

# Health New Zealand -Te Whatu Ora Te Matau a Māui Hawke's Bay

## 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>	Springhill Treatment Centre  Wairoa Hospital & Health Centre  Hawke's Bay Hospital
<b>Services audited:</b>	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
<b>Dates of audit:</b>	Start date: 5 June 2024    End date: 7 June 2024
<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: 305**

# 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

Health New Zealand – Te Whatu Ora Te Matau a Māui Hawke's Bay (Te Whatu Ora Te Matau a Māui) provides services to around 180,000 people in the region from the 352-bed site at Hastings, the six-bed unit in Central Hawke's Bay, the 12-bed unit at Wairoa Hospital, and the 14-bed residential drug and alcohol Springhill Treatment Centre. Clinical services include mental health and addictions, medical, surgical, assessment, treatment 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 quality systems, including timely adverse event management and risk management, staffing requirements, completion of orientation and training requirements and staff performance reviews. Improvements are also required in relation to documentation of admission criteria, patient assessments and care planning,

including discharge planning, timely discharge, implementation of isolation procedures, aspects of medicine management, food services at Central Hawke's Bay and storage of food in paediatrics and maternity. The infection prevention and control plan requires updating, and monitoring of antimicrobials is yet to occur. Several areas within the facility are no longer fit for purpose (e.g., the intensive care unit and emergency department) given the age of the facilities and the current volumes of patients.

Good progress has been made since the previous audit to address several of the corrective actions required, including the availability of the Code of Health and Disability Services Consumers' Rights (the Code), timely resolution of complaints, clinical governance and several aspects of quality systems, consumer representation, privacy of information, integration of clinical records and several aspects of medicines management. Improvements have also been made to some aspects of the facilities, including the maternity area at Wairoa and patient security at Springhill.

## **Ō tātou motika | Our rights**

Te Whatu Ora Te Matau a Māui recognises Te Tiriti o Waitangi and supports Māori patients and whānau in the practices of mana motuhake. The Māori health team works across services, supporting patients and clinicians to provide interventions that are culturally safe. The Māori health team also supports Pacific patients and families.

Patients and their whānau were informed of their rights according to the Code and these were upheld, including informed consent. 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 Te Matau a Māui 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 managed, largely at a national level. Health New Zealand – Te Whatu Ora sets the direction and goals, and monitoring occurs within the district, regionally and nationally. The Māori health services structure supports improving outcomes and achieving equity for Māori.

The district and regional clinical boards provide clinical governance.

A quality and risk management framework 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) programme and other priorities. Risks were being escalated to regional and national level, where required. The National Adverse Events Reporting Policy principles were followed, with recommendations resulting from adverse events reviews followed through to completion. Essential notifications were completed.

A range of mechanisms are used to support the right numbers of staff being 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 were validated prior to employment. An orientation programme was in place and a wide range of ongoing training and professional development opportunities made available. The organisation seeks to have opportunities to discuss and review staff performance as part of orientation and annually.

## **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. Care plans included the individual's aspirations where appropriate.

Interventions were implemented to ensure goals and needs were met. Regular review and reassessment of progress occurred, 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.

In most cases, medicines and blood products were prescribed, administered, stored and disposed of safely.

With some exceptions, food was safely managed through an in-house 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 environments were fit for purpose, and culturally inclusive.

## **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 clinical governance board, patient safety and risk management committee and restraint advisory group (RAG) demonstrated commitment towards eliminating restraint. Restraint events are well monitored and reviewed thoroughly. Employees have completed appropriate training to ensure the least restrictive and safe practice, cultural-specific interventions and de-escalation techniques.