

# Te Whatu Ora Health New Zealand - Waitaha Canterbury

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## Introduction

This report records the results of a Surveillance Audit; 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 Central Region's Technical Advisory Services 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:** Health New Zealand

**Premises audited:** Oxford Hospital||Oromairaki||Hillmorton Hospital||Burwood Hospital||Christchurch Hospital||Kaikoura 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; Dementia care; Hospital services - Surgical services; Hospital services - Maternity services

**Dates of audit:** Start date: 2 May 2023 End date: 5 May 2023

**Proposed changes to current services (if any):** The certification of 24 beds in ward D2 at Burwood Hospital that were completed in 2016, but not commissioned. The service types are undetermined and are proposed to be either Hospital services - Medical

services; Hospital services – Surgical services; or Hospital services - Geriatric services (excl. psychogeriatric). This will increase total beds at Burwood Hospital from 307 to 331.

**Total beds occupied across all premises included in the audit on the first day of the audit: 1308**

# Executive summary of the audit

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## General overview of the audit

Te Whatu Ora - Health New Zealand Waitaha Canterbury provides health services to the people of the Waitaha Canterbury region.

A comprehensive self-assessment and supporting evidence was provided to the audit team prior to the onsite audit. Site visits included Hillmorton Hospital, Christchurch Hospital, Burwood Hospital, Oromairaki (maternity service) Oxford Hospital and Kaikoura Hospital.

A partial provisional audit was also undertaken in Burwood Hospital to establish the level of preparedness to provide services in a 24-bed ward. The audit assessed the suitability of the ward to provide services to either medical, surgical, or geriatric patients.

A total of eight individual patient tracers were completed across medical; surgical; maternity; child health; mental health; and geriatric services. Systems tracers were undertaken for medication management; infection prevention and control; falls; and the deteriorating patient.

The organisation prioritised safe patient care on a background of increasing patient demand and workforce challenges. An experienced executive leadership team was in place and provided oversight for the organisation in keeping with national Te Whatu Ora requirements. There were organisational values and philosophies in place. These were embedded in the day-to-day service provision and were observed throughout all hospitals and services visited. Patients interviewed reported positively about the services they received.

Equity for Māori patients and whānau was an organisation priority. There were Pacific peoples' strategies and plans in place. Consumer engagement occurred at all levels of the organisation.

Quality and risk management systems were effectively managed, and risks escalated as required. Comprehensive information was available to support decision making. A quality improvement environment was established with programmes in place and initiatives completed to improve patient outcomes.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021) following reform of the Aotearoa New Zealand health system. The development of and transition to Te Aka Whai Ora - Māori Health Authority and Te Whatu Ora - Health New Zealand, has informed the audit outcome. The audit was also undertaken at a time of national health workforce shortage and should be read with consideration of the national and international pandemic influences experienced by the organisation.

Areas for improvement from the previous Certification audit related to privacy, ethnicity data, advance directives, clinical governance, assessment, activities, building legislation, restraint and seclusion are now closed.

Areas for improvement from this audit include staffing levels, training/support, assessment/documentation, medication management, care/support plans, antimicrobial stewardship, and the physical environment.

## **Ō tatou motika | Our rights**

Te Whatu Ora - Health New Zealand Waitaha Canterbury had developed policies, procedures, guidelines and plans to embed and enact Te Tiriti o Waitangi in all aspects of its work. This was reflected in the organisation's values and staff interviewed confirmed mana motuhake was respected. A ropu of Māori leaders within the organisation, Te Tumu Whakahaere, informed the organisation's implementation of Māori action plans, objectives, priorities and provided a Māori perspective. Patients/whānau reported that staff respected their right to Māori self-determination, and they felt culturally safe. Patients who identified as Māori had their ethnicity recorded during the pre-admission process or on admission if admitted acutely.

Consumer rights and advocacy service information was on display throughout all the organisation's services visited. Staff interviewed were knowledgeable about consumer rights and were able to discuss how they incorporated these into interactions with patients and family/whānau. Patients reported access to advocacy and interpreter services was provided when requested. Services provided facilitated informed choice and informed consent, and this was documented. In all areas visited, patients and family/whānau interviewed confirmed they were provided with information on their rights and advocacy services.

Staff were observed demonstrating respectful communication and maintaining patients' dignity and privacy. Electronic patient files were securely managed. Regular reviews/audits were undertaken to ensure information management met the organisation's policy and legislative requirements.

Policies available to staff supported the organisation's initiatives included training to ensure patients were provided services free from discrimination. The training included the organisation's documented expectations related to discrimination and how this will be met. Policies and processes related to the code of conduct and professional requirements were available and staff interviewed discussed the implementation of these.

There were Māori leadership roles established and Māori advisory staff available to support the culturally informed provision of health services to Māori patients and their whānau. A bimonthly hui, Te Ao Marama, was facilitated with the aim of supporting the Māori workforce. Te Tiriti o Waitangi training was available at all levels of the organisation and a range of cultural education/training resources were developed. Learning opportunities were available electronically and included Pepeha, Waiata, Karakia, Whakatauki and te reo Māori. Patients and tāngata whaikaha were treated with dignity and in a manner that respected their needs, cultural values, and beliefs.

There were established relationships with leaders from the Pacific people's community who were engaged to inform and advise the organisation.

Interviews confirmed patients' family/whānau had access to information on how to make a complaint. The complaints process was documented and implemented according to Right 10 of the Code of Health and Disability Services Consumers' Rights (Code) and this was confirmed onsite. Patients interviewed reported they were positive about the care they received.

## **Hunga mahi me te hanganga | Workforce and structure**

There was an executive leadership team in place with all roles undertaken by qualified, experienced personnel with delegated responsibilities. The strategic direction for the organisation was linked nationally to meet Te Whatu Ora - Health New Zealand requirements.

Inpatient services operated 24 hours a day, 7 days per week, and was delivered by a multidisciplinary team. All levels of the organisation were supported by technology, which assisted decision making using real time collated data. Policies and procedures were electronic, with systems in place for document control. Quality and risk frameworks were in place. Risks were known and mitigated where appropriate. These were monitored by delegated, senior personnel and escalation processes were in place. Clinical governance was established in all divisions. Clinical quality oversight was provided through the executive leadership group meetings with collated clinical governance data available.

Incident reporting was occurring using an electronic system. Incident management reviewed onsite confirmed incidents were managed through an established system and in a timely manner. Incident outcomes were shared with staff, patients, and the community where appropriate. Debriefing occurred and involved the multidisciplinary team. Any improvements identified were implemented and evaluated for effectiveness through an established process and this was documented. Adverse events were investigated, and open disclosure occurred with patients and their families/whānau. Interviews confirmed appropriate people were involved in investigations including input from service delivery staff where appropriate.

Human resource processes were reviewed and met legislative employment requirements. Staff had access to a structured orientation programme and ongoing learning and development opportunities. The organisation used established systems and processes alongside new approaches to manage safe staffing levels. Workforce availability remained a challenge and an organisation priority.

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

Patients at Te Whatu Ora - Health New Zealand Waitaha Canterbury had input into their care-plan development in collaboration with the multidisciplinary team. Health care interventions were delivered in consultation with the patient and/or family/whānau as appropriate. Māori were supported to achieve their self-identified pae ora outcomes. Services were planned and delivered in a manner that supported tāngata whaikaha.

Patients' ethnicity data was collected on admission and the information was used to plan health services.

The organisation had connections with Māori and Pacific peoples health services. The Māori and Pacific peoples Health Service took a lead role in promoting and co-ordinating community health events that focused on improving health outcomes for Māori. All staff were made aware of these events and attended relevant services as appropriate.

The food service offered a range of food options that met the needs of the patient's cultural values and beliefs.

Discharge from the services was planned and facilitated in a manner that reduced risk to the patient. Patients and their family/whānau (as appropriate) were involved in the discharge planning process.

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

There were systems and processes in place to support the provision of a safe environment for patients, whānau, staff, visitors, and contractors. The buildings visited across all sites varied in age.

Construction was near completion for the new clinical services building at Hillmorton Hospital. The challenges identified in managing patients in existing older wards and services across the organisation were known and managed by the facilities team. Staff reported preventative maintenance was undertaken across all sites and there were systems and processes in place to manage this.

Buildings in the community providing residential care were maintained and provided homely environments.

Emergency and disaster response plans were in place and up to date. Plans were maintained and practised. Recently reviewed contingency plans were in place related to unexpected utility or plant outage. Security systems were in place in all facilities visited and interviews confirmed these were regularly reviewed to meet any changing need. Security personnel were available to meet service demand in a timely manner, 24 hours a day, 7 days per week in all services visited including on call availability. All inpatient areas visited had heating and ventilation for patient comfort. All patient rooms in wards and services reviewed had external windows.

The newly commissioned 24 bed Burwood Hospital ward was finished to an acceptable standard to meet the needs of patients requiring either medical, surgical or geriatric services.

There was a policy, with systems and processes in place that supported a smoke free environment. Staff provided support to patients, where identified, to meet the Smoke Free Aotearoa 2025 goal.

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

There was a pandemic/infectious diseases plan in place, that had been implemented and reviewed at timely intervals. A variety of educational resources were available that informed patients of health conditions and acquired infections. The surveillance programme was appropriate to the size and scope of the organisation.

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

Te Whatu Ora - Health New Zealand Waitaha Canterbury demonstrated a commitment to ensure the least restrictive practice related to restraint was implemented. Restraint was used as a last resort after all de-escalation techniques had been utilised.

There were policies and procedures reflecting best practice to guide staff to reduce restraint events. These met the requirements of the standard. All restraint events were reviewed, and restraint audits completed. Senior oversight was provided through experienced, appropriate, and available staff.