

Health New Zealand -Te Whatu Ora Te Manawa Taki

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:

Legal entity:	Health New Zealand
Premises audited:	Hawera Hospital Taranaki Base Hospital
Services audited:	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 21 May 2024 End date: 23 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:	148

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

Health New Zealand – Te Whatu Ora Taranaki (Te Whatu Ora Taranaki) provides services to around 123,000 people in the region from the 226-bed site in New Plymouth and the 14-bed site in Hawera. Clinical services include mental health and addictions, medical, surgical, older peoples' health and rehabilitation, paediatrics and maternity, supported by a range of clinical support services and teams.

This three-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 were required in relation to services for Pacific peoples, clinical governance, aspects of quality, including timely review of adverse events, risk management, staffing requirements, meeting mandatory training and orientation requirements and completion of regular performance reviews. Improvements are also required in relation to the recording of clinical assessments, care planning (including for discharge), several aspects of medicines management,

implementation of the electronic system to track reusable surgical instruments to the patient, and use of ethnicity data for infection control surveillance activities. Good progress has been made since the previous audit to address the corrective actions related to the provision of support to patients regarding medications, emergency preparedness and environmental audit activity.

Ō tātou motika | Our rights

Te Whatu Ora Taranaki recognises Te Tiriti o Waitangi and supports Māori patients and whānau in the practices of mana motuhake. The Pouhāpai team (Māori health team) work across services and sites, supporting patients and clinicians to provide interventions that are culturally safe. The Pouhāpai team also do their best to support Pacific patients and their fanau and connect them with the small Taranaki Pasifika community and sole health provider.

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, including informed consent for procedures. Patients were free from abuse or neglect. 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 Taranaki was working through the changes to the Health New Zealand – Te Whatu Ora structure in line with national and regional guidance and developments. A regional approach was evident in many areas of service delivery. Legislative, contractual and regulatory requirements were being well managed. Health New Zealand – Te Whatu Ora sets the direction and goals, and monitoring occurs within the district, regionally and nationally. Long-established Māori Iwi Partnership Board relationships are supporting ongoing development to improve outcomes and achieving equity for Māori, supported by meaningful leadership at district level and a Pouhāpai team.

Work continues to improve the district clinical governance model supported by the clinical governance unit.

The quality and risk management framework, managed through the clinical governance unit, demonstrated a commitment to patient safety, improvement and a risk-based approach with a range of projects based around the Health Quality and Safety Commission (HQSC) programmes and other priorities. A newly appointed risk advisor at district level is working to update the risk register and support staff to maintain the system. The principles of the National Adverse Events Reporting Policy are followed, with recommendations resulting from adverse events reviews followed through to completion. 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). Competencies, skills and qualifications are defined and support effective service delivery.

Professional qualifications are validated prior to employment. An organisational induction and orientation programme was in place and a wide range of ongoing training and professional development opportunities made available. Organisation policy states employees are provided with opportunities to discuss and review their performance.

Ngā huarahi ki te ora | 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 initiating in collaboration with the patient/whānau and the multidisciplinary team. Processes are in place to plan patient transfers and discharge.

Medicines and blood products were prescribed, administered, stored and disposed of 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. The physical environments were fit for purpose, and culturally inclusive. Emergency preparedness has been tested on several occasions since the previous audits, with ongoing improvements occurring.

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 and approved by the clinical governing body. It is linked to the quality improvement programme and reviewed and reported on annually. Infection prevention education has been provided to all employees as part of orientation and ongoing based on roles, responsibilities and 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 the governing group.

Here taratahi | Restraint and seclusion

The mental health clinical governance team, the provision of care (POC) committee, the patient safety, quality committee team and restraint committee demonstrated commitment towards eliminating restraint. Restraint events have reduced over the last 12 months.

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