

Auckland 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:	Health New Zealand
Premises audited:	Auckland City Hospital Auckland DHB X 3 Units - Mental Health Tupu Ora Greenlane Clinical Centre Buchanan Rehabilitation Centre
Services audited:	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
Dates of audit:	Start date: 7 February 2023 End date: 10 February 2023
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:	1015



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 Te Toka Tumai Auckland (Te Toka Tumai) provide services to around 480,000 people in the region from the 1300 resourced beds at the Grafton and Greenlane sites. Services are organised in 11 directorates covering clinical and support services, including cancer and blood services, adult medical, adult community and long-term conditions, cardiovascular services, surgical, perioperative, child health, women's health and mental health and addictions. A significant proportion of work is supra-regional or national.

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 across all services, patients and whānau. Observations were made throughout the process.

The audit identified that improvements are required in relation to patients' physical privacy and privacy of clinical records, family violence screening, consent procedures, the integration of all complaints into the quality and risk system, timely review and

reporting of more significant events, staffing, staff performance conversations/reviews and ensuring an integrated record and ease of access to patient information for clinicians. Improvements are also required in relation to clinical assessments and care planning, medicines management, including identification of allergies and sensitivities, storage of breastmilk and infant formula, and monitoring of the use of anti-microbials. Aspects of the environment need addressing including electrical testing of non-clinical equipment, access to external areas for all patients/whaiora using the Tumanako mental health and addiction service and ensuring suitable fire egress in the Tupu Ora service. Two continuous improvements ratings relate to several projects aimed at reducing inequities.

Ō tatou motika | Our rights

Te Toka Tumai continues to work towards enacting Te Tiriti o Waitangi throughout its leadership, cultural safety, models of care, and an innovative prioritisation model to address inequity issues for Māori patients and whānau. It demonstrates innovative approaches through appointments of Māori equity leaders, kaiārahi nēhi (nurse specialists/nurse navigators) and a tool for Māori patients and whānau to navigate the healthcare system. He Ara Whiria model of collaboration and partnership is a key strategy to progress improved outcomes, including meeting Te Tiriti o Waitangi obligations.

Te Toka Tumai has established the Pacific Health Team to provide Pacific patients with cultural support. The team supports mainstream clinicians, nurses and healthcare workers to take account of Pacific values, beliefs and cultures when caring for Pacific patients. With similar outcomes to Māori, Te Toka Tumai has implemented a prioritisation tool to assign higher priority to Pacific patients in planned care pathways.

A focus on identifying barriers to equity and improving inequities was evident through a range of projects and representation on committees, groups and projects and through the leadership structure. Ethnicity data is used to guide decision making and monitor progress through key performance measures.

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, and dignity are respected and supported. Patients are free from abuse.

Patients and whānau 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 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 equitably in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Te Toka Tumai 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 through the executive leadership team (ELT) and the senior leadership team (SLT). All directorates have a Māori health lead/co-lead supporting strong leadership around improving equity for Māori.

Input from the Consumer Experience Council is well established with good participation of members in committees, projects and other forms of planning and evaluation. Tangata whaikaha are also represented and involved in decision making. The Clinical Quality and Safety Committee (CQSC) acts as the clinical governance body and continues to develop.

The quality and risk management framework demonstrates a commitment to clinical governance and shared decision making. Directorate teams have progressed a range of improvement work, supported by central roles, despite significant challenges and disruptions throughout the past two years. Risk is well managed aligning regional and national developments. Decision making and change is supported by data with trends monitored and widely reported through a range of platforms and at all levels of the organisation. Equity improvements have included the successful planned care prioritisation tool and supporting strategy.

Recommendations resulting from review of incidents/events, complaints, audit activity and projects are followed through to completion. Essential notifications were being completed. Controlled documents are well managed.

Enterprise and clinical risk are managed well and reflected the current challenges the organisation faces. There was a clear escalation process, and several examples of this were seen in the risk register.

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 the Integrated Operation Centre (IOC). A strong focus on recruitment, retention and support across the district and region was evident and is beginning to positively impact on recruitment trends.

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 are a mix of electronic and paper with records scanned on patients' discharge. Work to improve clinical documentation systems, including access to an integrated record is progressing.

Ngā huarahi ki te oranga | Pathways to wellbeing

Patient tracer methodology was undertaken in clinical areas across the sites. Auditors and technical experts worked collaboratively with staff to review the relevant documentation and care provided.

Entry and decline/deferral rates are monitored, including for Māori. Patients access services based on need, guided by relevant pathways and guidelines. Waiting times are managed and monitored. Screening tools are used to determine any clinical risks.

Informed choice underpins the development of individualised care or support plans, developed in partnership with patients/whaiora and their whānau. There are defined models of care for each service area and patients are assessed by the qualified multidisciplinary team using validated assessment tools. Care pathway documents available also include personal goals, cultural

assessments, medication assessments, dietary assessments and discharge planning. Interventions are implemented to ensure goals and needs are met. Processes are in place to plan patient transfers and discharge. This includes collaboration with patients, their whānau and, for complex patients, the multidisciplinary team. Discharge planning occurs from admission onwards. Patients/whaiora are supported to participate in activities to support recovery and community integration.

Medicines and blood products were prescribed, administered, stored and disposed of safely in each clinical setting visited.

The food service is well managed through a contracted service and meets the nutritional and cultural needs of patients.

Electroconvulsive therapy (ECT) is provided safely.

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

All Te Toka Tumai facilities have a current Building Warrant of Fitness, Code Compliance Certificate or Certificate of Public Use as required. Proactive and reactive maintenance, including functional and electrical checks for biomedical and other plant equipment is well managed. The facilities infrastructure remediation programme (FIRP) is well underway with several significant projects completed to improve resilience. The facilities management team includes a Māori lead.

Services visited were observed to be clean and maintained. There are enough bathrooms, toilets and communal areas and bed spaces suited to the needs of the different patient groups.

Emergency management planning was well established with training and ongoing exercises used to keep staff current. Regional and national emergencies have required activation of the team on several occasions in the past year, with debriefing, reviews and learnings implemented. Trial fire evacuations are completed six monthly. Back-up power supplies and emergency water were available across the sites. Water testing is undertaken regularly. There are processes and equipment available for dealing with medical emergencies. Staff were trained in emergency responses relevant to their area of work.

There is a robust and integrated security service which forms part of the emergency response and challenging behaviour responses. The service is actively recruiting more Māori and Pacific staff to ensure the cultural safety of the service for patients and visitors.

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

Te Toka Tumai has an infection prevention and control programme, approved by the Infection Prevention Control Steering Committee (IPCSC). Reporting to the SLT, ELT and Clinical Quality and Safety Committee occurs. There is a delegated avenue to escalate issues.

The infection prevention and control programme is facilitated by the infection prevention and control (IPC) nursing team who are well supported by the IPCSC, clinical microbiologists and infectious disease physicians, and who in turn support the clinical areas infection control resource staff. Infection Prevention control staff attend ongoing relevant training.

Policies and procedures are available electronically to guide staff practice. Orientation and ongoing education are provided to all staff via e-learning.

The infection control team is involved in procurement processes and any facility changes. Staff demonstrated good principals and practice around infection control and were familiar with the pandemic/infectious diseases response plan. Appropriate supplies of personal protective equipment are readily available and in use.

The well-established surveillance programme is appropriate to the service setting. The surveillance results are communicated appropriately with followed up actions 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 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. The policies and procedures have been revised since the introduction of the Ngā Paerewa standards (NZS8134:2021). Governance and review groups are well established with members from across the wider hospital.

The mental health services continue to work towards eliminating seclusion with a current emphasis on reducing any period whaiora are in seclusion. Training and education include several levels of training from Safe Practice Effective Communication (SPEC), online Ko Awatea training and Safety Intervention training (SI). There is also a simulated training programme which provides 'real' situation training in the clinical areas.