

# Te Whatu Ora – Health New Zealand Waitematā

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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 Central Region's Technical Advisory Services 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>	Health New Zealand
<b>Premises audited:</b>	North Shore Hospital  Waitakere Hospital  Wilson Centre  Elective Surgery Centre  He Puna Waiora  Medically Managed Withdrawal Service  Waiatarau Inpatient Mental Health Unit  Mason Clinic
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Residential disability services - Physical; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 23 January 2023      End date: 27 January 2023
<b>Proposed changes to current services (if any):</b>	None

**Total beds occupied across all premises included in the audit on the first day of the audit: 1172**

# 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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

## General overview of the audit

Te Whatu Ora - Waitemata provide health services to the people of the Waitemata region.

A comprehensive self-assessment and supporting evidence was provided to the audit team prior to the onsite audit. Site visits included North Shore and Waitakere Hospitals, Mason Clinic, Wilson Centre, and Auckland City Mission (Medically Managed Withdrawal Service). A total of twelve individual patient tracers were completed across medical; surgical; child health; maternity; mental health; and geriatric services. Systems tracers were undertaken for infection prevention and medicines management.

Te Whatu Ora - Waitemata continues to prioritise safe patient care on a background of increasing demand and following significant pandemic response. The executive leadership team has undergone change with new positions established in keeping with national requirements. The leadership provided is cohesive and effective. The organisations values and philosophies are embedded in the

day-to-day activities observed throughout all hospitals and services visited. Patients interviewed positively confirmed that they received person centred care and felt safe.

Equity for Māori patients and whānau is an organisation wide priority. Consumer and community engagement is developed and ongoing. Pacific leaders and communities are engaged to improve outcomes for Pacific peoples.

Quality and risk management systems are embedded and effectively managed. Comprehensive information is available to support decision making. A quality improvement environment is in place with activities, projects and programmes completed to improve patient outcomes.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and following reform of the Aotearoa New Zealand health system. The development of the Te Aka Whai Ora - Māori Health Authority and Te Whatu Ora - Health New Zealand, has informed the audit outcome. The audit was also undertaken at a time of national health workforce shortage and should be read with consideration of the national and international pandemic influences alongside recent changes experienced by the organisation.

Areas for improvement include the staffing levels, assessment, the food service, and the environment.

## **Ō tatou motika | Our rights**

Consumer rights and advocacy service information was on display throughout all Te Whatu Ora - Waitemata services visited. Staff are knowledgeable about consumer rights and were able to discuss how they incorporate these into interactions with patients and family/whānau. Access to advocacy and interpreter services is provided when this is required. Services provided facilitate informed choice and informed consent. In all areas visited, patients and family/whānau confirmed they are provided with information on their rights and advocacy services.

Staff were observed demonstrating respectful communication and maintaining patients' dignity and privacy. Policies, training, and the organisations expectations ensure patients are provided services free from discrimination. Staff adhere to policies and processes on the code of conduct and professional requirements.

There are Māori leadership roles established and Māori support staff available to ensure the appropriate provision of health services to Māori patients and their whānau. Te Tiriti o Waitangi training is completed at all levels of the organisation. Cultural safety was reflected in service delivery observed during the audit. There are Pacific leaders engaged in leadership roles and ongoing work will ensure services to Pacific peoples are strengthened.

Patients and family/whānau have access to information on how to make a complaint. The complaints process is documented and implemented according to Right 10 of the Code. Patients interviewed were positive about the care they received.

## **Hunga mahi me te hanganga | Workforce and structure**

There is a regional director and executive leadership team in place with all roles undertaken by suitably qualified and experienced people. The strategic direction for the organisation is linked nationally to meet Te Whatu Ora - Health New Zealand governance and Board requirements.

Inpatient services operate 24 hours a day, 7 days per week, by a trained and experienced multidisciplinary team. All levels of the organisation are supported by technology, which assists decision making using real time and collated data. Policies and procedures are electronic with systems in place for document control. Quality and risk frameworks are in place. Risks are monitored by delegated, experienced senior staff and escalation processes are in place. The clinical governance group continues to provide clinical quality oversight.

Incident reporting is occurring with incident data reflecting a supported reporting environment. Outcomes are shared with staff, patients, and the community where applicable. Improvements identified are implemented and evaluated for effectiveness. Adverse events are investigated, and open disclosure occurs with patients and their families/whānau. Interviews confirmed appropriate people are involved in investigations including input into service delivery where appropriate.

Human resource processes meet legislative employment requirements. All staff have access to a structured orientation program and ongoing learning and development opportunities. The organisation uses established systems and processes alongside new approaches to manage safe staffing levels.

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

Te Whatu Ora - Waitemata provides information about regional health services via the organisation's website. Service specific information is provided by staff to patients of each service. There are policies and procedures to guide admission, transfer, and discharge from the services. Each service has a model of care suitable to meet the needs of the service type.

Patients and family/whānau are involved in all aspects of the patient journey, including assessment, planning and review. Care and interventions are delivered by a multidisciplinary team and are suitable to meet the goals of the patient. Early changes in patient's status are monitored and reviewed. Evaluation of the patient's care occurs appropriately.

Transfers and discharges are planned and occur in collaboration with the patient and family/whānau as appropriate. Activities available for patients are suitable for each service.

A food control plan is in place. The food service is contracted to an external catering service.

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

There are systems in place to support the provision of a safe environment for patients, their whānau, staff, visitors, and contractors. The buildings on all sites vary in age. Many buildings are mature with challenges to provide new models of care. New buildings in the mental health service have positively impacted staff and the patient experience. The recently completed refurbishment of the special care baby unit in Waitakere Hospital has received positive feedback from staff and parents. Infrastructure risks with older buildings are known to the organisation and identified for ongoing attention. Construction is well underway for the new clinical services block at the North Shore Hospital site with completion due late 2023/ early 2024. The construction impacts to people, wards and services are identified and managed safely. Preventative maintenance is undertaken across all sites.

Amenities are provided to meet the needs of the specific patient groups including areas for recreation, dining, playroom in paediatrics and outside areas for long-term patients.

Emergency and disaster response plans are maintained and practised. Contingency plans enable a prompt response to unexpected utility or plant outage. Security systems in all facilities are reviewed and improved to respond to any changing need. Security personnel are trained and available in a timely manner. All inpatient areas have heating and ventilation for patient comfort. The hospitals and grounds are smoke free.

## **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 and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The infection prevention and control team consist of skilled and experienced health professionals. The team membership has increased since the previous audit.

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

Observations confirmed staff demonstrate best practice principals and practice around infection control. There is a pandemic/infectious disease response plan in place. Process and communication in relation to COVID–19 and other respiratory illness are established. The infection surveillance programme is relevant to the services provided, results are communicated, with follow-up action taken as required.

The environment supports prevention and transmission of infections. The management of waste and hazardous substances meets legislative and waste minimisation requirements. There is growing sustainability focus within the organisation with new solutions to managing waste are progressing. There are safe and effective cleaning and laundry services. All clinical areas are clean, and monitoring occurs against cleaning standards. Linen is transported and stored safely. Appropriate supplies of personal protective equipment are readily available and in use.

## Here taratahi | Restraint and seclusion

Te Whatu Ora - Waitemata demonstrates a commitment to ensure the least restrictive practice related to seclusion and restraint is implemented. Restraint is used as a last resort after all de-escalation techniques have been utilised. A restraint committee is in place that reports to the Clinical Governance Committee.

There are policies and procedures reflecting best practice to guide staff to reduce restraint events. These meet the requirements of the standard. All restraint events are reviewed, and restraint audits are completed. Senior oversight is provided through experienced appropriate and available staff.

Seclusion is only used when all other strategies have been considered. All episodes of seclusion are recorded in the electronic incident management system and in the patient's file. Reviews and debriefing are completed and documented. Staff are involved with all aspects of seclusion decision making and communication with tāngata whaiora, family/whānau. Staff are trained and educated in the cultural impacts of restraint and seclusion.

The organisation is committed to the national Zero Seclusion Project to reduce episodes of seclusion.