

Te Whatu Ora Health New Zealand South Canterbury

Introduction

This report records the results of a Partial Provisional 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 Health New Zealand South Canterbury
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: 21 August 2023 End date: 21 August 2023
Proposed changes to current services (if any):	Commissioning of Assessment, Treatment and Rehabilitation Unit (ATR)
Total beds occupied across all premises included in the audit on the first day of the audit:	17

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 - Health New Zealand South Canterbury (Te Whatu Ora South Canterbury) provides services to approximately 62,000 people in the region from its Timaru Hospital site.

This one-day partial provisional audit, against the Ngā Paerewa Health and Disability Services standard NZS 8134:2021, was undertaken to confirm the level of preparedness of the organisation to deliver services from the new seventeen bed assessment, treatment and rehabilitation facility (ATR). The unit was opened and occupied from April 2023, however the onsite audit occurred in August 2023. The audit included review of documentation, inspection of the environment and interviews with clinical staff and managers of the service.

The audit identified that improvements were required in four areas in relation to governance, issue of a certificate of public use, approval of the fire evacuation scheme, and management of hazardous substances.

Ō tatou motika | Our rights

Not applicable to this audit.

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora South Canterbury is working through the changes to the structure of Te Whatu Ora - Health New Zealand in line with national and regional guidance. Te Whatu Ora South Canterbury sits within Te Waipounamu as one of the four regional integration teams. The increasing regional (Te Waipounamu South Island) approach for clinical governance is developing, with network meetings recently commenced. Localities and iwi partnership boards are in the establishment phase. The hospital specialist services (HSS) district leadership group is established with an interim lead. Although the national, regional and local clinical governance model is still being determined, a local clinical board is active and in place.

Present developments recognise Te Tiriti o Waitangi and support Māori patients and whānau health. The director of Māori health and associate director of Māori health roles have been disestablished, with the associate director of Māori health appointed as kaiaki mātāmua o whānau / senior advisor whānau voice. Results of monitoring of hospital services has continued and is regular and informative through the new reporting lines.

Policies and procedures relevant to the ATR service are current or have been reviewed to reflect the recent changes in organisational structure.

The appointment and management of staff is based on current good practice and managed by the People and Culture team. A systematic approach to identify and deliver ongoing training supports safe service delivery, with generic organisational service-specific training offered. Staffing levels and skill mix are planned and implemented to meet the changing needs of patients using an established nursing acuity model. There have been no changes to the previous staffing levels for the new unit. Care capacity demand is continuously monitored.

A range of mechanisms are used to ensure that the right numbers of staff are available to meet the changing needs of patients in the unit. 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). A strong focus on recruitment, retention and support across the region was evident. No changes to staffing has occurred as new workflows are established in the unit, with most staff having worked in the old ward. An internal nursing resource unit provides some additional staffing support.

Professional qualifications are validated prior to employment. A generic orientation programme is well established, and a wide range of ongoing training and professional development opportunities are available. Māori workforce development was supported by roles and a range of training programmes including Te Tiriti o Waitangi.

Ngā huarahi ki te oranga | Pathways to wellbeing

There are no changes to the continuum of service delivery following the transition into the new unit.

Medicines and blood products are managed through the pharmacy and laboratory service respectively with established systems and processes in place. This includes prescribing, administration, storage and disposal of medicines. Controlled drugs are managed and stored in accordance with regulation and legislation.

Food services are overseen by a dietician and well managed through a contracted service designed to meet the nutritional needs of patients. There is no change to the current arrangements.

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

Plant, equipment and biomedical equipment have been tested in accordance with the existing preventative maintenance and calibration of equipment processes. The physical environments, both internal and external, were accessible, safe and promoted safe mobility. Planned and unplanned maintenance as part of organisational processes, are well managed.

A trial fire evacuation has been held and fire readiness training delivered by the fire and emergency manager and online. A fully stocked emergency trolley is centrally available in the unit.

Suitable security arrangements are in place, with further refinements being made. Security systems included centrally locked/released entry doors, closed circuit television monitoring, duress alarms and contracted security services out of hours. There is an existing system to report any security events.

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

The infection prevention and control programme is managed by an infection control specialist who is responsible for overseeing and coordinating the IP programme. The role is supported by infection prevention champions in service areas. Clear reporting lines are established, with the infection prevention and control committee reporting to the clinical board. The service has access to external advice from recognised infection prevention experts.

The infection prevention programme is guided by relevant policy and procedures and is reviewed annually. It includes objectives, monitoring of antimicrobial use, surveillance, audits of the environment, and staff practices and processes. Infection control input has occurred in relation to the new unit. Considerations and design have been in accordance with the Australasian Building Standards.

Surveillance of health care-associated infections (HAIs) and the antimicrobial stewardship programmes are appropriate to the size and scope of the service and have been implemented as planned. Since occupation of the new ATR unit, there have been no trends noted in the surveillance data.

The environment was clean to a high standard, and layout and fittings improve prevention and limit transmission of infections. Existing arrangements are continuing in relation to the cleaning and laundry services. Due to the larger footprint of the unit, additional resources for cleaning have been allocated. Plans for the management of waste and hazardous substances at the new

unit are consistent with those previously in place. Protective equipment and clothing were available. Laundry is undertaken as previously, with a conveniently located area designated for the collection of laundry bags prior to transporting for collection.

Here taratahi | Restraint and seclusion

Not applicable to this audit.