St Hugh's Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Requires improvement
Are services safe?	Requires improvement
Are services well-led?	Requires improvement

Overall summary

St Hugh's Hospital is operated by Healthcare Management Trust and serves the population of North East Lincolnshire. The on-site facilities include an endoscopy suite, two operating theatres with laminar airflow; consulting rooms supported by an imaging department offering X-ray and ultrasound, and inpatient and outpatient physiotherapy services. There are 24 patient bedrooms, all with en suite bathrooms. The hospital provides surgical, outpatients and diagnostic imaging services.

We carried out an unannounced visit to the hospital on 14 November 2016 in response to information received from the public about endoscopy services. We inspected endoscopy services using our focussed inspection methodology. A focused inspection differs to a comprehensive inspection, as it is more targeted looking at specific concerns rather than gathering a holistic view across a service or provider.

In our comprehensive inspections, to get to the heart of patients' experiences of care and treatment we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well led?

Focused inspections do not usually look at all five key questions; they focus on the areas indicated by the information that triggers the focused inspection. Although they are smaller in scale, focused inspections broadly follow the same process as a comprehensive inspection.

Summary of findings

At this visit, we inspected the safe and well-led domains and did not inspect or rate the remaining domains: effective, caring, and responsive.

Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Services we rate

We rated the endoscopy service as requires improvement overall.

We found areas of practice in relation to endoscopy that required improvement:

- Staff in the department did not always demonstrate awareness of when to submit an incident report.
- The introduction of the surgical safety checklist was planned but not in use at the time of inspection.
- There was an inconsistent approach to managing the risk of diabetes, pacemaker implantation or anti-coagulation treatment for patients being prepared for endoscopy procedures.
- The quality of consent, procedure reporting and discharge documentation was inconsistent and in some cases illegible.
- The overall approach to clinical governance in endoscopy needed strengthening and lacked proactive management oversight.
- There was no evidence of a training needs analysis or competency framework in use for all endoscopy staff.
- There was limited evidence that development of skills and knowledge to update and increase clinical expertise was achieved.
- Endoscopy policies and procedural documents required updating.
- There was a lack of audit of the quality and clinical effectiveness of the service.
- There was no tool in place to obtain patient experience feedback from endoscopy patients.
- Staff team meetings were infrequent.

However:

We found areas of good practice in endoscopy services:

- Patients received comprehensive written information about the risks and benefits of the procedure and received clear instructions about after-care.
- We reviewed eleven sets of patient records and endoscope traceability records were complete in each.
- The endoscopy department was visibly clean and tidy in all areas visited.
- A risk register was in place for the hospital and each department within the hospital. This was under continuous review as it was still under development and staff had received training in risk management.
- The endoscopy nurse manager regularly attended the Clinical Governance Committee.
- Mandatory training compliance levels were good and all staff had received appraisals.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with five requirement notices that affected endoscopy services. Details are at the end of the report.

Ellen Armistead

Deputy Chief Inspector of Hospitals (Hospitals North)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical care	Requires improvement 	We rated the medical care (specifically endoscopy services) as requires improvement for safe and well led and requires improvement overall. We did not inspect or rate the domains effective, caring or responsive as this was a focused inspection. We rated endoscopy services as requires improvement because: • Staff in the department did not always demonstrate awareness of when to submit an incident report. • The introduction of the surgical safety checklist was planned but not in use at the time of inspection. • There was an inconsistent approach to managing the risk of diabetes, pacemaker implantation or anti-coagulation treatment for patients being prepared for endoscopy procedures. • The quality of consent, procedure reporting and discharge documentation was inconsistent and in some cases illegible. • The overall approach to clinical governance in endoscopy needed strengthening and lacked proactive management oversight. • There was no evidence of a training needs analysis or competency framework in use for all endoscopy staff. • There was limited evidence that development of skills and knowledge to update and increase clinical expertise was achieved. • Endoscopy policies and procedural documents required updating. • There was a lack of audit of the quality and clinical effectiveness of the service. • There was no tool in place to obtain patient experience feedback from endoscopy patients. • Staff team meetings were infrequent. However:

Summary of findings

- Patients received comprehensive written information about the risks and benefits of the procedure and received clear instructions about after-care.
- We reviewed eleven sets of patient records and endoscope traceability records were complete in each.
- The endoscopy department was visibly clean and tidy in all areas visited.
- A risk register was in place for the hospital and each department within the hospital. This was under continuous review as it was still under development and staff had received training in risk management.
- The endoscopy nurse manager regularly attended the Clinical Governance Committee.
- Mandatory training compliance levels were good and all staff in the department had received appraisals in the past year.

Summary of findings

Contents

Requires improvement

St Hugh’s Hospital

Services we looked at
Medical care

Summary of this inspection

Background to St Hugh's Hospital

St Hugh's Hospital is a private hospital operated by Healthcare Management Trust in Grimsby, Lincolnshire. The original St Hugh's Hospital building was founded in 1938. Healthcare Management Trust assumed ownership of St Hugh's Hospital in 1985 and the current St. Hugh's Hospital building was opened to the public in March 1994.

St Hugh's Hospital primarily serves the population of North East Lincolnshire. The hospital offers a range of outpatient services to NHS and other funded (insured and self-pay) patients including cardiology, dermatology, general medicine, rheumatology, radiology and physiotherapy. Inpatient and outpatient services are also provided for cosmetic surgery, ear, nose and throat, general surgery, gynaecology, ophthalmology, oral and maxillofacial surgery, orthopaedics and urology. There are no paediatric services at the hospital.

The hospital has had a registered manager in post since October 2010. At the time of the inspection, a new manager had recently been appointed and was registered with the CQC in June 2016.

Our inspection team

The team that inspected the service comprised of Karen Knapton, Inspection Manager, a CQC inspector and a medical specialist advisor specialising in gastroenterology. The inspection team was overseen by Amanda Stanford, Head of Hospital Inspection.

Information about St Hugh's Hospital

The hospital is registered with CQC to provide the following regulated activities: Treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures

During the inspection, we visited the endoscopy unit and spoke with five staff including registered nurses, a consultant and the department manager. The hospital director and matron were not on site on the day of inspection. We reviewed 11 sets of patient records, spoke to three patients and observed three endoscopic procedures.

Endoscopy employed three registered nurses and one healthcare assistant, as well as having its own bank staff.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. We have inspected this hospital five times since 2011. The last inspection in August 2015 was conducted using the new comprehensive methodology. The hospital received an overall rating of requires improvement and twelve requirement notices. An action plan was in place, which had been implemented by the hospital and monitored by CQC. The accountable officer for controlled drugs (CDs) was the registered manager.

Activity (October 2015 to September 2016)

- In the reporting period, there were 1020 endoscopic procedures recorded at the hospital; of these 82% were NHS-funded and 18% other funded.

Track record on safety:

- No Never events
- There were seven low harm incidents only during the reporting period. These related to equipment failure and administrative errors.
- No serious injuries
- No complaints

Services accredited by a national body:

Summary of this inspection

- The endoscopy service was not accredited by the Joint Advisory Group on GI endoscopy (JAG) at the time of inspection.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- Staff in the department did not always demonstrate awareness of when to submit an incident report.
- The introduction of the surgical safety checklist was planned but not in use at the time of inspection.
- There was an inconsistent approach to managing the risk of diabetes, pacemaker implantation or anti-coagulation treatment for patients being prepared for endoscopy procedures.
- The quality of consent, procedure reporting and discharge documentation was inconsistent and in some cases illegible.

However:

- Patients received comprehensive written information about the risks and benefits of the procedure and received clear instructions about after-care.
- We reviewed eleven sets of patient records and endoscope traceability records were complete in each.
- The endoscopy department was visibly clean and tidy in all areas visited.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

- The overall approach to clinical governance in endoscopy needed strengthening and lacked proactive management oversight.
- There was no evidence of a training needs analysis or competency framework in use for all endoscopy staff.
- There was limited evidence that development of skills and knowledge to update and increase clinical expertise was achieved.
- Endoscopy policies and procedural documents required updating.
- There was a lack of audit of the quality and clinical effectiveness of the service.
- There was no tool in place to obtain patient experience feedback from endoscopy patients.
- Staff team meetings were infrequent.

However:

Summary of this inspection

- A risk register was in place for the hospital and each department within the hospital. This was under continuous review as it was still under development and staff had received training in risk management.
- The endoscopy nurse manager regularly attended the Clinical Governance Committee.
- Mandatory training compliance levels were good and all staff in the department had received appraisals in the past year.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	N/A	N/A	N/A	Requires improvement	Requires improvement
Overall	Requires improvement	N/A	N/A	N/A	Requires improvement	Requires improvement

Requires improvement

Medical care

Safe	Requires improvement
Well-led	Requires improvement

Are medical care services safe?

Requires improvement

We rated safe as requires improvement for the endoscopy service.

Incidents

- For the reporting period October 2015 to September 2016, there were no Never Events. Never Events are a type of serious incident that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- There were seven incidents during the reporting period, all of which caused low harm. These related to equipment failure and administrative errors. There was clear evidence of investigations taking place and learning points recorded for sharing with staff. The team received feedback from the senior nurse and discussed learning where this was identified.
- The department used a hard copy system for recording incidents during the reporting period. Since the inspection, an electronic incident reporting system has been implemented and training provided to staff before the launch.
- It was noted that staff in the department did not always demonstrate awareness of when to submit an incident report. We saw evidence that incident reports were not submitted when staff were unable to send away weekly samples of endoscopy rinse water for microbiological testing on three occasions or when the endoscopic camera was not working. Samples were not sent between 29 September to 13 October 2016 and 20 October and 10 November 2016 due to “time restraints”. Staff told us that the endoscope camera (used to record findings during the scope) did not work on occasion but this was not usually reported via the incident reporting system.
- There was a policy for implementing Duty of Candour in place and staff had received training on how and when this should be implemented. Staff we spoke to were aware of the Duty of Candour. No incidents in the endoscopy department required application of the Duty of Candour in the reporting period.

Clinical Quality Dashboard or equivalent

- A clinical quality dashboard was developed with the clinical commissioning group (CCG) and introduced in October 2016. This was completed monthly and informed by audit activity. The hospital submitted the monthly report to their head office and the CCG.
- All activity including endoscopy activity was reported monthly to the parent company head office. Reporting included the number of endoscopy procedures undertaken each month.

Cleanliness, infection control and hygiene

- All staff received mandatory infection prevention and control training. There was evidence of decontamination training for endoscopy staff for 2016, but no evidence that this was a standing item on the annual training programme for endoscopy staff to maintain skills in this area.
- Policies and procedures were in place to manage decontamination, rinse water sampling and management of endoscopes including traceability. Traceability of endoscope use is important to prevent cross-infection. A policy was in place to manage the transmission of spongiform encephalopathies, a group of diseases that affect the brain and nervous system of humans and animals.
- We observed three endoscopy procedures and saw that infection prevention and control (IPC) met expected practice during these procedures. However, we saw that staff removed three scopes from the storage cabinet at the same time at the beginning of the endoscopy list. These were laid out ready for use in the endoscopy room and we were told this was “to save time” between patients. If left out for longer than three hours, this posed a potential infection issue, as the scopes would

require further decontamination after this period. Staff were aware of this time limit and told us they monitored the length of time that each scope was out of decontaminated storage. This practice was stopped at the time of the inspection.
- A detailed and decontamination audit was carried out twice a year and was last done in September 2016 (97%).
- There were no incidents reported related to infection control in the endoscopy department via the incident reporting system; however, there had been three incidents of rinse water testing not undertaken 29 September to 13 October 2016 and 20 October and 10 November 2016.

Environment and equipment

- The endoscopy department was visibly clean and tidy in all areas visited. There was a cleaning schedule in place to maintain standards of cleanliness.
- We saw personal protective equipment (PPE), for example gloves and aprons were available in clinical areas. Antibacterial gel dispensers were available and we observed staff complying with bare below the elbows policy, correct handwashing technique and use of hand gels in most of the areas we visited. Hand hygiene was monitored by an observational audit (100% May 2016) and detailed environment (95% September 2016) audits were carried out twice a year to ensure cleanliness standards for the endoscopy service were maintained. An infection prevention and control (IPC) link nurse has been assigned in the department since the inspection as part of a hospital wide programme to improve the quality of IPC monitoring.
- Reusable endoscopes (which are used to look inside a body cavity or organ) were cleaned and decontaminated in accordance with best practice guidelines: Management and decontamination of flexible endoscopes (Health Technical Memorandum 01-06). Staff had received training in the principles of safe decontamination and use of the decontamination washers and endoscope storage cabinets. This training was provided by the equipment manufacturers.
- Water testing was scheduled to take place every week to comply with the national guidance for endoscopies, Health Technical Memorandum 01-06, Part B, Water quality and water treatment. This was done with the exception of the three occasions in October and November 2016.
- There was a contract in place for the maintenance of the equipment including decontamination washers and endoscope storage cabinets.
- The endoscopic camera did not work on the day of inspection. This meant no images could be taken of findings during the endoscopic examinations, which could result in clinicians having less information to review after the examination. Staff had reported the camera failure to the engineers on the day of inspection and told us they normally responded promptly to repair requests.
- Management planned to replace the endoscopy equipment with updated equipment that enabled electronic reporting by the doctors and managed electronic images taken during examinations.
- Staff told us that the plan for equipment replacement would enable the unit to work towards JAG (Joint Advisory Group on GI Endoscopy) accreditation.
- Resuscitation equipment was accessible and we saw evidence that this was checked daily.

Records

- We reviewed eleven sets of patient records. Traceability records were in place for every patient to indicate which endoscope had been used and which staff were responsible for the decontamination process. This was expected practice.
- We saw that information was inconsistently documented on the consent forms. This included omitting the name of the responsible consultant and the date of signing, not indicating potential treatments that may be required during the procedure such as blood transfusion and illegible consultant signatures with the name not printed. Consent had not been specifically audited in the unit but was audited monthly on the ward. We were told that the consent audit methodology was extended to endoscopy after this inspection.
- The procedure booking form had a section to indicate whether the patient was diabetic, had a pacemaker or was on Warfarin. This information was also obtained from the pre-assessment health questionnaire completed by every patient. The section on the booking form was not completed on any form that we saw and it was unclear whether the information was omitted or not relevant and how this information was used before the procedure. We were told the form was to be redesigned following the inspection to add clarity.

- The documentation for recording cannulation and for recording discharge arrangements was not always completed.
- All endoscopy reports were handwritten with some writing illegible and sections not completed by medical staff. A new electronic reporting system was planned with the introduction of the new endoscopy equipment to be installed in the next four to six months. This was anticipated to improve the quality of report documentation.
- No delays were noted in sending outcome letters to GPs.

Mandatory training

- There was evidence that staff were up-to-date with mandatory training. Mandatory training included moving and handling (100% compliance), health, safety and welfare (100%), fire safety (100%), infection prevention and control (100%), safeguarding vulnerable adults level 2 (75%), safeguarding children level 1 (100%), information governance (75%), Duty of Candour (100%), basic and intermediate life support (100%) and sepsis (100%).

Assessing and responding to patient risk

- All patients were assessed before having an endoscopic procedure including a pre-assessment health questionnaire; however there were no standard guidelines for staff to follow for the management of diabetes, pacemakers or anti-coagulation treatment for patients being prepared for endoscopy procedures. This meant that preparation of these patients varied according to the individual consultant's preferences. Since the inspection, we were told the approach to preparing patients with diabetes, pacemakers or on anti-coagulants for endoscopy was being reviewed in consultation with the relevant consultants.
- Department meeting minutes indicated that the introduction of the surgical safety checklist was planned for September 2016; however, this was not achieved. We found no reference to the surgical safety checklist process in the patient records we reviewed. This was introduced following the inspection and implementation was being audited.
- Patients received comprehensive written information about the risks and benefits of the procedure and received instructions about after-care. For example, if a patient received conscious sedation, they were instructed to have another adult with them for the first 24 hours and not to drive.
- Two of the three qualified nurses had received training in airway management and all had received intermediate life support training. There were two qualified nurses on duty with intermediate life support training for each endoscopy session. The resident medical officer was trained in advanced life support and available in the case of an emergency. A separate stock of emergency and anaphylactic drugs was held in the department, which was checked weekly by the Pharmacist.
- The conscious sedation policy was part of a new anaesthesia policy and in the process of implementation at the time of inspection. This policy had been developed by the medical director who is also a consultant anaesthetist.
- Staff were aware of the management of deteriorating patients and monitored patients during the post-procedure period for changes in observations. The nurses were trained in assessing when to escalate the care of a patient if their condition was deteriorating through the ALERT (acute life threatening events recognition and treatment) training programme. Their training also included the use of the National Early Warning System (NEWS) scoring system.
- Should an unplanned transfer out to the NHS be required, there was a transfer agreement in place with the local NHS trust to receive patients requiring a higher level of care or specialised care not available at St Hugh's Hospital.

Nursing staffing

- No specific staffing tool was used to determine staffing levels, however capacity was reviewed daily to ensure that patient needs were met. Staffing for the endoscopy unit included one nurse manager, two qualified nurses and a healthcare assistant. Recruitment was underway for a further healthcare assistant post at the time of inspection.
- An induction process was in place for the unit, which was supported by decontamination and endoscope equipment manufacturers providing training sessions to staff. The local induction documentation did not describe the expected nursing competencies in detail or clarify which had been achieved.

- Staffing during the endoscopy sessions included one qualified circulating nurse, one qualified nurse undertaking admission and recovery and a qualified nurse or support worker managing endoscope decontamination.
- The nurse manager had worked on the unit for fifteen years and was experienced in the field of elective endoscopy.
- Use of bank was approximately 20% for the reporting period, October 2015 to September 2016. There were regular bank nurses who filled shifts on the unit for consistency of care.

Medical staffing

- Eleven consultants performed endoscopy procedures at the hospital supported by two resident medical officers (RMOs). The RMOs worked an alternate schedule of one week on and one week off to provide 24-hour cover for patients at the hospital.
- Medical competency in endoscopic procedures was supported by the application documentation submitted by the consultant and annual appraisal documentation received from each consultant's NHS employer. It was a requirement of the hospital's practising privileges that appraisal documentation was supplied on an annual basis.

Are medical care services well-led?

Requires improvement

We rated well-led as requires improvement for endoscopy services.

Leadership and culture of service

- Staff told us that leadership for the endoscopy unit was visible and easily accessible. The lead nurse was experienced in the specialty and supported by the matron and hospital director.
- The nurse manager conducted appraisals annually and these were evident in employee files. Personal development plans demonstrated that staff were seeking to increase their skills in endoscopy clinical practice and infection prevention and control. However, there was limited evidence that development of skills and knowledge to update and increase clinical expertise was achieved.

Governance, risk management and quality measurement

- The overall management of governance for the service required improvement and lacked a proactive approach to ensuring systems were in place to provide assurance on the quality and safety of the service.
- Policies and procedures were in place for management of the decontamination cycle and prevention of contamination of equipment; however, omissions were noted within the policies, including no reference to use of personal protective equipment or the timeframe for safe use of endoscopes. There was also a lack of clarity and detail around the endoscope 'leak test' procedure, which is a part of effective endoscope cleaning and disinfection.
- The endoscopy unit held two team meetings, in August 2015 and August 2016, prior to the inspection in November 2016. At the August 2016 meeting, there was reference to improvement initiatives and the CQC inspection action plan but no incident reporting update minuted.
- The Endoscopy Unit Operational Policy stated staff would be trained and assessed as per St Hugh's Hospital training needs analysis in Advanced Life Support, Endoscopy and Recovery. There was no evidence of a training needs analysis or competency framework in use for all endoscopy staff.
- These gaps were reported to management at the time of the inspection. Following the inspection, we have seen that a training needs analysis was developed supported by a competency framework. This was being followed for all staff working in the endoscopy unit. Management has sought places on the GI Endoscopy for Nurses course run by a national accreditation body for endoscopy training and have completed work to embed incident reporting awareness.
- The hospital director informed the consultants who conducted endoscopies of the inspection outcome shortly after the inspection and raised the issue of standard of documentation and use of the surgical safety checklist. After the inspection, we were told that the surgical safety checklist was implemented in the department and we have seen evidence of audit outcomes for use of the checklist and documentation standards since the inspection.
- Following the previous CQC inspection in August 2015, the hospital developed a clinical quality dashboard in

liaison with the local clinical commissioning group (CCG). This was submitted monthly to the CCG from October 2016 and was used to discuss performance at the hospital by the senior management team and the corporate executive team board meetings. Endoscopy reported the numbers of procedures completed but there was no audit activity to support quality indicators such as fasting standards and incidence of complications. There was no evidence of endoscopy clinical outcomes audit activity.

- A risk register was in place for the hospital and each department within the hospital. This was under continuous review as it was still under development and staff had received training in risk management.
- The endoscopy nurse manager regularly attended the Clinical Governance Committee. The committee discussed a range of service quality and patient safety issues. We found no evidence that endoscopy was represented by a consultant at the Medical Advisory Committee.

Patient Engagement

- There was no tool in place to obtain patient experience feedback from endoscopy patients. We were told that a tool was introduced following the inspection and feedback would be assessed to seek improvement in the quality of patient experience.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The hospital must have a systematic approach to determine the range of skills required by staff in order to meet the needs of people using the service and keep them safe at all times. This must reflect current legislation and guidance where it is available.
- The hospital must maintain securely an accurate, complete and contemporaneous record in respect of each service user including consent forms, care pathways and procedure reports.
- The hospital must have systems and processes, such as regular audits of the endoscopy service, to assess, monitor and improve the quality and safety of the service.
- Risks to the health, safety and/or welfare of people who use services must be escalated within the organisation via the risk management system and incident reporting system.
- Hospital management must monitor progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected.

Action the provider SHOULD take to improve

- The hospital should seek and act on feedback from people using the endoscopy service, those lawfully acting on their behalf, their carers and others such as staff or other relevant bodies.
- The hospital should ensure that departmental staff meetings are held on a regular basis to ensure staff are updated on operational and clinical governance issues in a timely manner.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **How the regulation was not being met:** • The local induction process did not describe the expected nursing competencies in detail or clarify which had been achieved. • There was no evidence of a training needs analysis or competency framework in use for endoscopy staff. **The hospital must have a systematic approach to determine the range of skills required in order to meet the needs of people using the service and keep them safe at all times. This must reflect current legislation and guidance where it is available.** Regulation 18 (1)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • Staff demonstrated a lack of awareness of when to submit an incident report. • The quality of consent, procedure reporting and discharge documentation was inconsistent and in some cases illegible. • There was a lack of audit of the quality and clinical effectiveness of the service. • The introduction of the surgical safety checklist was planned but not introduced in a timely manner.

This section is primarily information for the provider

Requirement notices

Risks to the health, safety and/or welfare of people who use services must be escalated within the organisation via the risk management system and incident reporting system.

The hospital must maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.

The hospital must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service.

Hospital management must monitor progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected.

17(2)(a)