

# Health New Zealand- Te Whatu Ora Counties Manukau

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## 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>	Middlemore Hospital  Pukekohe Hospital  Tamaki Oranga  Auckland Spinal Rehabilitation
<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; Hospital services - Surgical services; Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 24 July 2024    End date: 26 July 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	771



# 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 Counties Manukau (Counties Manukau) provides services to around 600,000 people in the region from the 1056 beds situated at Middlemore Hospital, Manukau Health Park (previously known as Manukau Surgical Centre), Tamaki Oranga Mental Health, The Auckland Spinal Unit, Pukekohe Hospital and the Papakura and Botany Downs Primary Birthing Units. Clinical services include mental health and addictions, medical, surgical, health of the older person and assessment, treatment and rehabilitation, paediatrics and maternity. These services are supported by a range of clinical support services and teams and 'enabling' functions.

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 whaanau. Observations were made throughout the process.

The audit identified that improvements were required in relation to family violence intervention screening, timely resolution of serious adverse events, staffing, completion of mandatory training, including 'SPEC' training in Tamaki Oranga (mental health), and

completion of performance reviews. Some aspects of assessments and care planning, including discharge planning and completion of the 'Shared Goals of Care' process and documentation and medication management require ongoing improvements. Ensuring adequate choice of cultural options available on the menu and that hot foods are delivered hot to patients at satellite sites also requires improvement. While most facilities met the needs of patients/whaanau, both the spinal unit and Tamaki Oranga are not fit for purpose. Ongoing work is required in the central sterilising service in relation to reprocessing of reusable medical devices.

The organisation has addressed several previous areas requiring improvement, including meeting the needs of Pacific peoples, privacy of patient information, documentation of open disclosure, timely resolution of complaints, evaluation of care, maintenance of clinical equipment and implementation of smokefree legislation, with good progress in most other areas.

## **Ō tātou motika | Our rights**

Counties Manukau recognises Te Tiriti o Waitangi and supports Maaori patients and whaanau in the practices of mana motuhake. The Kaahui Ora Maaori Health Team, chaplains, Tiaho Mai and Tamaki Oranga mental health teams work across the services, supporting patients and clinicians to provide interventions that are culturally safe.

For Pacific patients and families, their worldviews, culture and spiritual beliefs are supported by Fanau Ola Health Team and Pacific staff in mental health services.

Patients and their whaanau 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. Patients were treated with respect and were free from abuse or neglect. Property was respected. Employees maintained professional boundaries.

There were many ways for patients and whaanau to make a complaint and provide feedback. These were addressed and resolved in accordance with the Code, using an equitable process for Maaori. The complainant was informed of the findings.

## Hunga mahi me te hanganga | Workforce and structure

Counties Manukau continues to work through the ongoing changes to the Health New Zealand – Te Whatu Ora structure in line with national and regional guidance and developments. A strong regional approach was evident in many areas of service delivery. Legislative, contractual and regulatory requirements were being managed. Health New Zealand – Te Whatu Ora sets the direction and goals, and monitoring occurs within the district, regionally and nationally. The district 'Metrics that Matter' monthly summaries provide monitoring of quality and patient safety priorities. The Maaori health services structure supports improving outcomes and achieving equity for Maaori. A range of initiatives were progressing, supported by use of ethnicity data.

The clinical governance structure and framework at district level is integral with quality and patient and whaanau experience. Consumers/those with lived experience are represented on a range of committees/groups and projects. Regional developments continue.

A well-established 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. The Fundamentals of Care programme, Health Round Table data and HQSC quality alerts provide a strong base to identify areas for improvement and monitor quality and patient safety. Risks were well managed, aligning regional and national developments. The National Adverse Events Reporting Policy principles 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 Middlemore Central (the Integrated Operation Centre). Competencies, skills and qualifications are defined and support effective service delivery.

Professional qualifications are validated prior to employment. Generic and service-specific orientation programmes were in place and comprehensively prepare new staff for their roles. A wide range of ongoing training and professional development opportunities have been made available. Employees are provided with opportunities to discuss and review their performance.

## **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 whaanau. 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/whaanau and the multidisciplinary team. Processes were in place to plan patient transfers and discharge.

With some exceptions, medicines were prescribed, administered, stored and disposed of safely in each clinical setting visited. Blood products were managed according to best practice.

Food control plans and verification audits were current for Middlemore Hospital and the satellite sites through a contracted service. The nutritional needs of patients were met.

## **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. In most areas, the physical environments were fit for purpose and culturally inclusive. There have been no new buildings at Counties Manukau to warrant a new Fire and Emergency New Zealand (FENZ) approved evacuation plan.

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

The infection prevention and control programme are developed through consultation with a team of infection control specialists and approved by the quality governance group. It was 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 was 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 quality governance group, leadership team and restraint operational group demonstrated commitment towards eliminating restraint. Restraint events have significantly reduced over the last 12 months. In most areas, employees had completed appropriate training to ensure the least restrictive and safe practice, cultural-specific interventions and de-escalation techniques.