

Hawke's Bay District Health Board

Introduction

This report records the results of a Surveillance Audit of a provider of hospital services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Hawke's Bay District Health Board
Premises audited:	Central Hawkes Bay Health Centre Hawke's Bay Hospital Springhill Treatment Centre Wairoa Hospital & Health Centre
Services audited:	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 27 January 2021 End date: 29 January 2021
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	206

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

General overview of the audit

Hawke's Bay District Health Board (HBDHB) provides services to around 160,000 people in the Hawke's Bay region. Hospital services are provided from the Hawke's Bay Soldiers Memorial Hospital (Hawke's Bay Hospital) and rural health centres at Wairoa, Napier, Central Hawke's Bay and Springhill Treatment Centre. Services include medical, surgical, maternity, paediatrics, older persons/rehabilitation, and mental health and addiction services. These inpatient services are supported by a range of diagnostic, support and community-based services. A strength of the DHB is its integrated approach to both planning and providing services across both primary and secondary care.

This three-day surveillance audit against the Health and Disability Services Standards, included a review of quality and risk management systems, staffing requirements, clinical care and infection prevention and control. Clinical records and other documentation were reviewed and patients and their families and staff were interviewed across a range of roles and departments. Auditors visited the Hawke's Bay Hospital, Wairoa Hospital and the Springhill Treatment Centre.

This audit identified 17 areas that require improvement across the standards. These relate to documentation of open disclosure, advance directives, currency of policies, quality and risk management systems, orientation and training of staff and staffing requirements to meet patient demand. Improvements are also required in relation to clinical assessments, activities within the acute mental health service, medication management, safe storage of food in ward areas, aspects of facilities and use of restraints and enablers. The areas relating to management of risk and staffing requirements have been rated as high risk, needing more urgent attention. Eight of the previous corrective actions required have been addressed and are closed. Work has been progressed in most other areas previously identified as needing improvement.

Consumer rights

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) was visible around all areas of the hospital. Patients and families/whānau reported an awareness of the Code and that their rights were upheld. Open communication was seen occurring when necessary.

There are sound processes in place for the management of consent for surgical procedures, anaesthetic, return of body parts and other procedures which may pose a risk, such as administration of blood. These were known to staff and evident from documentation reviewed. Patients and whānau reported they had sufficient information to make informed choices. Advance directive work towards the Health Quality and Safety Commission initiative has commenced.

There is a documented complaints management system which meets the requirements of the Code.

Organisational management

The quality and risk management system has undergone several changes since the previous audit, with new reporting lines and roles. The quality and patient safety manager reports to the chief medical and dental officer who reports to the chief executive. Systems are variable at directorate level as the organisation moves into a quality systems 'rebuilding' phase. Work is continuing to develop clinical governance across the organisation and at directorate level with a greater emphasis on monitoring functions. Good

examples of reporting on quality and patient safety measures were noted supported through the business intelligence team. Improvement activity was evident as a result of adverse events reviews and is also being driven by increasing patient demand and a need to improve patient flow through the inpatient services.

Adverse events are managed through an electronic management system, with review and development of recommendations for improvements. Recommendations are well monitored to ensure completion as intended.

Risks are reported to the Finance, Risk and Audit Committee and the Board.

Staff reported good access to ongoing training. Work continues to identify mandatory training for some areas of staff.

A range of mechanisms are used to ensure that the right numbers of staff are available to meet the changing needs of patients across the services. The organisation is well progressed with the implementation of the Care Capacity Demand Management (CCDM) programme. Staff are well supported by several expert clinical roles and an experienced team who work out of the integrated operations centre.

Continuum of service delivery

Three in-depth reviews of patients in three clinical areas were undertaken, one in maternity and two in mental health and addiction services. This was supplemented with additional information from incidental sampling of patients care in surgical, medical and paediatric wards and clinical departments (eg, emergency department, intensive care and operating theatre). Four systems tracers were also conducted in relation to management of medication, the deteriorating patient, the prevention of falls, and infection prevention and control.

Care is provided by suitably qualified and experienced staff who work in a multidisciplinary manner to provide timely care. Investigations and assessments are undertaken and used to assist with developing patients' plans of care. Service delivery overall meets the needs of the patients. Discharge planning is actively occurring. All patients and family members interviewed were complementary about services received and reported that ongoing communication with staff was timely and clear.

Medication management is guided by policy and was generally well managed.

Safe and appropriate environment

All building warrants of fitness were current. There have been no changes to the inpatient areas since the previous audit.

Restraint minimisation and safe practice

There is a proactive and well represented restraint advisory group who have made some good progress in addressing previous shortfalls. Developing cross speciality collaboration in the training and management of restraint episodes in both the mental health and general hospital services is working well. A new enabler policy and process and a reviewed restraint minimisation policy are due for publishing in the next month. Training programmes for all staff have been identified and are underway across the DHB.

Infection prevention and control

The DHB has an infection prevention and control programme which guides surveillance activities. This is in line with national and international best practice, as well as being flexible enough to meet the needs of the organisation and unplanned events, such as their response to the regional Covid-19 activity.