

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

Introduction

This report records the results of a Certification 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:

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| Legal entity: | Health New Zealand |
| Premises audited: | Porirua Hospital Campus (Mental Health Services) Hutt Valley Hospital Wellington Hospital (Mental Health Services) Wellington Hospital Central Region Eating Disorder Service Kenepuru 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; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services |
| Dates of audit: | Start date: 8 September 2025 End date: 12 September 2025 |
| 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: 937

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 Capital, Coast and Hutt Valley is a tertiary hospital. It provides services to approximately 445,000 people in the Wellington, Hutt Valley, and Kapiti regions of New Zealand, and tertiary services to the Health New Zealand central region. One of the largest of New Zealand's health districts, it provides services from Wellington Regional Hospital, Hutt Hospital, Kenepuru Community Hospital, Porirua Hospital, a small inpatient facility at Johnsonville, as well as a range of community health services across the region.

Clinical services include mental health, addictions and intellectual disability, medical, surgical, assessment, treatment and rehabilitation, health of older people, paediatrics and maternity, supported by a range of clinical support services and teams.

This five-day certification audit, conducted against the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021), included a review of documents both prior to and during the on-site audit. This included examination of employee and clinical records. Auditors and technical expert assessors interviewed managers and clinical and non-clinical staff across services, as well as patients and whānau. Observations were made throughout the process.

The audit identified that improvements were required in relation to cultural safety, Pacific peoples, privacy, the family violence intervention screening programme, advance directives, complaint management, consumer engagement, clinical governance, adverse event reporting, staffing vacancies, credentialling, training records, appraisals, and record management. Improvements are also required to access and entry to services, care planning, aspects of medication management, blood management, nutrition, buildings, infrastructure and equipment, the antimicrobial stewardship (AMS) programme, storage of hazardous substances, and restraint management.

Ō tātou motika | Our rights

Health New Zealand – Te Whatu Ora Capital, Coast and Hutt Valley recognises Te Tiriti o Waitangi and supports Māori patients and whānau in the practices of mana motuhake. Manaaki whānau staff in the Whānau Care Services work across most services and sites, supporting patients and clinicians to provide interventions with Māori that are culturally safe. Most staff have completed cultural training.

For Pacific peoples' patients and families, cultural support is provided by the Pacific Health Unit (PHU), with support accessed from local Pacific communities and networks.

A focus on identifying barriers to equity and improving inequities was evident through a range of projects and representation on committees, groups and projects, and through the leadership structure. Ethnicity data is used to guide decision-making and monitor progress in achieving equitable service delivery and outcomes for Māori.

Patients and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Personal identity, independence, and dignity are respected and supported. Patients are free from abuse.

Patients and whānau receive information in an easily understood format and felt listened to and included when making decisions about care and treatment. Informed consent was occurring as and when appropriate. Open communication and open disclosure

were practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law.

Patients and whānau understood how to make a complaint and were made aware of the findings. A complaints register reflecting the resolution and improvement process was maintained. Complaints management policies and procedures were in place and known to staff, who communicate this information to patients and whānau. There was an equitable process for Māori and Pacific peoples.

Hunga mahi me te hanganga | Workforce and structure

Health New Zealand – Te Whatu Ora Capital, Coast and Hutt Valley continues to adapt to the ongoing changes to the Health New Zealand – Te Whatu Ora structure. A regional approach was evident in many areas of service delivery.

Strategies, priorities, and proposed system changes are defined, within a range of planning documents. A robust monitoring and reporting process occurs through the leadership team both regionally and nationally. The Māori health services support cultural developments and equity for Māori. Input from consumers is available to support high-level projects and serious adverse events.

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 & Safety Commission (HQSC) programme and other priorities. Risks were well managed, aligning both regional and national developments. An equity improvement focus was evident. Recommendations resulting from review of incidents/events, audit activity and projects were 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 and ‘visibility at a glance’ boards provide a wealth of real-time data to support decision-making by those working in district and systems-wide operational and capacity roles. A strong focus on recruitment, retention, and support across the district was evident.

Professional qualifications are validated prior to employment. An orientation programme was in place, and a wide range of ongoing training and professional development opportunities are available. Competencies, skills and qualifications are defined and support effective service delivery. Employees are provided with opportunities to discuss and review their performance.

Clinical records are a mix of electronic and paper, and were hybrid in nature.

Ngā huarahi ki te ora | Pathways to wellbeing

Patients access services based on need, guided by relevant pathways. Waiting times are managed and monitored. Screening tools are used to determine clinical risks.

Patients were assessed by the qualified multidisciplinary team using validated assessment tools. Informed choice underpins the development of individualised care or 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 were met.

Processes are in place to plan patient transfers and discharge. This included collaboration with patients, their whānau, and for more complex patients, the multidisciplinary team. Discharge planning occurred from admission onwards.

Patients were encouraged to participate in activities to support recovery and community integration.

In most cases, medicines and blood products were prescribed, administered, stored, and disposed of safely in each clinical setting visited.

Food was well managed through a contracted service at the Wellington Regional Hospital, Porirua and Kenepuru sites, and via an inhouse service at Hutt Hospital. Services met the nutritional needs of patients.

Electroconvulsive therapy (ECT) is provided on site. This was managed safely, in line with best practice.

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

Building warrants of fitness and fire compliance certificates were current or awaiting the updated certificates. Plant, equipment, and biomedical equipment were tested regularly as required. In most areas, the physical environments, both internal and external, were accessible, safe, and promoted safe mobility. Planned and unplanned maintenance was well managed.

Fire evacuations are planned and practised by all staff. There was a range of emergency management plans. Staff were not, however, kept up to date with emergency and security procedures, nor did they practise these regularly. Security systems included closed circuit monitoring, 'pressure buttons', and emergency call systems. Security events were recorded and analysed to identify causes, risks, and opportunities for improvements.

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

The infection prevention and control programme is managed by a team of experienced infection control specialists. Clear lines of communication were evident, with the infection prevention and control committee reporting to the clinical board, as the governance group.

The infection prevention and control annual plan is developed and agreed to by the infection prevention and control committee. It included objectives, monitoring of antimicrobial use, surveillance, audits of the environment, and staff practices and processes. Infection prevention personnel are consulted as and when needed, as are cultural advisors.

Surveillance of health care-associated infections (HAIs) and the antimicrobial stewardship programmes is appropriate to the size and scope of the service and has been implemented as planned. A formal agreement for infection prevention and antimicrobial stewardship expertise is in place, with the antimicrobial stewardship committee (AMSC) overseeing this.

The environment was clean and supported the prevention and mitigation of infection transmission.

Here taratahi | Restraint and seclusion

The service has a restraint minimisation and safe practice approval committee which is committed to the elimination of restraint and seclusion. The committee includes representation from those with 'lived experience' and has executive leadership representation. Staff have been trained in the least restrictive practices, de-escalation techniques, safe practice, and cultural-specific interventions. The restraint policies and procedures define roles and responsibilities around restraint and were based on best practice.

Restraint events have reduced over the last six months. Where restraint is used, this is done so safely and as a last resort. All restraint episodes were reviewed according to the required parameters. Debriefs occur for those involved.

The service is continuing its work towards zero seclusion. Seclusion only takes place in a designated and approved room. Each event is reviewed and evaluated following the event, with documentation that supports all requirements of the standard. Reviews of seclusion occur weekly, with recommendations and data reported to the governance groups. The rates of seclusion and number of seclusion hours have decreased over the past 12 months.

Night safety orders are not used.