

Te Whatu Ora – Health New Zealand Counties Manukau

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:	Health New Zealand
Premises audited:	Middlemore Hospital Papakura Obstetric Hospital Pukekohe Hospital Tamaki Oranga Auckland Spinal Rehabilitation Botany Downs Hospital Franklin Memorial Hospital Manukau Surgery Centre
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; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 8 November 2022 End date: 11 November 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:	1200

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 haumaruru | 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 Counties Manukau provides hospital services to around 600,000 people in the region from several sites, totalling 1239 inpatient beds. The majority of these are based at Middlemore Hospital and Kidz First, with additional services at Manukau Surgical Centre (MSC), Botany Downs, Papakura Maternity Unit, Pukekohe Hospital, Franklin Memorial Hospital, Auckland Spinal Unit and Tamaki Oranga mental health facility. Both tertiary and secondary services are provided and include medical, surgical, maternity, children's and women's health, rehabilitation and mental health 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 during the audit, including review of clinical records. Auditors and technical expert assessors interviewed managers, clinical and non-clinical staff, patients and whaanau across the sites visited. Observations were made throughout the process. Pukekohe and Franklin Memorial Hospitals were not visited during the audit as planned, due to cases of Covid in the facilities. Additional patients were reviewed in the Middlemore Adult Rehabilitation and Health of the Older Persons (ARHOP) service at Middlemore. All other sites were visited as planned.

The audit identified that improvements are required in relation to accessing Pasifika services, privacy of patient information, documentation of open disclosure and timely resolution of complaints, staffing requirements and training and performance review. Improvements are also required to clinical assessments and care planning, including discharge planning, evaluation of care and medicines management. Aspects of the environment and testing of equipment also require attention.

Several examples of reflective and reactive evaluation to improve quality outcomes for patients demonstrated continuous improvement.

Ō tatou motika | Our rights

Patients, whaiora and their whaanau 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, and dignity are respected and supported. Patients are free from abuse.

There are several culturally safe services for Māori patients and whaanau, supported by the roles of kaumatua kuia as advisors and kaimanaaki as support roles. The organisation has developed partnerships with mana whenua and Māori health and social providers. From that, has emerged a twenty-year strategic plan - Te Pahautea. A wide range of initiatives are progressing to support recruiting and retaining more Māori and Pasifika in the workforce.

A focus on identifying barriers to equity and improving inequities was evident through a range of projects and representation on committees, groups and projects. Ethnicity data is used to guide decision making and monitor progress through a range of key performance measures. Cultural training is comprehensive. Pacific health managers described the plan Fale Toa 2022 – 2027 which was developed with local Pacific providers and the Pacific health management and workforce teams. The Pacific health team advocate and support Pacific patients through the services and to connect with external organisations where relevant.

Patients, whaiora and whaanau receive information in an easily understood format and felt listened to and included when making decisions about care and treatment. Informed consent is occurring. Open communication and open disclosure for more significant

events is practised. Interpreter services are provided as needed. Whaanau and legal representatives are involved in decision making that complies with the law.

Patients and whaanau understood how to make a complaint and these were resolved equitably in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora Counties Manukau transitioned to Te Whatu Ora - Health New Zealand (Te Whatu Ora) structure from 1 July 2022 with increasing clarity around roles and responsibilities and positive regional developments. Strategies, priorities, and proposed system changes are defined, within a range of planning documents. A robust monitoring and reporting process was evident.

Input from the Consumer Council is developing well with participation of members in committees, projects and other forms of planning and evaluation. Tangata whaikaha are represented and involved in decision making. The Clinical Governance Group (CGG) meet monthly, with a framework, and monitoring and reporting processes. There is Māori and consumer representation on the CGG. Māori, Pacific Island, consumer representation and quality representation are also on the Nursing Governance Group.

The quality and risk management framework demonstrates a strong commitment to clinical governance and shared decision making. Clinical quality and risk managers within the divisions support quality and risk management activities, along with several organisation-wide roles. Several improvement projects have been progressed, despite significant challenges and disruptions throughout the year through the Covid-19 response. 'Ko Awatea' (which facilitates a cross-sector collaborative approach to learning and workforce development) is actively involved in improvement and project work. Decision making and change is supported by data with trends monitored and widely reported through a range of reporting platforms and at all levels of the organisation. Recommendations resulting from review of incidents/events, complaints, audit activity and projects are followed through to completion.

There has been a significant change in the risk management process, with the development of a more transparent and active risk management framework. The transition to Te Whatu Ora has impacted the way that quality and risk is escalated and managed from

a governance perspective, with the executive leadership team (ELT) providing the governance and linkage to Te Whatu Ora until the national model is rolled out.

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 Care Capacity Demand Management (CCDM) programme provides a wealth of real time data to support decision making by those working in Middlemore Central. The duty managers and other clinical leaders 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, retention and support across the district and region was evident.

Professional qualifications are validated prior to employment. An orientation programme is in place and a wide range of ongoing training and professional development opportunities are available, with many online packages. Staff ethnicity and other data collected is securely managed. Māori workforce development is supported by roles and a range of training programmes.

Clinical records provide the necessary information to meet professional guidelines and good practice.

Ngā huarahi ki te oranga | Pathways to wellbeing

Patient access to services is 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. In addition to ward areas, specialist units, such as the emergency department, operating theatres, cardiac and intensive care and neonatal care, were visited as part of the process.

Informed choice underpins the development of a plan of care, developed by skilled and experienced health care workers alongside the patients/whaiora and their whaanau. Assessments are part of this process. There are Māori health services and Pacific people teams who assist staff with cultural understanding to support patients. Provision of services contributes to meeting the person's needs. Discharge planning was evident in most areas.

Evidence of the organisation supporting community initiatives was sighted throughout the hospitals. Opportunities for Māori to participate in te ao Māori was facilitated in several areas. 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/whaanau were satisfied with the service. Food storage and management meets legislative requirements.

Medication management processes are in place appropriate to a tertiary service, including policies and procedures, and review of all aspects of service delivery. 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

Building warrants of fitness were sighted and compliant with requirements. There is an asset management schedule with regulatory checks on fire, and emergency procedures at the sites visited. Contracted services manage the non-clinical electrical equipment and the medical gases.

Security is well managed with dedicated resources to maintain the safety of staff, patients and whaanau.

Co-design was evident for new buildings and major building changes with good consultation.

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

An infection control committee provides oversight and communication from the infection control team to the governing body. There was evidence of inter-committee communication to allow for a sharing of information. The infection control team of senior clinicians

have access to information to assist with managing infection prevention and control within the organisation and are part of national infection control bodies.

An annual infection control programme is well embedded and there is a commitment to prudent antimicrobial use. The infection surveillance programme is relevant to the service setting and results communicated, with follow-up action taken as required.

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.

There are infection control 'champions' in all areas. Staff receive education on infection control principles and practices and staff interviewed were aware of these.

Infectious diseases response processes have been used at national level during the ongoing Covid-19 pandemic, and other infectious illness. Appropriate supplies of personal protective equipment are readily available and in use.

Here taratahi | Restraint and seclusion

The service has clear policies and procedures in place for both restraint and seclusion with all areas audited utilising approved documentation and processes for any restraint practices utilised. Governance and review groups are well established with members from across the wider hospital included.

The mental health services continue to work towards eliminating seclusion with a current emphasis on reducing any period whaiora are in seclusion. The policies and procedures have been revised since the introduction of the Nga Paerewa standards. A new position to oversee this reflects the ongoing move to the least restrictive practice. Training and education include several levels of training from Safe Practice Effective Communication (SPEC), online Ko Awatea training and Management of Actual and Potential Aggression (MAPA).