

Health New Zealand Te Whatu Ora Nelson Marlborough

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:	Nelson Hospital Wairau Hospital 19 Middlebank Drive 12 Leicester Street 46 Aldinga Avenue 792 Main Road Stoke
Services audited:	Hospital services - Psychogeriatric services; Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Mental health services; Rest home care (excluding dementia care); Residential disability services - Physical; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 15 October 2024 End date: 17 October 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: 431

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 Nelson Marlborough (Te Whatu Ora Nelson Marlborough) provides services to around 165,000 people in the region from the 322 beds across Nelson, Wairau (Blenheim), Alexandra Hospital (Richmond), Murchison Hospital, and Motueka Hospital and Health Centre. Te Whatu Ora Nelson Marlborough also provides residential care service (Live Life Disability Support (LLDS)) for up to 245 residents. Clinical services include mental health and addictions, medical, surgical, assessment, treatment and rehabilitation, paediatrics, maternity, and residential disability services, 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/residents and whānau. Observations were made throughout the process.

The audit identified that improvements were required in relation to completion of consent documentation within the mental health unit (Wahi Oranga), risk management, staffing, completion of mandatory training and staff performance review, some aspects of clinical assessments, and involvement of whānau in care and medication management, including documentation of allergies or sensitivities. In general, facilities met the needs of patients; however, the Wahi Oranga facility does not meet contemporary good practice standards, there is a lack of isolation rooms across hospital services, and checking of all equipment in residential homes needs attention. Evidence of a FENZ approved fire evacuation plan, or that this is not necessary, is required for a newer residential respite facility based on the Wairau Hospital site. The antimicrobial stewardship programme (AMS) has yet to be implemented. Good progress has been made since the previous audit to address the corrective actions required at that time, with the following areas addressed and closed: services for Pacific peoples; privacy of information in residential disability services; clinical records; timely completion of care plans; and discharge planning.

Ō tātou motika | Our rights

Te Whatu Ora Nelson Marlborough recognises Te Tiriti o Waitangi and supports Māori patients and whānau in the practices of mana motuhake. The poumanaaki roles in the Māori health team (He Waka Hauora), work across services in Nelson and Wairau hospitals, supporting patients and clinicians to provide interventions that are culturally safe.

For Pacific patients and families, their worldviews, culture and spiritual beliefs are supported through He Waka Hauora. Links have been established with Pasifika Hauora, a Pacific Island trust, developing connections with the leadership team.

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 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 Nelson Marlborough was working through the ongoing changes to 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. 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 has changed since the transition to Health New Zealand – Te Whatu Ora. The organisation is working in partnership with the Iwi Māori Partnership Board, continuing work to improve outcomes and achieve equity for Māori. The Māori health team have been integrated into the organisation, for example, the Māori nurses involved in discharge planning, addressing wait times and supporting those who ‘could not attend’ appointments. Data is supporting project developments.

The district clinical governance group (CGG) and regional clinical boards provide clinical governance.

The 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 high and extreme risks were well managed within the delegations available to the leadership team, aligning regional and national developments. The principles of the National Adverse Events Reporting Policy were 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 orientation programme was in place and a wide range of ongoing training and professional development opportunities made available. Staff interviewed felt well supported.

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.

The management of medicines, vaccines, blood and plasma products are informed by policy. Staff were competent in these areas and systems were in place to safely manage medicines in each service visited.

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

Te aro ki te tangata me te taiao haumarū | Person-centred and safe environment

Building warrants of fitness were current. Plant, equipment and biomedical equipment were tested regularly as required. The physical environments, with some exceptions, were fit for purpose and culturally inclusive.

Fire and Emergency New Zealand (FENZ) approved evacuation plans were sighted as required for the hospital facilities.

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 has been 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 on an ongoing basis, dependent 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 clinical governance group (CGG), leadership team and restraint committee demonstrated commitment towards eliminating restraint. Restraint and seclusion events have reduced over the last six months.

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