

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

## Introduction

This report records the results of a Partial Provisional 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:** Wellington Hospital

**Services audited:** 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

**Dates of audit:** Start date: 6 November 2024      End date: 7 November 2024

**Proposed changes to current services (if any):** Two areas have been reconfigured, one as a high dependency unit and the other as an inpatient ward, increasing the bed numbers by 26.

**Total beds occupied across all premises included in the audit on the first day of the audit: 0**

# 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 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 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, regional and national 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.

A partial provisional audit against a subsection of the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 was undertaken to see how prepared two reconfigured areas were for occupancy. One area had been a urology department and is now a 14 bed ward to be used for a programme of decanting patients from ward areas while major 'copper pipe' work is done. This is a rolling programme which is expected to take two years. There is a transitional plan for the movements to this area and it is hoped to open this ward by the end of this month (November). The other area was a dialysis unit to be used as a high dependence unit, aligned with the intensive care unit (ICU) as a 'fourth pod'. The planned opening of this area will be in February 2025.

The audit included visits to the two wards, and interviews with the project management teams, senior staff of the ICU, district and regional leads for fire and emergency management, the infection prevention and control team, the lead pharmacist, and the contracts manager with responsibility for external contractors for food, waste, cleaning and laundry services.

It was observed that the major infrastructure building work had been completed. Full fitout with furnishings and fittings was still to occur. Electrical tag and testing of equipment, oxygen and suction pendants and wall manifolds were not yet in place and these required testing and certification. Stocks were still to be put in place, such as medicines, personal protection equipment and stores. Neither area had the council compliance certificate. A final infection prevention and control sign-off was still to occur. These areas are all required prior to occupancy. In addition, corrective actions were required for some rooms in the 14-bed ward on Level 7 East, staffing, food specific for Māori patients, and the kitchen environment.

## **Ō tātou motika | Our rights**

Not audited

## **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. Legislative, contractual and regulatory requirements are largely managed through Health New Zealand – 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.

Staffing requirements for the two new areas will be in line with the organisation’s present mechanisms, to ensure that the right numbers of staff are available to meet the changing needs of patients, including use of the Care Capacity Demand Management

(CCDM) programme. Competencies, skills and qualifications are defined and support effective service delivery. A strong focus on recruitment, retention and support across the region was evident. Recruitment for the new high dependency unit is underway and awaiting sign-off for appointments. Existing staff from the ward which will be decanted will be used to staff the new area (Level 7 East).

Professional qualifications are validated prior to employment. Organisational and area-specific orientation programmes are in place, and transitional orientation to the new areas will be undertaken, which will include risks such as fire and emergency and health and safety. A wide range of ongoing training and professional development opportunities are made available.

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

The organisation's medicine management policies and policies for blood products will be used in the new areas. Dedicated rooms for the safe storage of medications, including controlled drugs, were sighted. Pharmacy input had occurred related to these rooms.

Food will be provided through the organisation's contracted service to meet nutritional standards and patients' specific needs.

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

Building warrants of fitness were current (expiry December 2024), and work towards a council certificate for public use for both areas was underway. Fire compliance certificates were current, and the local fire service have been kept aware of the changes occurring for the new areas.

There are processes in place for plant, equipment and biomedical equipment to be tested regularly, as well as for reactive maintenance. The new environments were observed to be mostly fit for purpose.

Emergency and security procedures are in place for the new areas.

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

There is a current infection prevention and control programme, developed by a team of experienced infection control specialists, and approved by the infection prevention and control committee and the clinical board. There is a separate antimicrobial stewardship committee. These are linked to the quality improvement programme and reviewed and reported on at least annually. The infection control team are involved in building design, reconfiguration and purchase of new clinical equipment. Results of infection control activities and the overall annual plan are reported to the relevant committees and to the clinical board.

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

Processes were in place to ensure the appropriate segregation, storage and transportation of waste and hazardous substances.

The cleaning and laundry requirements for the new areas have been determined and will be managed by the contracted service providers.

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

Not audited.