

Te Whatu Ora – South Canterbury

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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Te Whatu Ora
Premises audited:	Timaru Hospital
Services audited:	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 4 October 2022 End date: 6 October 2022
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:	96

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 tatou 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 haumaruru | 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

Te Whatu Ora South Canterbury provides services to around 53,000 people in the district. Hospital services are provided from the 133-bed Timaru Hospital site, including the 8-bed Kensington facility (mental health). A range of secondary care tertiary services are provided including medical, surgical, maternity, children's and maternity services, assessment, treatment & rehabilitation services and mental health and addiction. Te Whatu Ora South Canterbury has always operated an integrated primary and secondary care model, and this continues.

This three-day surveillance audit, against the Ngā Paerewa Health and Disability Services Standards included review of documents prior to the on-site audit and onsite, including review of clinical records. Auditors interviewed managers, clinical and non-clinical staff across all services, patients and whānau. Observations were made throughout the process.

The audit identified that improvements are in relation to timely management and reporting of serious adverse events, risk management, training and development and orientation and meeting staffing requirements. Improvements are also required to documentation of assessments, care plans and re-assessments, aspects of medication management and food services. Several

facilities are not fit for purpose and require maintenance. Although none of the eight previous corrective actions have been fully addressed and closed, good progress is being made in all areas.

Ō tatou motika | Our rights

Te Whatu Ora South Canterbury has a long history of working in partnership with iwi in the region and Māori and Pacific groups to support and encourage te āo Māori, mana motuhake and tikanga in service delivery. The organisation is committed to achieving health equity and wellbeing for Māori through the Whakamaua Māori Health Action Plan (2020-2025) which is reflected in the most recent annual plan, Māori leadership roles and equity champions.

Recruitment strategies encourage applications from Māori and Pacific peoples across all roles. The development of Kaiawhina roles across services is proving to be a valuable longer-term employment and development strategy. Staff complete a range of training on Te Tiriti o Waitangi and cultural safety with the very successful three-day programme - Kia Tika te Ara.

Tikaka Best Practice Guidelines, along with other cultural support guidance are available to staff on the 'iHuB' Hauora Māori. Patients and whānau reported that they were listened to and included when making decisions about care and treatment. The Māori health service supports Māori patients and whānau and provides useful links with marae and a range of culturally appropriate services.

Hunga mahi me te hanganga | Workforce and structure

Following the transition to Te Whatu Ora South Canterbury, the governance structure is evolving in line with Te Whatu Ora Health New Zealand (Te Whatu Ora) developments. The senior leadership team (SLT) is acting in a quasi-governance role along with the clinical board. Input from the consumer council and the equity governance group is sought as appropriate. The SLT report to the interim regional director who attends leadership forums as appropriate and is informed of emerging risks and progress with monitoring of risks. Cultural competencies are developing well through the three-day orientation programme, the equity champions and the year-long Te Awa Māori online programme, with the SLT demonstrating leadership in this area.

Proven successful community partnership models (eg, the Covid-19 immunisation response and bowel screening programme) are being further developed and used to improve outcomes and achieve equity for Māori. Consumer representation on projects and committees is supporting planning, evaluation and equity, including for tangata whaikaha.

The small quality and risk service team supports the quality, patient safety and risk framework. Coordinator roles are supported by a range of 'champion' roles in the clinical services. A focus on developing health intelligence to better identify areas for improvement, monitor progress in achieving strategic goals and provide effective reporting was evident. Adverse events are managed through an electronic management system. Essential notifications are occurring. Management of risks has been improved through the establishment of a risk, health and safety management group resulting in improved risk descriptions, mitigation plans and monitoring. The Health Equity Assessment Tool (HEAT) is used to evaluate health equity when undertaking projects.

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 is well developed. Several key senior roles support decisions around patient flow, staff placement and managing hospital services that are frequently operating at full and near full capacity. A district-wide approach is developing.

Recruitment and retention are supported by employment processes based on best practice. Professional qualifications are validated prior to employment. An organisation-wide orientation programme and service specific orientation is available. Ongoing training and professional development opportunities include a wide range of clinical, cultural and professional development programmes. Staff ethnicity and other data collected is securely managed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Five patients' 'journeys' through the services were reviewed as part of the audit process using tracer methodology and involved patients in the surgical, medical, paediatrics, maternity, and mental health services. Wards and units (eg, the emergency department, operating theatres, specialist units such as cardiac/intensive care) were visited as part of the process. Auditors

worked collaboratively with hospital staff in reviewing the relevant documentation and interviewing medical, nursing and allied health team members, patients/whaiora and whānau. Additional files were reviewed throughout the audit.

Informed choice underpins the development of a plan of care, developed by skilled and experienced health care workers alongside the patients/whaiora and their whānau. Assessments, including cultural needs, values and beliefs are part of this process. There are Māori health services and Pacific people who assist staff with cultural understanding to support patients. Provision of services contributes to meeting the person's individual needs. Discharge planning was evident.

Opportunities for Māori to participate in te ao Māori are facilitated. Overall, the audit identified a strong focus on teamwork and a strong interdisciplinary partnership approach to patient care.

Policies and procedures provide guidance for staff on medicines and blood product management. Medicines are stored safely and managed effectively through an electronic system. Vaccines are stored in cold chain accredited fridges. Staff are provided with training and assessed for competency relevant to their role and responsibilities.

There is dietitian input to ensure the menu is nutritionally appropriate, and staff interviewed understood cultural values and norms related to food and meals.

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

Te Whatu Ora South Canterbury is in the midst of a three-year renovation and rebuild programme. Patient care is being delivered in several transitional areas. Consumers have been involved in the redevelopment projects. Building warrants of fitness were current.

Reactive and proactive maintenance of equipment and facilities is undertaken, with suitable equipment and supplies available. Clinical equipment, with some exceptions, has undergone annual performance monitoring and electrical testing as required.

Planning for all types of emergencies is well developed and backup systems support continuity of services. Trial evacuations are undertaken according to the fire evacuation plan.

Security systems have been improved with the use of contracted security roles, supported by a team of orderlies.

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

A pandemic plan is in place and personal protective equipment is readily available. The plan has been well tested with Covid-19 prevention strategies and ongoing development.

The infection prevention programme is appropriate to an acute hospital setting and includes surveillance of infection. The surveillance practices utilise standardised definitions, methods, tools and analysis. Surveillance data is reported monthly to the infection prevention and control committee and the board.

The infection prevention and control nurses are providing risk assessments, mitigation and management strategies to monitor and reduce the infection risk impact on patients, staff and visitors as part of the renovations and new build programme.

Here taratahi | Restraint and seclusion

Clinical governance demonstrates a commitment towards eliminating restraint with good progress towards achieving this. Any episodes of restraint are reported to the clinical governance committee. Data is analysed and assists with development of strategies to ensure the health and wellbeing of patients/consumers and health care workers. There is low use of restraint and seclusion.