

Health New Zealand - Te Whatu Ora Wairarapa

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:	Health New Zealand - Te Whatu Ora Wairarapa
Services audited:	Hospital services - Medical services; Hospital services - Children's health services; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 12 August 2025 End date: 14 August 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:	77

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 Wairarapa (Te Whatu Ora Wairarapa) provides services to around 52,000 people in the region from the 89-bed site in Masterton. Clinical services include mental health and addictions residential crisis respite, medical, surgical, assessment, treatment and rehabilitation, paediatrics and maternity, supported by a range of clinical support services and teams. The mental health crisis service is part of the mental health, addictions and intellectual disability (MHAIDS) services managed by Health New Zealand – Te Whatu Ora Capital, Coast and Hutt Valley (CC&HV).

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, including the group director of operations and the newly appointed executive regional director, clinical and non-clinical staff across services, patients and whānau. Observations were made throughout the process.

Since the previous full certification audit, improvements have been made to the complaints process, patient assessments and care planning, the identification of any medication allergies/sensitivities, and review of the food menus to ensure they are nutritionally

appropriate. While progress has been made in addressing some elements of the other corrective actions required (CARs), 18 of the 21 raised at this audit are previous CARs. There are three new CARs. Corrective actions relate to developing Māori and Pacific leadership structures and plans and reducing inequities, a planned approach to implementing the national disability strategy, clinical governance, risk management, addressing corrective actions, management of policies, the timeliness of adverse event reviews, staffing requirements, completion of training, competencies and performance reviews, information technology (IT) systems, aspects of medicines management, and five areas relating to restraint management.

Ō tātou motika | Our rights

Te Whatu Ora Wairarapa works collaboratively to support and encourage a Māori world view of health in service delivery. Māori patients and whānau are supported by the Māori Health Directorate, which bases care/services around the principles of Te Tiriti o Waitangi and mana motuhake.

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. 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 Wairarapa continues to adapt to the ongoing changes to Health New Zealand – Te Whatu Ora at national, regional and district level. 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 coordinator reports to the group director operations (GDO) and attends the leadership team meetings. There were examples of data identifying inequitable service delivery and efforts to address these.

The district and regional clinical boards provide clinical governance.

A 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 being identified and escalated. The National Adverse Events Reporting Policy is 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 correct 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 are made available. There is a process to review staff performance. Any concerns are addressed as they arise.

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 initiating in collaboration with the patient/whānau and the multidisciplinary team. Processes are in place to plan patient transfers and discharge.

A new medication management policy has been released. Medicines and blood products were appropriately stored and disposed of safely in each clinical setting visited.

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

The facility meets the needs of patients and whānau and was clean and well-maintained. Backup utilities were available. There were current building warrants of fitness and compliance certificates. Electrical equipment was tested and calibrated as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

There were no new builds since the last audit.

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

The 'interim 2025–2028 infection prevention and control programme' has been developed by the infection prevention and control clinical nurse specialist, approved by the infection prevention and control committee, and provided to the clinical board for approval. 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 for improvements were evident and reported to the governing group.

Here taratahi | Restraint and seclusion

The quality team, leadership team, and restraint oversight group demonstrated commitment towards eliminating restraint.

Employees within the mental health area have completed appropriate training to ensure the least restrictive and safe practice, cultural-specific interventions, and de-escalation techniques.

