

Te Whatu Ora Health New Zealand - Wairarapa

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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Health New Zealand
Premises audited:	Wairarapa Hospital
Services audited:	Hospital services - Medical services; Hospital services - Children's health services; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 4 December 2023 End date: 6 December 2023
Proposed changes to current services (if any):	The national restructuring of health services under Te Whatu Ora and Te Akai Whai Ora is continuing.
Total beds occupied across all premises included in the audit on the first day of the audit:	62

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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 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
- here taratahi | restraint and seclusion.

General overview of the audit

Te Whatu Ora – Health New Zealand Wairarapa (Te Whatu Ora Wairarapa) provides services to around 52,000 people in the region from the 88-bed site in Masterton. Clinical services include mental health and addictions crisis respite, surgical, medical, assessment, treatment and rehabilitation, paediatrics and maternity, supported by a range of clinical support services and teams including the high dependency and special care baby units.

This three-day certification audit, against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, 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 and clinical and non-clinical staff across services, patients and whānau. Observations were made throughout the process. Patients and whānau interviewed were satisfied with the care they were provided.

The audit identified that improvements were required in relation to recruiting a Māori and Pacific workforce across all organisation roles, developing cultural safety policy for Pacific and other ethnicities, complaints management, timeliness of policy review,

adverse event/incident reporting and management, ensuring sufficient staff are on duty to provide clinically and culturally safe services, staff training and associated records management, performance appraisals, and information technology systems. Improvements are also required in relation to care planning, medication management, assessing and recording allergies, evidencing the menu has been reviewed and meets required nutritional requirements, and four aspects related to restraint elimination. Areas also requiring improvement relate to identifying barriers, improving outcomes and achieving equity for Māori, Pacific peoples and tāngata whaikaha (people with disabilities).

Ō tātou motika | Our rights

Te Whatu Ora Wairarapa recognises Te Tiriti o Waitangi and supports Māori patients and whānau in the practices of mana motuhake. Kaitātaki of the Māori health team work across all services, supporting patients and clinicians to provide interventions with Māori that are culturally safe. Staff are required to complete cultural training.

For Pasifika patients and families, cultural support is provided by a single role who can access local Pacific communities and networks.

Patients and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, and dignity were respected and supported. Patients were 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 was occurring as and when appropriate. Open communication and open disclosure were practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law.

Complaints management policies and procedures were in place and known to staff, who communicate this information to patients and whānau. A recent project has seen improvements to how complaints are welcomed through a newly developed brochure that

includes consumer input. Consequently, patients and whānau understood how to make a complaint. An electronic complaints register is used.

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora Wairarapa is working through the changes to the structure of Te Whatu Ora – Health New Zealand in line with national and regional guidance and developments. A regional approach was evident in many areas of service delivery.

Strategies, priorities, and proposed system changes are defined, within a range of planning documents. Monitoring and reporting processes occur through the hospital services leadership team, regionally and nationally with use of ‘dashboard’ data.

Input from the consumer council has recently been strengthened, with consumer representation on several organisation committees. Consumer representation was well established in maternity and mental health and addictions services.

An established quality and risk management framework included a ‘customer’ experience survey, internal audits, having policies and procedures available to staff, reviewing adverse events, quality improvement projects, and maintaining a register of all actions required as part of the corrective action monitoring processes. The service was in the early stages of working to identify opportunities to improve equity.

Risks were identified and escalated via local and regional communication processes. Essential notifications were made for applicable events.

A range of mechanisms are used daily to identify staff requirements to meet the changing needs of patients across the services.

Ongoing education is planned in each area in keeping with the model of care and identified patient needs per area. A wide range of ongoing training and professional development opportunities are available for staff to access. These include cultural training modules and a two-day Māori Te Tiriti o Waitangi course. Participation by consumers, whānau and people with lived experience is sought in different areas of service development and service evaluation.

A strong focus on recruitment of staff continues at the hospital and is supported by a structured recruitment system. Professional qualifications are validated prior to employment. Staff receive an induction and orientation, and systems are in place to support their wellbeing and professional development.

Clinical records are a mix of electronic and paper-based and were of an acceptable standard.

Ngā huarahi ki te oranga | Pathways to wellbeing

Patients access services based on need, guided by relevant pathways and guidelines. Waiting times are managed and monitored. Screening tools are used to determine clinical risks.

Patients were assessed by the qualified multidisciplinary team using validated assessment tools. Informed choice underpins the development of individualised care or support plans, developed in partnership with patients and their whānau. Cultural values and beliefs were considered and incorporated into care delivery.

Interventions were implemented to ensure goals and needs are met. Processes were in place to plan patient transfers and discharge. This included collaboration with patients, their whānau and, for more complex patients, the multidisciplinary team. Discharge planning started at admission.

Patients were encouraged to participate in activities to support recovery and community integration.

Policies and procedures guide staff in appropriate management of medication and blood products.

Food was provided through a contracted service.

This service does not provide electroconvulsive therapy (ECT) on site.

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

Building warrants of fitness and fire compliance certificates were current. Plant, equipment and biomedical equipment was tested regularly as required. The physical environments, both internal and external, were accessible, safe and promoted safe mobility, despite severe limitations with storage. Planned and unplanned maintenance was well managed.

Fire and emergency evacuations are planned and practised by all staff. Staff were kept up-to-date with emergency and security procedures which were practised regularly. Security systems included closed-circuit television and a well-trained and dedicated security workforce who work as orderlies. Any security events were recorded and analysed to identify causes, risks, and opportunities for improvements.

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

The infection prevention and control programme was managed by an experienced infection prevention and control nurse specialist. Clear lines of communication were evident, with the infection prevention and control committee reporting to the clinical board as the governance group.

The infection prevention and control annual plan is developed and agreed to by the infection prevention and control committee. It included objectives, monitoring of antimicrobial use, surveillance, audits of the environment, and staff practices and processes. Infection prevention personnel are consulted as and when needed, as are cultural advisors.

Surveillance of health care-associated infections (HALs) and the antimicrobial stewardship programmes are appropriate to the size and scope of the service and have been implemented as planned. A formal agreement for infection prevention and antimicrobial stewardship expertise is in place with Te Whatu Ora Capital Coast and Hutt Valley.

The environment was clean and facilitates the prevention and mitigates the transmission of infections.

Here taratahi | Restraint and seclusion

The service has a restraint advisory group committee who are committed to elimination of restraint and seclusion. The committee includes representation from Māori and has executive leadership representation. Staff are offered training in the least restrictive practices, de-escalation techniques, safe practice, and cultural-specific interventions. The restraint policies and procedures define roles and responsibilities around restraint and were based on best practice.

Where restraint use was recorded, this was done so safely, as a last resort and reviewed.

The service does not use seclusion as it only provides a mental health crisis respite service.