

Waikato 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:	Waikato District Health Board
Premises audited:	Thames Hospital Tokoroa Hospital Waikato Hospital Henry Rongomau Bennett Centre Puna Whiti Ward OPR1 Matariki Hospital Rhoda Read Hospital Taumarunui Hospital and Family Health Team Te Kuiti Hospital
Services audited:	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 9 August 2022 End date: 12 August 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: 1011

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 Waikato provides services to around 425,000 people in the region. Hospital services are provided from seven sites based in Hamilton, Te Kuiti, Taumarunui, Tokoroa, Thames, Te Awamutu and Morrinsville (1015 beds in total). 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 and addiction services. These services are supported by a range of diagnostic, support and community-based services.

This four-day certification audit, against the Ngā Paerewa Health and Disability Services Standards included review of documents prior to the on-site audit and onsite, 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 four of the rural sites, one continuing care site (Te Awamutu) and the base hospital at Hamilton.

The audit identified that improvements are required in relation to family violence screening, completion of consent documentation, clinical governance, aspects of the quality system, timely reporting to the Health Quality and Safety Commission (HQSC), staffing

requirements, training and development, and review of staff performance. Improvements are also required to documentation of care plans, assessments and intravenous devices, the activities programme in one of the mental health areas, aspects of medication management, and discharge planning.

Several facilities are not fit for purpose and require maintenance, including the installation of a call bell in one seclusion area. Improvements are also required in relation to monitoring of antimicrobial use and the tracking of surgical instruments to patient level. Working towards the elimination of restraint requires further development, especially within the non-mental health areas, and a room being used for seclusion within the mental health area needs review.

Ō tatou motika | Our rights

Te Whatu Ora Health Waikato is well advanced in developing its equity improvement framework and plans. The establishment of the equity governance group (CEG), operational alliance for equity group (OA4E), and the clinical equity leadership group (CEL) supports equity leadership from governance to operations with expert equity advice. Te Tiriti o Waitangi and mana motuhake underpins all plans. The equity dashboard tracks progress. The operational level services offered by Te Puna Oranga (Māori Health Service) provide advice and support on tikanga Māori and kawa.

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.

Patients, whaiora and whānau receive information in an easily understood format and feel listened to and included when making decisions about care and treatment. 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. Advocacy directives are followed when required.

Complaints are managed promptly and effectively.

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora Waikato transitioned smoothly to the new Health New Zealand structure from 1 July 2022 with interim roles in place to maintain governance of the organisation. The district leadership structure is well defined with a focus on equity evident. Strategies, priorities, and proposed system changes are defined supported by in a range of planning documents. Values are well defined and communicated to staff. Robust reporting was evident for each directorate.

Patients/whānau are supported to participate in planning and evaluation of services, including co-design projects. The consumer council has wide presentation, including tangata whaikaha, and is included in decision making. Mental health services have a range of roles to support participation. The clinical board are reviewing their framework for ongoing clinical governance and have a clear vision for the future.

Developments in the quality and risk framework and structure over the past year support effective management of quality improvement and patient safety activities. 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 is steadily progressing with the implementation of the Care Capacity Demand Management (CCDM) programme. The Integrated Operations Centre (IOC) staff play 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 felt well supported through a range of health and wellbeing initiatives. 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. Waiting times are managed and monitored. Risks are identified for patients using screening tools. 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.

Thirteen patients' 'journeys' were reviewed as part of the audit process and involved the emergency department, surgical, medical, paediatrics, maternity, older persons' health and mental health departments and wards, including cardiovascular intensive care and the operating theatre suite, along with the several rural hospitals. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing medical, nursing and allied health team members, patients/whaiora and whānau. Additional sampling was undertaken throughout the audit.

Informed choice underpins the development of care or support plans which are developed by skilled and experienced health care workers alongside the patients/whaiora and their whānau. Assessments, including cultural needs, values and beliefs are considered. Te Whatu Ora Waikato have kaitiaki services to assist staff with cultural assessments. 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 and goals. Discharge planning was evident.

Evidence of the organisation supporting community initiatives was sighted throughout the hospital. Opportunities for Māori to participate in te ao Māori are facilitated. Examples include karakia and whanaungatanga.

Policies and procedures provide guidance for staff on medicines management. The national medicine chart is in use at Waikato and rural hospitals. Current staff shortages have resulted in prioritised medicines reconciliation for high-risk wards and patients. Medicines are stored safely and managed effectively throughout the organisation.

Food services meet the individual needs of patients. A high degree of satisfaction with the service was reported by staff and patients. Issues when identified are dealt with quickly. Food storage meets legislative requirements in all areas.

Overall, the audit identified a strong focus on teamwork and a strong interdisciplinary partnership approach to patient and whaiora care.

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

Facilities in general meet the needs of the patient groups on the Waikato site and in rural settings. Plans for a new mental health unit are progressing well.

Reactive and proactive maintenance of equipment and facilities is undertaken, with suitable equipment and supplies available. With one exception, building warrants of fitness are 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. Patient areas have adequate natural light and heating. Ventilation and airflow have been improved in some clinical areas.

Security systems are in place at all facilities, with managed access and monitored closed-circuit cameras supporting a safe environment.

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

The governing body ensures the safety of patients and staff through the planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. An experienced and trained infection control consultant and charge nurse manager and the newly appointed director for infection prevention and control leads the

infection control team, with the support of infectious disease physicians, clinical microbiologists, laboratory staff and ward/department-based infection. There has been a significant increase in staff employed in the infection prevention and control team.

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 principles 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 respiratory illness. 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. A sustainability project is in progress. There are safe and effective cleaning and laundry services.

Appropriate supplies of personal protective equipment are readily available and in use.

Here taratahi | Restraint and seclusion

The service continues to monitor the use of restraint and seclusion and governance plays a role in ensuring the focus on these areas is maintained. Within the mental health service there is significant work being undertaken to reduce the use of restraint and seclusion with involvement of increased cultural and whānau in care planning and interventions.

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

'SPEC' training is provided within the mental health service and all staff completed training updates every two years. Rural areas visited were not using restraint and staff had all completed training.

