimum of 5,000 screening and or symptomatic cases per year, of which at least 4,000 should be screening and 1,500 should be as a first reader. As the image reading service provided to EHBC is from a third-party service, it was unclear if the radiologists involved are operating to these standards.

Requirement 1

- EBHC staff must be adequately trained in the practical aspects of their role, including the Eklund technique. (Regulation 17(1) & (4)).

Recommendation a

- EBHC should provide clarification that the third-party service provider for image reporting meet the breast screening guidance for image reading standards.

Entitlement

Entitlement is the process of endorsement, by an appropriate person within an organisation, which ensures each duty holder has been adequately trained and is deemed competent to carry out their specific duty holder roles Entitlement for the mammographer is for the role of practitioner and operator. Evidence of this was seen on the day in the IRMER manual provided, with the mammographer being named specifically in the entitlement matrix rather than by staff group.

What needs to improve

EBHC policy is to entitle all the in-house GP referrers through a group entitlement process. The service operates on a pathway where clients undergo health assessments with the inhouse GPs, who then refer the clients on for mammography screening where appropriate and referral criteria are met. The guidance for the implementation of IR(ME)R states that, “Where group entitlement is used, each individual within the group must be identified and their names documented. They must have a scope of practice which defines the tasks they have been entitled to undertake once they have been deemed trained and competent.” EBHC could not provide evidence that referrers could be individually identified and therefore this group had not been appropriately entitled by the organisation.

Requirement 2

- EBHC must implement a procedure to identify individuals entitled to act as IR(ME)R referrers Regulation 6(1)(a).

Recommendation

- No recommendations.

Referral

EBHC have 11 in-house GPs, all who can refer for mammography under the health assessment service. The referral is completed using a paper-based form at the time of health assessment, ensuring that relevant clinical information is recorded. The paper referral form is scanned and uploaded into the centres IT system, where it is stored within the individual patient record. All referrals are in accordance with the local referral criteria for screening.

This criteria includes:

- women aged 40 – 49 are eligible for yearly mammogram, and
- women age 50 and over are eligible for screening every 24 months.

Those who are not eligible for mammography screening at BUPA Edinburgh include:

- any woman with signs of symptoms of breast cancer
- customers under 40
- women who are breast feeding
- any woman who is or may be pregnant (due to breast density changes), and
- any woman under breast cancer care.

What needs to improve

It was noted that the referral form used does not contain a section to clearly identify the presence of implantable devices. The operator uses the general prompt on the form referring to “any surgery/implants”, however this is not specific for the considerations required when imaging implantable devices. It is important to know if there is an implantable device present as if it is not identified it could potentially result in an exposure that is higher than intended. If an implantable device is noted, it is written freehand on the referral form.

Requirement

- No requirements.

Recommendation b

- EBHC should review the existing referral form to ensure complete clinical history, including presence of implantable devices is accounted for at the point of referral.

Justification

To perform justification, the referral is assessed against the clinical data supplied by the referrer. Local policy document "**BHC Identification & Justification –Screening Mammogram**" outlines that the mammographer is responsible "*for the final ID check and acts as the practitioner holding the responsibility of justifying the exposure based on the screening criteria".* The online PACS system has a dedicated "justify" button on each individual client record that is pressed once the mammographer has reviewed all relevant documentation and asked the pre-exposure questions and checks and is happy to proceed with image exposure. The mammographer initials are recorded alongside the pre exposure checks and justification of the exposure.

Requirement

- No requirements.

Recommendation

- No recommendations.

Optimisation

The role of optimisation is to ensure that doses to individuals are kept as low as reasonably practicable (ALARP), consistent with the desired clinical results. EHBC follow the national DRLs and these charts were visible at the time of inspection in the imaging room. DRLs are reviewed by the MPEs on their annual visit to the centre. The document *BHC protocols mammographic exposures* outlines the views and exposure setting or changes required for standard imaging in the clinic, this includes the use of the automatic exposure setting and use of manual exposures changes. A separate SOP document is in place for those with implantable devices, outlining the procedure and the exposure settings. The dose for each image is recorded on the individual image on PACs.

What needs to improve

The IR(ME)R manual provided for inspection states "*Patient doses should not normally exceed national and local diagnostic reference levels".* Although it is not common for the operator to exceed the DRLs when imaging. This is due to a combination of factors, for example the use of automatic exposure control, equipment design, QA, staff training and protocols. There is no information in the documents provided that clarifies or defines what should happen if the DRLs are exceeded and by how much, where there is no apparent reason for the increased dose and which requires further investigation. In the event that the that the DRLs are significantly exceeded at the time of an individual patient exposure, the mammographer told us they would review the factors involved to determine if there are any contributory factors and would highlight the incident to the centre manager.

EBHC currently applies the national DRL for mammography, which has one standard breast thickness. The national Scottish Breast Screening Programme (SBSP) have adopted four mammography specific DRLs, reflecting different breast thickness categories, which supports optimisation for the attendees. EBHC may wish to consider adopting the SBSP DRLs to further optimise exposures. Further information on these DRLs can be found on the Scottish Clinical Imaging Network website.

Requirement

- No requirements.

Recommendation c

- EBHC should document the steps that should be taken in the event that the National Diagnostic Reference Level (NDRL) is exceeded by an agreed factor.

Recommendation d

- EBHC should consider adopting the national Scottish Breast Screening Programme Diagnostic Reference Levels for mammography.

Operator

Staff described the process for imaging women including the need to review previous imaging, ID checks, accurately position the women and breast, number of views, adequate compression and imaging women with breast implants or implantable devices.
There is one mammographer working in the centre and no radiography assistants or assistant practitioners. No agency staff are utilised in the centre.

The operator asks the client pre-exposure questions to make sure they have had no other mammograms taken in the previous year and ensure they fit the criteria for mammography screening. Notes are taken regarding implants to have available for any future appointments to be able to replicate exposure factors. These details are noted on the clients file on RIS. Technical repeats are carried out if required e.g. if a client moves. These repeated images and the reason for repeating is documented. All images acquired are automatically transferred to PACS and made available to the radiologists for clinical evaluation. No images are rejected or deleted.

Staff reported a very good working relationship with the centre manager, in house GPs and BUPA mammography lead.

Requirement

- No requirements.

Recommendation

- No recommendations.

Records

The department maintains structured record-keeping system to ensure accurate documentation and traceability of patient information. Paper records are used in the first instance at referral stage and are subsequently scanned and uploaded into the local PACS system and internal IT system, in an assigned folder to the relevant individual client. In addition, Excel spreadsheets are used to document screening activity including report status and quality assurance (QA) processes, providing a log of operational data. Policies and procedures were available in paper copies and online.

Requirement

- No requirements.

Recommendation

- No recommendations.

Patient identification

Staff we spoke to were aware of the patient identification procedures in place. A three-point ID check is used for all attendees. It was confirmed that the clients attending are asked to verbally state their full name, DOB and first line of their address. Patient Identification is checked against the request form. For women who require an interpreter, these services are available.
Imaging exposures will not be carried out if there are any concerns over patient identification.

Requirement

- No requirements.

Recommendation

- No recommendations.

Clinical Evaluation

Clinical evaluation is the clinical interpretation of an image and the recorded outcome (documentary evidence) of that reading. All clinical evaluation done on behalf of EBHC is by consultant radiologists, provided by a third-party service. Results from reports are communicated back to the original referring clinic. The reporting service provider contacts EBHC via telephone to inform them if there are any abnormal results from images. This is then communicated to the referring GP or doctor of the day to contact the client. The administration team uploads the reports to paper archive, marking within the IT system that the result is back and assign it with the relevant mammography code. The mammography codes, M1-M5, depict if the findings are normal, benign, indeterminate and require further investigation, possible malignancy or probable malignancy. The screening policy document outlines specifically the mammography codes that are assigned to findings on the reports, the meaning of the codes and the outcome required from the report.

The results will be published in their health assessment report via the online portal.

What needs to improve

It was confirmed verbally by the lead radiologist that all images are double read. The current policy on reading images, documents Screening policy, does not make it clear that double reading of screening mammograms is mandatory. The BHC mammography screening policy states that, "*It is recommended that digital mammograms are double read, apart from those found on first reading to be M4 or M5, which require urgent action within 24 hours of receipt of the result."* The same document also states "*For M3 results, double reporting is required."* The written policy reviewed was unclear and at times contradictory.

The current policy refers to the situation where 2 readers do not reach consensus from a clinical evaluation that this will go to arbitration. The processes for clinical evaluation, arbitration and recording of the outcome of the assessment should be clearly described in the employer's procedure. The policy does not provide any detail on who and how arbitration will be undertaken.

Requirement 3

- EBHC must include in their employer's procedure or similar documents that all mammograms will be double read in line with current publish guidance form the Royal College of Radiologist, Clinical Radiology Guidance on screening and symptomatic breast imaging, fifth edition. (Regulation 6 (Schedule 2(j))

Recommendation e

- It is recommended that EBHC include in their employer's procedure or similar document on the process of arbitration and includes those staff groups involved and their roles.

Expert advice

MPE provision is based in England rather than on site. MPEs visit the centre on an annual basis to carry out required testing and QA checks. The MPE will provide a report to the centre, evidence of these reports and visits was seen.

Liaison with the MPE provision is primarily through the BUPA mammography lead. EBHC has limited direct involvement or communication with the MPE provision as this is largely facilitated at organisational level. The mammographer onsite will contact the centre manager or BUPA mammography lead, who will make contact with the MPE service, when required.

Requirement

- No requirements.

Recommendation

- No recommendations.

Contracted services

EBHC utilises a third-party teleradiology provider for image reporting who are based in England. Reporting is undertaken by consultant radiologists only, who all work in the NHS also. First and second readings, as well as arbitration, are undertaken within this service. All radiologists are reported to be maintaining appropriate CPD requirements. Technical recalls are communicated back to the centre should they be required, and the reporting radiologists are able to raise any image quality concerns directly with the service to support ongoing quality improvement.

Requirement

- No requirements.

Recommendation

- No recommendations.

General duties in relation to equipment

QA processes were in place to support the safe and effective delivery of the breast screening service. The QA procedures, compiled and provided by BUPA, had been adopted and implemented at EBHC. Staff are trained to undertake the daily, weekly and monthly QA tests on the mammography equipment. Results from each test is recorded onto a spreadsheet. It was confirmed that daily QA tests are completed prior to any exposure of an individual to ensure equipment performance was within acceptable limits. In the event of a failed daily, weekly, or monthly test, a traffic light system within the QA Excel log was used to identify tolerance levels and determine whether work could continue or must cease. Should there be any faults or failure of QA tests, staff were aware of the procedures to follow, the routes of escalation and who to contact. In the scenario where equipment is taken out of clinical use due to test failure, the appropriate out of clinical use signs were available.

Routine servicing of equipment was undertaken annually by the manufacturer engineers, with documented evidence available There are additional QA tests to be carried out when equipment is returned to use and after any engineer has been on site to carry out work, along with a handover form.

It was confirmed that there is dedicated time in the day to undertake QA tests as required daily and post engineer checks.

The MPE service will attend the centre on an annual basis to undertake QA testing of the equipment. The MPE will provide a report upon completion of the tests, and this will be emailed to the centre manager to act upon any recommendations.

Requirement

- No requirements.

Recommendation

- No recommendations.

Clinical audit

Clinical audit is a tool used in identifying and improving healthcare outcomes.

The mammographer onsite undertakes a self-assessment audit on previous images they have taken using the Perfect, Good, Moderate Inadequate (PGMI) image evaluation system established by the National Health Service Breast Screening Programme (NHSBSP). The operator self-assesses 10 images per month. This assessment is reviewed by the BUPA mammography lead where feedback and guidance is provided.

What needs to improve

The employer should ensure that their procedure outlines how and when clinical audits are carried out. Whilst there is a dedicated section (24) in the BUPA IR(ME)R manual to fill in the type of audits being undertaken, the frequency and where results were stored along with action plans, this document was not populated and there was no record of previous entries.

As per the guidance document Breast screening: guidance for image reading, *"Mammography readers should also monitor their own individual and service quality data by reviewing the formal annual audit of mammography reading data (see section 4 below). This requires mammography readers to compare their data with their peers, and to demonstrate a willingness to alter their practice if indicated by the outcomes*". As the reporting of images is carried out by a third-party service, we were unable to ascertain what audits of practice were carried out by the radiologists who report images for BUPA and if any self-assessment is carried out.

Requirement 4

- EBHC must provide assurance that the radiologists used in mammography image reporting meet the standards for working practice of radiologists and breast clinicians as per the Guidance for radiology and advanced radiographic practice in the NHS Breast Screening Programme including participation in audit. (Regulation 7)

Recommendation f

- EBHC should document their clinical audit programme.

Accidental or unintended exposure

In the event of an equipment fault or radiation related incident, the mammographer will raise the incident to the centre manager who acts as the radiation Protection Supervisor (RPS) on site. The incident details are uploaded onto Datix by the mammographer.

The centre manager informs the mammography lead and MPEs of the details. Where appropriate the equipment service engineers are contacted and the equipment is taken out of clinical use. Signs to show the equipment is out of use were available on the day of inspection.

If the incident meets the criteria for reporting to HIS, a formal investigation is carried out by MPEs. Section 18 of the IR(ME)R manual outlines the additional individuals in management who must be informed in the event of a reportable incident.

Requirement

- No requirements.

Recommendation

- No recommendations.

Risk and Communication

This is where we report on what difference the service has made and what it has learned.

Key questions we ask:

How well does the organisation communicate with service users?

Our findings

It is required under IR(ME)R that adequate information is provided to individuals prior to exposure relating the risks and benefits of radiation exposure from imaging. Systems are in place to communicate this information to eligible individuals

Risk benefit conversations

Risk and benefit discussions are undertaken with every woman prior to exposure to ionising radiation. This conversation is conducted by the in-house GPs at the point of referral during the health assessment. Prior to exposure at the screening appointment, the mammographer reiterates the risks and benefits previously discussed and provides a further opportunity for the woman to ask questions or seek clarification. During inspection, posters outlining the risks and benefits of mammography were observed displayed within the department.

Requirement

- No requirements.

Recommendation

- No recommendations.

Making enquiries of individuals who could be pregnant

Exposure of individuals of child-bearing potential or pregnancy is not a contraindication for mammography examinations; therefore, pregnancy and breast-feeding status is not routinely asked. It was confirmed by the operator that if the patient is likely to be of child-bearing potential they will ask the patient if it is possible that they are, or could be, pregnant before the examination commences. The BUPA IR(ME)R manual includes a flowchart (diagram 9.1) outlining the steps required for "examinations involving ionising radiation of patients of child-bearing potential age (12-55 years)".
Due to the changes in density that may be seen if a person is pregnant or breast feeding, the BHC Mammography screening policy document states "a screening mammogram will not be performed at a Bupa Health Clinic on any woman who is or may be pregnant. The client will be advised to delay this examination and continue to be breast aware, highlighting any future concerns with their GP."

Requirement

- No requirements.

Recommendation

- No recommendations.

Carers and comforters procedures

The BUPA IR(ME)R manual, section IR(ME)R 26, states that the section is not applicable to the clinic. Those requiring a carer or comforter are not imaged in the clinic and are redirected to the nearest "hospital/clinic".

Requirement

- No requirements.

Recommendation

- No recommendations.

Appendix 1 – About our inspections

Our approach

Healthcare Improvement Scotland has a statutory responsibility to provide public assurance about the quality and safety of healthcare through its inspection activity.

How we inspect services that use ionising radiation for medical exposure

The focus of our inspections is to ensure each service is implementing IR(ME)R 2017. Therefore, we only evaluate the service against quality indicators that align to the regulations.

What we look at

We want to find out:

- how the service complies with its legal obligations under IR(ME)R 2017 and addresses the radiation protection of persons undergoing medical exposures, and
- how well services are led, managed and delivered.

Complaints

If you would like to raise a concern or complaint about an IR(ME)R service, you can directly contact us at any time. However, we do suggest you contact the service directly in the first instance.

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