

Unannounced Inspection Report: Independent Healthcare

Accord Hospice
Accord Hospice, Paisley

8–9 August 2017

***[This report is embargoed until 10.00am
on Wednesday 20 September 2017]***

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1 A summary of our inspection

About the service we inspected

ACCORD Hospice is registered with Healthcare Improvement Scotland as a voluntary hospice. ACCORD Hospice is a charitable organisation which provides specialist palliative care to people within Renfrewshire and East Renfrewshire over the age of 18 years. ACCORD Hospice's philosophy of care states it: 'is an independent charity giving free medical and nursing care to those in Renfrewshire whose illness is causing physical pain and emotional stress and for whom curative treatment may no longer be appropriate. Our aim is to relieve pain, to ease suffering, to restore dignity to our patients and to respond to the needs of the whole family in a partnership of care'.

Patients can use the hospice in a number of ways. They can visit the day care service or outpatients clinic, receive visits from specialist nurses to their home (through the clinical nurse specialist team), or can be admitted to the hospice inpatient unit. All services offered by the hospice work together to meet the palliative care needs of people with a progressive, life-limiting illness.

The hospice has a maximum of nine inpatient beds (four single and two shared rooms) and a day care service for a maximum of 15 people, 4 days a week.

The service provides a holistic approach to care, focusing on independence, rehabilitation, enablement and empowerment. Access is also available to a complementary therapist and hairdresser. A team of clinical nurse specialists provides symptom management, information and support to people at home.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

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

We carried out an unannounced inspection to ACCORD Hospice on Tuesday 8 and Wednesday 9 August 2017.

The inspection team was made up of two inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

Quality Theme 0 – Quality of information: 6 – Excellent

Quality Statement 0.1 – participation: 6 – Excellent
Quality Statement 0.2 – service information: 6 – Excellent

Quality Theme 1 – Quality of care and support: 5 – Very good

Quality Statement 1.1 – participation: 6 – Excellent
Quality Statement 1.5 – care records: 5 – Very good

Quality Theme 2 – Quality of environment: 5 – Very good

Quality Statement 2.1 – participation: 5 – Very good
Quality Statement 2.4 – infection prevention and control: 5 – Very good

Quality Theme 3 – Quality of staffing: 5 – Very good

Quality Statement 3.2 – recruitment and induction: 5 – Very good
Quality Statement 3.4 – ethos of respect: 6 – Excellent

Quality Theme 4 – Quality of management and leadership: 5 – Very good

Quality Statement 4.3 – leadership values: 5 – Very good
Quality Statement 4.4 – quality assurance: 5 – Very good

The grading history for ACCORD Hospice and more information about grading can be found on our website at:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.

What the service did well

ACCORD Hospice provides excellent information for patients and families who are considering using the facilities. The service was keen to involve patients and families in all aspects of care and treatment and to those who visit the service. The hospice had an excellent culture and ethos of respect which enables it to offer a high quality service which was appreciated by patients and relatives.

What the service could do better

ACCORD Hospice should ensure that a recognised wound grading tool is used to grade pressure ulcers and that pressure ulcer data is recorded correctly. The induction processes for all staff should have a format which is role specific and records progress throughout the probationary period. Patient care information held within the electronic care records should be audited to ensure that all care and treatment information is recorded correctly and consistently.

This inspection resulted in no requirements and four recommendations. See Appendix 1 for a full list of the recommendations.

We would like to thank all staff at ACCORD Hospice for their assistance during the inspection.

2 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 26 and 27 October 2015

Recommendation

We recommend that the service improve the use of the electronic system for recording medicines reconciliation.

Action taken

The service had a medicine reconciliation policy and processes in place. An electronic patient record system supports the medicine reconciliation paper recording document. Relevant staff have been updated on this process and an audit, was completed in November 2016. This was followed by a further audit in July 2017 that showed further improvements. **This recommendation is met.**

Recommendation

We recommend that the service develop drug administration competencies for new staff with a period of observed practice.

Action taken

The service had implemented new single nurse drug administration competencies which includes a period of observed practice. This training had been rolled out to all registered nurses within the hospice. **This recommendation is met.**

Recommendation

We recommend that the service carry out periodic observations of staff when administering medication to ensure they are continuing to do so safely.

Action taken

The service will continue to ensure staff have ongoing observation as part of their continuing training and development. **This recommendation is met.**

Recommendation

We recommend that the service review and assess clinical hand wash sinks based on current national guidance. The clinical hand wash sinks that are not compliant with current national guidance should be upgraded as part of any refurbishment plan. This should be in line with a risk-based plan that takes into account both the use of the sink and its design.

Action taken

The service had risk assessed the non-complaint sinks and as part of the new refurbishment plans. These sinks will be replaced. **This recommendation is met.**

Recommendation

We recommend that the service update policies and procedures for infection prevention and control to ensure up-to-date policies available for staff.

Action taken

The service had reviewed and updated its policies and procedures against new guidance and standards. **This recommendation is met.**

Recommendation

We recommend that the service review the content of staff files to ensure there is consistent use and retention of documentation to record the interview and selection process and to ensure personal information is not being kept unnecessarily.

Action taken

The service has reviewed and standardised the information held within the staff files. **This recommendation is met.**

3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.1

We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

Grade awarded for this statement: 6 – Excellent

Various events had taken place to review the rebranding of ACCORD Hospice. This involved the engagement of community focus groups made up of a cross section of people with an interest in the hospice services. We saw a report showing how their views had influenced the resulting changes in the use of the hospice name and logo in all publications and signage.

Staff told us that people who had been involved with the hospice were asked to help review the website and ensure it was easy to use and provided relevant information. Volunteers and staff had also helped review the new leaflets. A participation leaflet was available in paper and electronic formats. This could be completed by people who had an interest in reviewing the information produced by the hospice and become part of a review group.

- No requirements.
- No recommendations.

Quality Statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 6 – Excellent

The hospice provided written information to patients through leaflets and the website. A general leaflet about the hospice was available as well as specific leaflets covering services such as the inpatient unit, day care service and clinical nurse specialists. The inpatient unit leaflet covered all of the information as set out in the National Care Standards for Hospice Services. It was easy to read and available throughout the service.

Patients told us that staff provided information about the service verbally. They may have also been provided with leaflets but couldn't always remember. However, we saw systems were in place to record if this information had been provided.

The website was easy to navigate and contained relevant information. The service used social media to promote information about the hospice.

Information was available in large print and other languages on request. Access to an interpreter service was also available if needed. Staff and volunteers were proactive in reviewing leaflets to keep them up to date.

- No requirements.

- No recommendations.

Quality Theme 1 – Quality of care and support

Quality Statement 1.1

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

Grade awarded for this statement: 6 – Excellent

The service had developed a participation standard and a plan was in place for its implementation. Leaflets were available for patients and information was on the website.

Questionnaires were used to gain feedback on the care and services provided by the inpatient unit, day care service, bereavement service and community nurse specialists on a rolling basis. Results from the most recent responses about the day care service showed that all patients felt involved in planning their care. We saw leaflets encouraging patients and visitors to leave comments and suggestions about the service with a collection box for responses.

We saw evidence of 'life story' work from the inpatient and day care services patients. This is when a patient reflects on their journey so far and the services they have used. The patient, and a member of staff, will discuss memories and achievements using memory boxes and video diaries. Although this was a therapeutic activity, it benefits the service by drawing on how the patient feels about the care they have received in order to make improvements.

Prospective patients, and their families, can visit the hospice to assess whether it would be suitable for their needs. A number of families that we spoke with told us that they had done this. Others were aware of what services were provided as they had visited the day care service.

The electronic patient care record had an area to record that patients had been involved in planning the care they received. We also saw from these records that discussions were taking place with patients and their families about other, more personal things that were important to them. We saw evidence that the service responded to the care needs and wishes of individual patients.

Patients we spoke with all stated that they were well informed and involved in decisions about their care and treatment. One patient told us 'the care is excellent'.

- No requirements.
- No recommendations.

Quality Statement 1.5

We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records

show how we meet service users' physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 5 – Very good

At the time of inspection there were five inpatients. We reviewed three patient care records that were mostly electronic, with some supporting documents in a folder by the bedside. The electronic notes contained all of the essential information such as contact details for next of kin, holistic assessments treatment plans and ongoing care information. We saw that there had been an initial assessment, and subsequent input, from a variety of healthcare professionals depending on the patient's assessed needs. All staff have their own password to ensure that each entry was recorded with the users name and time of entry.

The electronic patient care record had areas to record the future wishes of patients should their condition deteriorate. This included the patient's preferred place of death, the patient's resuscitation status and stated if the patient felt unable to discuss these issues. The plans were reviewed regularly.

Staff used a leaflet when discussing end of life care with patients and relatives. Clinicians had access to guidance and an algorithm that was used before implementing individual person-centred care in the last stages of life. Staff we spoke with were aware of the need for good communication with relatives at this stage and they understood the purpose of this documentation. The end of life care plan would only be implemented after a team discussion and it would be initiated by a senior doctor.

Areas for improvement

We saw from one patient care record that the patient had developed a pressure ulcer and it had been graded. The service was unable to show us what chart was being used for grading as it did not have one at that time. The service had recently reviewed its practice against the new Healthcare Improvement Scotland Prevention and Management of Pressure Ulcers Standards (2016). We were told that a new assessment was planned as a result that included a grading chart (see recommendation a).

We saw from the pressure ulcer safety cross (a tool used to collect data and improve care), that the patient was admitted with the pressure ulcer. However, it was not recorded on the patient's initial assessment and was only identified in the care record two days after admission. The service should ensure correct recording of pressure ulcer development to make certain accurate data is collected (see recommendation b).

- No requirements.

Recommendation a

- The service should ensure that a recognised wound grading tool is used to grade pressure ulcers.

Recommendation b

- The service should ensure correct recording of pressure ulcer development to make certain accurate data is collected.

Quality Theme 2 – Quality of environment

Quality Statement 2.1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 5 – Very good

Feedback from patients resulted in recent changes including the upgrade of the reception area, new chairs for day care service and improvements to the garden facilities.

Comments from patients included the lack of single rooms, lack of access to a garden, the provision of shower facilities and the visibility of staff. These comments led to the development of a refurbishment plan for the inpatient unit. The plan included the creation of eight single rooms with en-suite shower facilities, a centralised staff reception area, improved location of drug cupboard and patient and family access to individual garden areas.

Area for improvement

As the new plans are taken forward, the service should continue to involve their patients and carers in the consultation process and development of the new facilities including decoration and furnishings.

- No requirements.
- No recommendations.

Quality Statement 2.4

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 5 – Very good

The service had very good systems in place to manage infection prevention and control. An infection control lead was in place who attended quarterly infection control group meetings to discuss any issues that were identified and develop action plans.

The hospice had adopted NHS Greater Glasgow and Clyde's policies and procedures for infection prevention and control. These have been reviewed against the Healthcare Associated Infection Standards. The service had a visit from the NHS Greater Glasgow and Clyde public health team in February 2017 to provide infection prevention advice and support. The feedback had been very positive.

Staff undertook mandatory infection prevention and control training through LearnPro online modules as well as face-to-face training. A number of staff were cleanliness champions.

We saw that the hospice maintained a high standard of cleanliness. A robust cleaning schedule was in place and housekeeping staff signed off tasks once

completed. Procedures were in place to manage soiled laundry. All patients we spoke with said the cleanliness of the hospice as excellent.

An environmental audit was carried out every year that reviewed all areas of the hospice. Hand hygiene audits were carried out every 3 months.

Alcohol-based hand gels were available outside all patient rooms and at the entrance to ward and day care service areas. Information on best practice in relation to hand hygiene was displayed throughout the building. Spill management equipment was provided for cleaning up blood and bodily fluid and ample provision of personal protective equipment (such as aprons and gloves).

A staff flu vaccine immunisation programme was in place.

Patients we spoke with noted that the service was very clean and one noted that 'staff are always washing their hands'.

Area for improvement

The service could look to develop its infection control audit programme to include more standard infection control precaution (SICP) audits such as waste management and management of linen. Staff had recently attended an education event that provided information about auditing SICPs. The clinical effectiveness lead was taking this forward. We will follow this up at the next inspection.

- No requirements.
- No recommendations.

Quality Theme 3 – Quality of staffing

Quality Statement 3.2

We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 5 – Very good

The ACCORD Hospice experienced relatively low staff turnover with no new medical or allied health professional staff recruited in the last few years. Recruitment had taken place for new nurses and some other support staff.

We examined staff files for four new staff members and found all were easy to navigate. We found all of the essential checks were in place. This included, application forms, references, protection of vulnerable group (PVG) memberships and a cross check with the relevant professional register if applicable. A health questionnaire was completed prior to starting at the service. We saw PVG summary information was held and Disclosure Scotland records were held only for the minimum amount of time needed and then destroyed appropriately in keeping with data protection legislation.

When the service planned to recruit a driver, patients in the day care service told us they were asked about what qualities they would be looking for. Asking patients about that staff attributes were important to them can help ensure the right quality of staff.

Volunteers told us they had gone through a recruitment process prior to volunteering at the hospice to find out what skills they have. They also had regular, informal one-to-one meetings with a manager.

A general induction programme was in place for all new members of staff with further induction for role specific posts. This was very comprehensive for nurses. Staff were provided with a mentor and would shadow another member of staff for a shift to observe practice, depending on job role. A checklist was in place to mark off when initial orientation and essential subject areas were complete such as fire and health and safety of the building. All staff spoke highly of the supportive working environment.

The hospice's education department provided nurses with a 4 day course in palliative care as a part of their induction as well as tailored support for personal development. Access to online training, as well as face-to-face sessions, was also available. Staff told us they had received more than enough training to carry out their role.

Areas for improvement

The induction policy and framework would benefit from review for all staff to ensure the format is role specific and tracks progress throughout the probationary period. This record could be held in an agreed location and can be accessed by employee and reviewer (see recommendation c).

The induction format for nurses was under review to make it easier to follow. It should make reference to the new National Health and Care Standards and ensure staff become familiar with the principles set out in these standards.

- No requirements.

Recommendation c

- We recommend that the service should review the induction process for all staff to ensure a format that is role specific and records progress throughout the probationary period.

Quality Statement 3.4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Grade awarded for this statement: 6 – Excellent

All feedback from staff, volunteers and patients reflected positively on a culture with an ethos of respect. Staff worked well together as a team with mutual respect to promote the best outcomes for patients. This included working beyond their hours to ensure the best continuity of care and linking with outside organisations to achieve individual patient goals.

Patients told us that staff showed high regard for their wellbeing and respected their individual goals and preferences. They felt that they were treated with dignity and respect and most patients described the service as being 'excellent'.

The hospice was continually seeking to provide the best possible service for patients. This was central to the corporate plan. Development of the inpatient unit was due to

commence to increase privacy by providing single rooms. This would improve the environment further for patients.

Equality and diversity training was completed by staff with regular 3-yearly updates. Communication training was carried out for all nursing and care staff. This helped to ensure sensitive subjects could be dealt with the utmost respect and understanding.

- No requirements.
- No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.3

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

Grade awarded for this statement: 5 – Very good

Staff told us they had recently attended an appraisal session that had helped to identify any areas for further development. Leadership values were encouraged by appointing staff with appropriate additional skills such as mentorship, group involvement or 'champion' roles of specific subjects.

Senior management were very visible and staff told us they felt comfortable raising any issues and that their concerns were listened to.

The hospice was keen to develop leadership skills within the service and all staff stated that they were encouraged to participate in projects, meetings and further training. One staff member was undertaking a leadership course and another was due to start shortly.

All staff we spoke with told us that they really enjoyed working within the service. One said 'you feel that you make a difference'.

Area for improvement

The management structure was under review and the service recognised the need to build leadership skills to support succession planning.

- No requirements.
- No recommendations.

Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 – Very good

The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. This self-assessment is completed each year and it gives a measure of how the service has assessed itself against the quality themes and national care

standards. We found very good quality information that we were to verify during our inspection.

The executive director and the senior management team had overall day-to-day accountability for the service. The senior management team met weekly. The service had the following committees that reported into clinical governance meetings every 3 months:

- risk management
- drugs and therapeutics
- quality and practice development, and
- infection prevention and control.

A staff member from each department attended a daily morning huddle to co-ordinate bed management and review any issues within the hospice.

The hospice had very good systems in place to assure the quality of the service. These included audits, surveys, complaints, accident and incident reporting and risk registers. We saw from minutes of various meetings that audits were discussed and action plans developed to address any issues raised. Accidents and incidents were analysed and reviewed for any trends. Strategic and operational risk registers were regularly reviewed and any risks identified were discussed and added where appropriate.

A clear procedure was in place for patients to make complaints. Patients we spoke with stated they had no complaints but if they did they would speak to the nurse in charge.

The service showed a commitment to continuous improvement. Recent initiatives have included a new strategic plan being developed to reflect the Scottish Government's framework for palliative and end of life care as well as various reviews of clinical practice in relation to new guidelines and standards.

Area for improvement

As the electronic patient care record was now embedded, the service should develop an audit programme to include an audit of the information held within the electronic care records. This will ensure that all patient care and treatment information is recorded correctly and consistently (see recommendation d).

- No requirements.

Recommendation d

- We recommend that the service should develop an audit programme for all patient care information within the electronic care records. This will ensure that all patient care and treatment information is recorded correctly and consistently.

Appendix 1 – Requirements and recommendations

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Quality Statement 1.5

Requirements

None

Recommendation

We recommend that the service should:

- a** ensure that a recognised wound grading tool is used to grade pressure ulcers (see page 10).
- National Care Standards – Hospice Care (Standard 5.6 – Quality of care and treatment)
- b** ensure correct recording of pressure ulcer development to make certain accurate data is collected (see page 10).
- National Care Standards – Hospice Care (Standard 5.2 – Quality of care and treatment)

Quality Statement 3.2

Requirements

None

Recommendations

We recommend that the service should:

- c** review the induction process for all staff to ensure a format that is role specific and records progress throughout the probationary period (see page 13).
- National Care Standards – Hospice Care (Standard 6.4 – Staff)

Quality Statement 4.4

Requirements

None

Recommendation

We recommend that the service should:

- d** develop an audit programme for all patient care information within the electronic care records. This will ensure that all patient care and treatment information is recorded correctly and consistently (see page 15).

National Care Standards – Hospice Care (Standard 5.3 – Quality of care and treatment)

Appendix 2 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: comments.his@nhs.net

We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.



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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.