

# Te Whatu Ora – Health New Zealand Timaru Hospital

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## 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:

<b>Legal entity:</b>	Health New Zealand
<b>Premises audited:</b>	Timaru Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 7 November 2023      End date: 9 November 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	95

# Executive summary of the audit

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## 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

Te Whatu Ora – Health New Zealand South Canterbury (Te Whatu Ora South Canterbury) provides services to around 61,500 people in the region from the 135-bed site in Timaru. 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 certification audit, against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, included review of documents prior to the on-site audit and during the audit, including clinical records. Auditors and technical expert assessors interviewed managers and clinical and non-clinical staff across services, and patients and whānau. Observations were made throughout the process.

The audit identified that improvements are required in relation to embedding and enacting Te Tiriti o Waitangi and mana motuhake, including development of partnerships with Māori iwi, and ensuring input from Māori at all levels of the organisation. Involvement of Pasifika peoples in planning and evaluation of services to improve outcomes also needs improvement. Improvements are required

in relation to family violence intervention programme screening, involving consumers/whānau in planning and monitoring services, and identifying and addressing barriers to equitable service delivery. Clinical governance is also an area for development. Challenges remain to provide sufficient staff in clinical areas and to ensure that mandatory training and performance reviews are completed. Within the 'pathways to wellbeing' subsection, improvements are required in relation to assessments, identification of patients' goals, ensuring care planning is individualised to meet the needs of the patients, the activities programme in the mental health service, medication management within paediatrics, and ensuring food options specific to te ao Māori are available. Aspects of the environment require attention across several services.

## **Ō tātou motika | Our rights**

Te Whatu Ora South Canterbury recognises Te Tiriti o Waitangi and supports Māori patients and whānau to realise their mana motuhake through partnering with Arowhenua Whānau Services and through the pou tikaka role. Staff have completed cultural training. A workforce development strategy aims to increase the numbers of Māori in the workforce.

For Pasifika patients, cultural support is provided by the family members and Pasifika staff members, as available. There is a working relationship with Fale Pasifika who provide social services in the community.

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.

Complaints management policies and procedures were in place and known to staff, who communicate this information to patients and whānau. Patients and whānau understood how to make a complaint.

## 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 and Te Aka Whai Ora in line with national and regional guidance and developments. A regional approach was evident in many areas of service delivery. The transition is proving challenging for a smaller district hospital with several leadership roles and teams disestablished, based in Christchurch, or staff changing roles from Te Whatu Ora to Te Aka Whai Ora.

Strategies, priorities, and proposed system changes are defined, within a range of planning documents. A monitoring and reporting process occurs through the district leadership group (DLG), regionally and nationally.

A well-established quality and risk management framework demonstrated a commitment to patient safety and to making improvements with a focus on the Health Quality and Safety Commission (HQSC) programmes and other priorities. Risks were well managed, aligning both regional and national developments. Improvements have been made to the adverse events process using the 'Healing, Improving and Learning from Harm' policy and process. Recommendations resulting from review of incidents/events were followed through to completion. Essential notifications obligations were understood.

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 and accurate data to support decision-making by duty managers. There is a strong focus on recruitment, retention and support for the teams. Risk was mitigated with regular planning and updates in areas where vacancies are impacting on care delivery in a challenging workforce environment.

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.

Information management meets required legislation and standards. Clinical records are a mix of electronic and paper and were of an acceptable standard.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Patients access services based on need, guided by relevant pathways and guidelines. Waiting times are monitored and managed. 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. Progress notes, shift handovers and rapid rounds were predominantly used to identify and communicate patients' needs, including those related to discharge.

Interventions were implemented to ensure goals and needs are 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.

Medicines and blood products were prescribed, administered, stored and disposed of safely in each clinical setting visited.

Food is managed through a contracted service and met the nutritional needs of patients.

The service does not provide electroconvulsive therapy (ECT) on site.

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

Building warrants of fitness and fire compliance certificates were current with two exceptions. Plant, equipment and biomedical equipment were tested regularly as required. The physical ward environments in the older part of the hospital are due for

redevelopment; however, no issues related to patient safety were identified. Internal and external areas, in most cases, were accessible and safe including for people with disabilities. Planned and unplanned maintenance was well managed.

Fire and emergency evacuations are planned and practised by staff. Staff were kept up to date with emergency and security procedures. Security systems included security alarms and security guards on site at night. Any 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 an experienced infection prevention nurse. A clear line of communication was evident, with the infection prevention and control committee reporting to the clinical board/leadership 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.

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.

The environment was clean and facilitates the prevention and the mitigation of transmission of infections. Staff demonstrated good principles and practice around infection control, guided by relevant policies and supported with regular education.

## **Here taratahi | Restraint and seclusion**

The service has a restraint minimisation and safe practice approval committee who are committed to elimination of restraint and seclusion. The committee has executive leadership representation. Mental health staff have been trained in the least restrictive practices, de-escalation techniques, safe practice, and cultural-specific interventions. The national training programme 'Prevention

First' is about to be introduced. 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 undertaken safely and as a last resort. All restraint episodes were reviewed according to the required parameters. Debriefs occur for those involved.

The service is working 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 events occur with recommendations and data reported to the governance groups. The rate of seclusion has decreased over the past year.

Night safety orders are not used.