

Capital and Coast District Health Board

Introduction

This report records the results of a Certification Audit of a provider of hospital services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

Legal entity:	Te Whatu Ora – Health New Zealand
Premises audited:	Kapiti Health Centre Kenepuru Hospital Wellington Hospital Porirua Hospital Campus (Mental Health Services) Wellington Hospital (Mental Health Services) Central Region Eating Disorder Service Hutt Valley Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Hospital services - Children's health services; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 19 September 2022 End date: 23 September 2022
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: 1042

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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Te Whatu Ora Capital, Coast and Hutt Valley provides services to around 540,000 people in the district. Hospital services are provided from sites based in Wellington, Kenepuru, Porirua, Hutt Valley, and Kāpiti Health Centre. Both secondary and regional tertiary services are provided including medical, surgical, maternity, children's and women's health, health of the older person and rehabilitation, and mental health, addictions and intellectual disability services (MHAIDS). The MHAIDS spans two districts (Wairarapa and Capital, Coast and Hutt Valley) and includes local, regional, and national services. The Wairarapa service was not included in the scope of this audit. All services are supported by a range of diagnostic, support and community-based services.

This five-day certification audit, against the Ngā Paerewa Health and Disability Services Standards included review of documents prior to the on-site audit and during the audit, including review of clinical records. Auditors and technical expert assessors interviewed managers, clinical and non-clinical staff across all services, patients and whānau. Observations were made throughout the process. Auditors/expert assessors visited all sites, except for Kapiti, and including the Central Region Eating Disorder Service (CREDS) at Johnsonville.

The audit identified that improvements are required in relation to family violence screening, advance directives (Shared Goals of Care), timely reporting to the Health Quality and Safety Commission (HQSC), staffing requirements, training and development, review of staff performance and maintaining an integrated record. Improvements are also required to documentation of assessments, care plans and discharge planning, the activities programme in longer stay mental health areas, aspects of medication management, food services within mental health services and finalising the district-wide infection prevention and control programme. Several facilities are not fit for purpose and require maintenance.

Ō tatou motika | Our rights

Patients, whaiora and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Patients are free from abuse.

Services are developing with tangata whenua and partners across the district to achieve health equity and uphold obligations as a Te Tiriti partner. An iwi Māori partnership board has recently been established (Te Āti Awa Toa Iwi-Māori Partnership Board) to represent mana whenua in the Wellington region. Porirua is one of the Te Whatu Ora locality pilots, being led by Toa Rangatira in partnership with Tu Ora Compass Health.

Tikanga guidelines refers to processes for referral to and accessing the Māori chaplain and Whanau Care Services and use of these services was evident.

As part the organisational commitment to reducing the inequities experienced by Pasifika communities, Capital Coast commissioned a Pacific population health profile which described the health needs of Pasifika in the region, how they use health services and areas where Pasifika health outcomes can be improved. Work continues to plan for and address these.

Patients, whaiora and whānau receive information in an easily understood format and feel listened to and included when making decisions about care and treatment. Informed consent is occurring. Open communication and open disclosure are practised.

Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law.

Patients and whānau understood how to make a complaint and these were resolved promptly, equitably, and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora Capital, Coast and Hutt Valley transitioned to the new Te Whatu Ora - Health New Zealand (Te Whatu Ora) structure from 1 July 2022, bringing together the two previous district health boards Capital & Coast District Health Board and the Hutt Valley District Health Board. The district leadership structure is well defined with a focus on equity evident. Strategies, priorities, and proposed system changes are defined, within a range of planning documents. A robust monitoring and reporting process was evident.

Input from consumer advisory groups and individual roles is a strength of the organisation with participation in committees, projects and other forms of planning and evaluation. Tangata whaikaha are represented and involved in decision making. Mental health services have a range of roles to support participation.

The clinical board has merged into one district board with a range of positive developments progressing supported by effective leadership.

The Centre of Clinical Excellence has been developing over the past two years and is now supporting a well-developed integrated quality, patient safety and risk framework. A focus on developing health intelligence to better identify areas for improvement, monitor progress in achieving strategic goals and provide effective reporting was evident. Adverse events are managed through an electronic management system. Essential notifications are occurring.

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 has an effective Care Capacity Demand Management (CCDM) programme. The Integrated

Operations Centre (IOC) plays a key role in supporting decisions around patient flow, staff placement and managing hospital services that are frequently operating at full and near full capacity.

A strong focus on recruitment and retention was evident supported by employment processes based on best practice. Professional qualifications are validated prior to employment. An orientation programme is in place and a range of ongoing training and professional development opportunities are available, with many online packages. Staff ethnicity and other data collected is securely managed.

Clinical and other records are well maintained, secure and provide the necessary information to meet professional guidelines and good practice.

Ngā huarahi ki te oranga | Pathways to wellbeing

Patients access services based on needs and this is guided by relevant guidelines, with waiting times being monitored and managed where possible. Entry is only declined if the referral criteria are not met, in which case the referrer and patients/whaiora are informed of the reasons why and any alternatives made available.

Sixteen patients' 'journeys' through the services were reviewed as part of the audit process and involved patients utilising the surgical, medical, paediatrics, maternity, older persons' health and mental health and addiction services. Specialist units, such as the emergency department, operating theatres, cardiac and intensive care, neonatal care, were also visited as part of the process. Auditors and technical expert assessors worked collaboratively with hospital management and staff in reviewing the relevant documentation and interviewing the clinical multidisciplinary team, patients/whaiora and whānau.

Informed choice underpins the development of a plan of care, developed by skilled and experienced health care workers alongside the patients/whaiora and their whānau. Assessments, including for cultural needs, values and beliefs, are part of this process. There are Māori health services and Pacific people teams who assist staff with cultural understanding to support patients. The strengths, goals and aspirations of the whaiora/patients are taken into consideration when developing the care or support plans. Provision of services contributes to meeting the person's needs. Discharge planning was evident.

Evidence of the organisation supporting community initiatives was sighted throughout the hospitals. Opportunities for Māori to participate in te ao Māori are facilitated. Overall, the audit identified a strong focus on teamwork and a strong interdisciplinary partnership approach to patient/ whaiora care.

Food services meet the individual needs of patients. With some exceptions, patients/whānau were satisfied with the service. Food storage and management meets legislative requirements.

Policies and procedures provide guidance on the management of medicines and blood products in the district. Medicines are stored safely and managed effectively throughout the organisation. Staff are provided with training and assessed for competency relevant to their role.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

With some well-known exceptions, facilities meet the needs of the patient groups on the sites. Children's services were about to transition to the new regional children's hospital (Te Wao Nui). A significant 'front of house' project is progressing well with consumer involvement.

Reactive and proactive maintenance of equipment and facilities is undertaken, with suitable equipment and supplies available. Building warrants of fitness were current for all sites. Clinical equipment has undergone annual performance monitoring and electrical testing as required.

Planning for all types of emergencies is well developed and backup systems support continuity of services. Trial evacuations are undertaken according to the annual plan.

Bathrooms and toilets are adequate. Most patient areas have adequate natural light and heating.

Security systems have been improved on the Hutt Valley, Kenepuru and Wellington sites with effective support provided by a well-managed team of orderlies/security staff.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

The infection prevention and control services at Hutt Valley and Capital Coast are in the process of being amalgamated. This started in May 2022 and is ongoing. There is a new combined infection prevention and control committee that met for the first time in August 2022 replacing the previous site-specific committees. There are reporting processes in place to governance. A new position of charge nurse manager was recruited in May 2022 to lead the infection control team, supported by the infectious disease physicians, clinical microbiologists, laboratory staff and ward/department-based infection control representatives. An annual infection control programme is under development. There is a commitment to prudent antimicrobial use.

The infection control team is involved in procurement processes and any facility changes. Policies and procedures guide staff in the cleaning, disinfection and reprocessing of surgical equipment and instruments.

Staff demonstrated good principals and practice around infection control. Staff were familiar with the pandemic/infectious diseases response plan with good processes and communication observed in relation to the increase in patients with Covid-19 and other infectious illness. Appropriate supplies of personal protective equipment are readily available and in use.

The infection surveillance programme is relevant to the service setting and results communicated, with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective cleaning and laundry services.

Here taratahi | Restraint and seclusion

The service continues to monitor the use of restraint and seclusion with governance playing a role in ensuring the focus on these areas is maintained. Across all areas of the service there is significant work being undertaken to reduce the use of restraint and

seclusion, including with the purchase of technological advances in equipment as well as with involvement of increased cultural and whānau in care planning and interventions. There are new approaches, along with staff commitment, have contributed to a reduction in the number of restraints occurring over the last year.

The service has clear policies and processes in place, including the online reporting and documentation processes required for any episode of restraint or seclusion.

Data is reviewed by governance and each clinical area on a regular basis and there is a service wide representation on the Restraint Advisory Committee (RAC) to support best practice throughout the hospital.

Regular training is provided within the mental health service and across the hospital with security staff also completing a training programme to improve approaches to managing challenging behaviours.

There is a 'Zero seclusion' working group who are responsible for supporting the service in attaining zero seclusion.