

# Hawke's Bay District Health Board

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## 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:

<b>Legal entity:</b>	Hawke's Bay District Health Board
<b>Premises audited:</b>	Springhill Treatment Centre  Wairoa Hospital & Health Centre  Central Hawkes Bay Health Centre  Hawke's Bay Hospital
<b>Services audited:</b>	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
<b>Dates of audit:</b>	Start date: 6 September 2022      End date: 9 September 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	328



# Executive summary of the audit

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## 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 Te Matau a Māui Hawke's Bay provides services to approximately 165,000 residents living in the Hawke's Bay Region. Hospital services are provided from the 361-bed facility at Hastings with three other overnight facilities located at Wairoa Hospital and Health Centre (12 beds), Springhill Treatment Centre (14 beds) and Central Hawke's Bay Health Centre (6 beds). Services include medical, surgical, child health, maternity, mental health and residential disability services. These services are supported by a range of diagnostic and support services. Since the previous audit Te Whatu Ora Te Matau a Māui Hawke's Bay have undergone a restructure (began in 2021) and now has three groups in place. These are Hospital Group, Whānau and Communities Group, and Mental Health & Addictions Group. These three groups are supported by the Support Services group. The organisation has transitioned to the new Te Whatu Health New Zealand structure, with a number of interim positions in place currently.

The four-day certification audit, against the Ngā Paerewa Health and Disability Services Standard included review of the six outcomes expected from the standard. These are Ō Tātou 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, and Here Taratahi: Restraint and seclusion. The audit included review of documents prior to the on-site audit and onsite, including review of clinical records. Auditors and technical expert assessors interviewed executive team members, managers, clinical and non-clinical staff across all services, patients and whānau. Observations were made throughout the process. Auditors/expert assessors visited the main hospital at Hastings and three other sites, Central Hawkes Bay Health Centre, Wairoa Hospital and Springhill Treatment Centre.

The impact of management of the COVID-19 pandemic is acknowledged and has affected many areas of the organisation. The audit identified that improvements are required in relation to staffing requirements, training and development, employment and involvement of Māori staff and Pacific peoples across all organisational roles, availability of Health and Disability rights information, aspects of the quality system, clinical governance processes and development of consumer representation. Improvements are also required to documentation of care plans, assessments and planning, timely discharge, aspects of medication management, antimicrobial monitoring and management of off-site food services. Some areas are not fit for purpose with issues of space, security at night and other maintenance issues.

## **Ō tatou motika | Our rights**

Open disclosure is occurring, guided by policies and procedures.

Complaints are reported and timeframes for investigation and response monitored and reported.

Patients and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), these are not consistently displayed in clinical areas. Personal identity, independence, privacy and dignity are respected and supported. Patients are safe from abuse.

Patients and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Advance directives are followed wherever possible.

## Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora Te Matau a Māui Hawke's Bay has transitioned to the new Health New Zealand Structure from 1 July 2022 with interim roles in place to maintain oversight of the organisation. A safety and wellbeing strategy is in progress. A restructure that started in 2021 continues with the organisation now divided into three groups – Hospital Group, Whānau and Communities Group, and Mental Health and Addictions Group. The three new groups are supported by the Support Services Group. Each group is working on setting up governance processes and risk management strategies within the group that will also report to organisation wide groups. For example, each group is setting up a clinical governance group which will report to the newly formed Health Services Clinical Governance Group.

Work is underway to form a consumer council to facilitate consumer participation at all levels of the organisation, nominations have been made for representation on the council, support and training needs are yet to be confirmed.

Development of a quality and risk framework is underway, working towards linking quality improvement and patient safety activities across the organisation. There is a focus on the development of dashboards to support decision making. Adverse events are managed within each group, with support from the quality team.

A range of mechanisms are in place to ensure the right number of staff are available to meet the changing needs of patients across the services.

At the time of audit, the organisation is working at near full, and in several clinical areas, above full occupancy. This is exacerbated by high sick leave and vacancy rates and the inability to discharge patients as and when needed due to challenges within the primary care settings. Nursing vacancy rates are reported to be between 100 and 200 FTE, data is yet to be confirmed. The CCDM data reflects 60 FTE nursing vacancies however this is advertised vacancies rather than actual (it has been reported that up to 14 vacancies may be covered by 1 to 3 advertisements). There are large midwifery vacancies, with registered nurses filling a significant number of midwife positions. For the 40 days prior to audit 85 safety first incidents were logged for inadequate or unsafe staffing.

A recruitment campaign is underway with wide ranging advertising. The DHB is providing staffing support to the Aged Residential Care sector to enable residents to stay in place. There are measures in place to manage the situation with a focus on staff recruitment and retention. Measures include closing areas where staff are unable to be recruited, employing locums where available, staff working additional hours, staffing a hospital overflow ward with an enlarged nursing relief team, deferral of annual leave, decreasing the staff to patient numbers, sharing staff between areas, staff working additional days, senior and management staff working clinical shifts and future planning medical staff recruitment in anticipation of upcoming vacancies.

Staff across all services visited were feeling overwhelmed and were unable to complete several important aspects of care, as outlined in other findings. This includes documentation, timely care and discharge planning, attending training and involvement in quality improvement activities. Clinical nurse managers are unable to complete activities as required due to large amounts of time spent finding staff to cover the roster on a day-to-day basis. In allied health there are vacancies that are impacting on care provision. This is particularly evident in relation to pharmacy, physiotherapy and occupational therapy. There is a lack of suitable applicants to fill roles. Clinical services are impacted by staff turnover rates above 20% in laboratory technicians, medical radiation therapists, anaesthetic technicians and sterile supply department staff.

Adverse events / incidents are being reported electronically. The line manager of the area is usually responsible for investigation and follow up. Serious adverse events have detailed investigations undertaken and the implementation of recommendations made are actively monitored.

At the time of audit, the organisation is working at near full, and in several clinical areas, above full occupancy. Monitoring of patient flow, acuity and staffing availability is an ongoing process in order to direct staff where there is the highest need.

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. A range of health and wellbeing initiatives are in place for staff. Staff ethnicity and other data collected is securely managed.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

The service collects ethnicity data which allows them to analyse entry and decline rates, including rates for Māori. Turuki Māori Health unit support Māori patients and whānau in and out of the services and have effective links to the local Māori communities.

Informed choice underpins the development of care or support plans which are developed by skilled and experienced health care workers alongside the patients and whānau. Assessments are carried out with consideration given to cultural needs, values and beliefs including Māori participation in te āo Māori and used to develop care or support plans. Activities are appropriate for the patient groups.

Policies and procedures provide guidance for staff on medicines and blood product management. Medicines are stored safely and managed throughout the organisation. Staff are provided with training and assessed for applicable competency relevant to their role.

Transfer and discharge are planned processes, which includes collaboration with patients and their whānau. Patients with complex needs have plans made by the multidisciplinary team to progress discharge and ensure a safe transition.

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

All buildings used by the organisation, both owned and rented have current building warrants of fitness. Systems are in place for proactive and reactive maintenance to ensure they comply with legislative and manufacturers requirements.

Fire and Emergency approved emergency evacuation schemes are in place and trial evacuations are re-commencing after the COVID -19 restrictions. Emergency systems are in place for civil emergencies as well as pandemic planning which have been well tested over the last few years.

Security processes are in place, with swipe entrance and lock down being able to be used in areas when required. There are security staff employed to assist staff and keep the facility safe.

## **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. The infection prevention and control clinical nurse specialists and member of this team facilitate the implementation of the infection prevention and control programme along with the support of infectious disease physicians, microbiology, laboratory staff and the ward/department-based infection prevention and control liaison (IPCL) and hand hygiene representatives. There has been an increase in staff employed in the infection prevention and control nursing team.

The infection control team is involved in the 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 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 waste minimisation officer has been employed. 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 with governance playing a role in ensuring the focus on these areas is maintained. Within the mental health service there is ongoing work being undertaken to reduce the use of restraint and seclusion with involvement of cultural advisors and whānau in care planning and interventions.

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 on a regular basis and there is a service wide representation on the Restraint Advisory Group (RAG) to support best practice throughout the hospital.

SPEC training is provided within the mental health service and all staff are expected to complete training updates every 2 years. The SPEC co-ordinator is proactive in supporting the wider service with training needs and providing data to support gaps identified.

The general hospital staff are offered de-escalation training and includes the identification of what types of restrictions or interventions constitute restraint. This training helps to support best practice by all staff.