

# Health New Zealand -Te Whatu Ora Capital, Coast and Hutt Valley

## Introduction

This report records the results of a Surveillance 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:

<b>Legal entity:</b>	Health New Zealand
<b>Premises audited:</b>	Kapiti Health Centre  Kenepuru Hospital  Wellington Hospital  Porirua Hospital Campus (Mental Health Services)  Wellington Hospital (Mental Health Services)  Central Region Eating Disorder Service  Hutt Valley Hospital
<b>Services audited:</b>	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; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 30 April 2024    End date: 3 May 2024

**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:** 1029

# 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 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 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 – Health New Zealand Capital, Coast and Hutt Valley (Te Whatu Ora Capital, Coast and Hutt Valley) provides services to around 540,000 people in the district. Hospital services are provided from sites based in Wellington, Kenepuru, Porirua, Hutt Valley, and Kāpiti. Both secondary and regional tertiary services are provided including medical, surgical, maternity, children's and women's health, health of the older person and rehabilitation, and mental health, addictions and intellectual disability services (MHAIDS). The MHAIDS spans two districts (Wairarapa and Capital, Coast and Hutt Valley) and includes local, regional and national services. The Wairarapa service was not included in the scope of this audit. All services are supported by a range of diagnostic, support and community-based services.

This four-day surveillance audit against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 (Ngā Paerewa) included review of documents prior to the on-site audit and during the audit, and review of clinical records. Auditors interviewed managers, clinical and non-clinical staff across services, patients and whānau. Observations were made throughout the process.

The audit identified that improvements are required in relation to embedding and enacting Te Tiriti o Waitangi, the family violence intervention programme, informed consent, policies and procedures, risk management, timely review of adverse events, staffing requirements and performance reviews. Improvements are also required in relation to patient flow and placements, clinical assessments, care planning and discharge planning, medicines management, and food services. There are several aspects related to the environment, across all four sites visited, that require improvement.

Progress has been made in addressing several of the previous areas requiring improvement, with most of the partial provisional aspects of the audits for Te Wao Nui Child Health Service and Ward 4 Transitional Ward completed. Improvements have been made with the 'Shared Goals of Care', training, health record management, activities in the MHAIDS services and approval/review of the infection control programme.

## **Ō tātou motika | Our rights**

Te Whatu Ora – Health New Zealand (Te Whatu Ora Capital, Coast and Hutt Valley) recognises Te Tiriti o Waitangi and supports Māori patients and whānau in the practices of mana motuhake through the whānau care service team who work across services.

For Pacific patients and families, their worldviews, culture and spiritual beliefs are supported.

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. Patients and whānau interviewed confirmed they are provided with sufficient information to make informed choices. Goals of care/advance directives were identified and communicated. Patients were free from abuse or neglect, and confirmed their personal property was respected. Employees maintained professional boundaries.

Patients and whānau understood how to make a complaint and these were addressed and resolved in accordance with the Code, using an equitable process for Māori. The complainant was informed of the findings.

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

Te Whatu Ora Capital, Coast and Hutt Valley was working through the changes to Te Whatu Ora – Health New Zealand’s structure in line with national and regional guidance and developments. A regional approach was evident in many areas of service delivery. The organisation has been focused on ensuring one integrated district across the Hutt Valley and Wellington areas. Legislative, contractual and regulatory requirements are largely managed through Te Whatu Ora – Health New Zealand. Te Whatu Ora sets the direction and goals, and monitoring occurs within the district, regionally and nationally. The whānau care services team supports the group managers and services to improve outcomes for Māori.

The district clinical board provides clinical governance oversight, with around 26 sub-committees formally reporting to the group.

A well-established quality and patient safety framework are managed through the Centre of Clinical Excellence. The experienced team use a risk-based approach with a range of projects based around the Health Quality and Safety Commission (HQSC) programme and other priorities. Well managed projects have improved compliance with ‘Shared Goals of Care’ requirements and management of the deteriorating patient. Significant work has been progressed to reduce the numbers of serious adverse events overdue for review. The National Adverse Events Reporting Policy is used as the basis for reviews. Essential notifications were completed.

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 provided a wealth of real time data to support decision-making by those working in the Integrated Operation Centre (IOC). There has been a significant reduction in the number of nursing staff vacancies since the previous audit. Competencies, skills and qualifications are defined and support effective service delivery.

Professional qualifications are validated prior to employment. An orientation programme was in place and a wide range of ongoing training and professional development opportunities made available.

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

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

Interventions were implemented to ensure goals and needs are met. Regular review and reassessment of progress occurs, with changes to care initiated in collaboration with the patient/whānau and the multidisciplinary team. Processes are in place to plan patient transfers and discharge. Activities were now well managed within the mental health services.

Medicines and blood products were administered safely in each clinical setting visited.

Food was safely managed through a contracted service and met the nutritional needs of patients.

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

Building warrants of fitness were current. Plant, equipment and biomedical equipment were tested regularly as required. With some notable exceptions, the physical environment was fit for purpose, and culturally inclusive. Fire and Emergency New Zealand (FENZ) approved evacuation plans were sighted as required.

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

The infection prevention and control programme has been developed by a team of experienced infection control specialists, approved by the infection prevention and control committee and the clinical board. It is linked to the quality improvement programme and reviewed and reported on at least annually.

Infection prevention education has been provided to employees as part of orientation and ongoing education programme as relevant to staff roles, responsibilities and the services provided.

Surveillance of health care-associated infections is appropriate to the size and scope of the service and has been implemented as planned. Results of surveillance and recommendations to make improvements were evident and reported to relevant staff, wards/units, the infection prevention control committee, and the clinical board.

## **Here taratahi | Restraint and seclusion**

The MHAIDS clinical governance committee, leadership team and district restraint advisory group (RAG) demonstrated commitment towards eliminating restraint. There is a focused 'Reducing restrictive practice steering group' in place with wider membership. Restraint and seclusion events have significantly reduced over the last year across all areas of the mental health service.

Employees have completed appropriate training to ensure the least restrictive and safe practice, cultural-specific interventions and de-escalation techniques.