

Te Whatu Ora – Health New Zealand Waitaha 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 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: Te Whatu Ora – Health New Zealand Waitaha Canterbury

Premises audited: Hillmorton Hospital

Services audited: Hospital services - Mental health services

Dates of audit: Start date: 28 June 2023 End date: 29 June 2023

Proposed changes to current services (if any): The transfer of existing services for adult inpatient consumers requiring extended care from the Seager Ward at the Princess Margaret Hospital to a new build, building 12 at Hillmorton Hospital. The new building 12 is a 16-bed unit which is reduction of 8 beds.

The transfer of the existing 29 bed services for: South Island Eating Disorder Service; Mothers and Babies Service and Child and Adolescent Inpatient Service currently located at the Princess Margaret Hospital to a new 29 bed build, building 14 at Hillmorton Hospital.

Overall bed numbers for these services will reduce by 8 beds from 53 to 45 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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

Building 12 at Hillmorton Hospital is a new building to house existing services at the Princess Margaret Hospital. The new facility is a 16-bed unit which is reduction of 8 beds.

Building 14 at Hillmorton Hospital is a new building to house existing services of the: South Island Eating Disorder Service (SIEDS); Mothers and Babies Service and Child and Adolescent Inpatient Service currently located at the Princess Margaret Hospital.

Te Whatu Ora Health New Zealand - Waitaha Canterbury's Princess Margaret Hospital provides: adult mental health inpatient services to patients requiring extended care currently located at Seager Ward; the South Island Eating Disorders Service for people diagnosed with eating disorders from throughout the South Island; a Mothers and Babies Mental Health Service for mothers or primary care givers and babies; and the Child and Adolescent Inpatient unit for children and adolescents who require specialist mental health care throughout the South Island. The relocation of these services is part of the closure of the Princess Margaret Hospital. The facility intends to relocate services to a newly built 29 bed inpatient unit.

This partial provisional audit was undertaken to establish the level of preparedness to migrate existing services currently provided at Te Whatu Ora Health New Zealand - Waitaha Canterbury's the Princess Margaret Hospital. These services consist of: adult mental health inpatient services to patients requiring extended care currently located at Seager Ward, the Princess Margaret Hospital; the South Island Eating Disorder Service; Mothers and Babies Service, and Child and Adolescent Inpatient Service for children and adolescents who require specialist mental health care throughout the South Island. The relocation of these services is part of the closure of the Princess Margaret Hospital.

The facility is planning to relocate services to the newly built buildings 12 and 14 at Te Whatu Ora Health New Zealand - Waitaha Canterbury's Hillmorton Hospital after 28 July 2023, on a date to be confirmed. Building 12 is a 16-bed unit to house adult mental health inpatient services to patients requiring extended care which is reduction of 8 beds. Building 14 is a new 29 bed unit to house the: South Island Eating Disorder Service; Mothers and Babies Service, and Child and Adolescent Inpatient Service, maintaining the same number of beds currently in use for this service.

An area from the previous surveillance audit related to medication management remains open.

An area for improvement identified at this audit was the building - legislative compliance and environment.

Ō tatou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora Health New Zealand - Waitaha Canterbury's strategic plans are in place and outline the direction, vision, and values for the organisation. Overall leadership to the services is provided through an experienced and qualified Executive Leadership Team. Leadership and governance for the new build and migration has been provided by an Operational Transition Governance Group

Quality and risk systems are in place with risks specific to the migration and new build monitored and reported through the organisation's quality and risk framework.

Human resource policies and procedures are implemented, and orientation is provided to new staff. There is a process to ensure that practicing certificates for those who require them are validated annually. There is an annual training plan, inclusive of mandatory training in place. Orientation and training, including emergency, and clinical equipment training and evacuation procedures specific to the new facilities is in progress for all staff.

Throughout the planning and transition there has been ongoing involvement of the transitional workstreams that have been in place. These were comprised of user group leads from the design process, clinicians, lived experience and family/whānau advisors, cultural workers and members of the service leadership teams.

A comprehensive transition plan is in place to migrate the services to the new buildings. The plan includes significant detail to ensure the continuity of services during and beyond the migration phase.

The current staffing levels and skill mixes, that have been identified in duty rosters, to meet the needs of services provided at the Princess Margaret Hospital, will transition to the new Hillmorton Hospital buildings. Inpatient care was managed 24 hours a day by medical and nursing staff, health care assistants, allied health, and support staff.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is a medication management system in place which is appropriate to the size and scope of the service. Pharmacy support is provided on site with routine and additional requests for medicines provided as required. A process to access medicines after hours is established.

The food service is managed on site, and this will continue in the new buildings. Tangata whaiora and their families/ whānau have input into the food/beverages/snacks and meals available. Specialised diets and/or personalised nutritional options for tangata whaiora are available onsite 24 hours a day and this will continue in the new buildings. A quality system is in place to ensure the service meets the patients nutritional and cultural needs. Tangata whaiora, family/whānau survey feedback informs menu planning.

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

There is current policy in place to ensure essential equipment, maintenance, and replacements are managed to maintain a safe and appropriate environment for patients, family/whānau, visitors, and staff.

Observation confirmed the fit out of the facility included predominantly new furniture, fixtures, and fittings. Clinical equipment and a small amount of furniture will be moved at the time of migration and the transition plan clearly outlines how this will be achieved.

Patient rooms visited had been completed and all surfaces, equipment and furniture are new. All inpatients have access to their own bathroom and toilet facilities. Patient bathrooms are accessible and functioning emergency call bells are in place. Visitor toilets are available and include mobility access.

Patients and family/whānau have access to communal areas and quiet spaces.

A security policy, system and processes are in place to ensure the protection and safety of patients, family/whānau visitors and staff.

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

There is an infection prevention programme in place which is appropriate to the size and complexity of the mental health services provided at Hillmorton Hospital. Guidance, support, training, and leadership is provided by qualified and experienced infection prevention staff. Oversight for the programme is provided through the infection control lead based at Te Whatu Ora Health New Zealand - Waitaha Canterbury's Burwood Hospital with regional support provided through the Te Whatu Ora - Waitaha Canterbury infection prevention team. Infection prevention information is managed through the collation and reporting of data extracted from the electronic infection prevention programme. The infection prevention lead for Hillmorton Hospital provides monthly data reports,

and this practice will continue in the new buildings. All staff have access to the same policies, procedures, guidelines, and educational resources to support the services in all areas of infection prevention and antimicrobial stewardship.

Here taratahi | Restraint and seclusion

Te Whatu Ora Health New Zealand - Waitaha Canterbury demonstrates a commitment to ensure the least restrictive practice related to restraint and seclusion is implemented. Restraint is used as a last resort after all de-escalation techniques have been utilised. A restraint committee is in place that reports to the divisional Clinical Governance group.

There are policies and procedures reflecting best practice to guide staff to reduce restraint events. These meet the requirements of the standard. All restraint events are reviewed, and restraint audits are completed. Seclusion is only used when all other strategies have been considered. All episodes of seclusion are recorded in the electronic incident management system and in the patient's file.

The organisation is committed to the national Zero Seclusion Project to reduce episodes of seclusion.