

Health New Zealand Te Whatu Ora Whanganui

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:	Whanganui Hospital
Services audited:	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: 30 October 2024 End date: 1 November 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:	112

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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 Whanganui (Te Whatu Ora Whanganui) provides services to around 70,000 people in the region from the 143-bed site in Whanganui. 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 the family violence intervention programme screening rates, staffing, recording systems for staff training, performance reviews, some aspects of assessment and implementation of care, medicines management, discharge or transfer of patients in the acute mental health service to appropriate services/accommodation, and several aspects of facilities and maintenance. The organisation has addressed several of the previous areas requiring improvement, including privacy, consent, complaints and adverse events management, inappropriate

placement of patients in general areas, several aspects of the clinical assessment process, including cardiotocography (CTG) assessments in maternity, discharge planning and restraint documentation, cold chain accreditation requirements. Progress continues, where possible, to address outstanding issues.

Ō tātou motika | Our rights

Te Whatu Ora Whanganui recognises Te Tiriti o Waitangi and supports Māori patients and whānau to achieve their aspirations of mana motuhake. The Māori health team, Te Hau Ranga Ora, works across all services, supporting Māori and Pacific Peoples' patients, whānau and clinicians to provide interventions that respect tikanga and are culturally safe. For Pacific patients and families, their worldviews, culture and spiritual beliefs are supported.

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. 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 complainants were informed of the findings.

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora Whanganui was working through the ongoing 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. Health New Zealand – Te Whatu Ora sets the direction and goals, and monitoring occurs within the district, regionally and nationally. Te Hau Ranga Ora supports improving outcomes and achieving equity for Māori, working in partnership with the Iwi Māori Partnership Board and regional Māori leaders.

The district clinical board provides clinical governance reporting to the regional forum.

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. Risks were well managed, aligning with regional and national developments. The principles of the National Adverse Events Reporting Policy are followed, with recommendations resulting from 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), professional leaders and the senior leadership team. 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. A process to discuss and review staff performance was in place.

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.

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 were in place to plan patient transfers and discharge.

Policies and processes support the management of medicines, blood and blood products. These covered prescribing, administration, storage and disposal.

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. With some exceptions, the physical environments were fit for purpose and culturally inclusive. Systems were in place for regular plant and equipment maintenance from externally contracted services.

There were no new clinical buildings since the previous audit.

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 board, leadership team and restraint committee demonstrated commitment towards eliminating restraint. Restraint events have reduced over the last six months. Employees have completed appropriate training to ensure the least restrictive and safe practice, cultural-specific interventions and de-escalation techniques.