

Ngati Porou Oranga - Te Whare Hauora o Ngati Porou

Introduction

This report records the results of a Certification Audit of a provider of aged residential care 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:

Legal entity:	Ngati Porou Oranga
Premises audited:	Te Whare Hauora o Ngati Porou
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services
Dates of audit:	Start date: 27 November 2023 End date: 28 November 2023
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:	13

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 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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service are unattained and of moderate or high risk

General overview of the audit

Ngāti Porou Hauora is certified to provide geriatric services, rest home and hospital services, respite care, medical services – hospital services and primary maternity for up to 22 residents. Since the previous audit the service has merged with a large primary health organisation and is now operating under the name of Ngāti Porou Oranga since 1 October 2022.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts with Te Whatu Ora – Health New Zealand Tairāwhiti (Te Whatu Ora Tairāwhiti). It included a review of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents, patients, wāhine and whānau, a governance representative, staff, and two general practitioners. The facility is managed by an experienced general manager hospital and community who reports to the director of health, Ngāti Porou Oranga. A medical director, a resident medical officer, registered midwife and clinical nurse manager have clinical oversight of the facility and provide support and report to the general manager. Residents, patients, women and whānau were complimentary about the care provided.

Strengths of the service, resulting in a continuous improvement rating, related to the transition, transfer (transportation) and discharge processes. There were eight areas of improvement identified in the audit. One person-centred and safe environment finding was rated high on the day of the audit and reported to HealthCERT. Three areas of ceiling collapse were identified in service areas caused by significant weather events. Other areas identified related to post fall assessments, medication management, the facility and first aid training, the antimicrobial stewardship programme (AMS), infection prevention and control including training for the infection prevention control nurse, and the surveillance programmes for infection prevention and AMS.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service are fully attained.

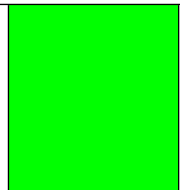
Ngāti Porou Hauora provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents', patients and wāhine rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and other ethnicities. Ngāti Porou Hauora worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori residents and staff interviewed. There were no Pasifika residents, patients, or wāhine; however, there were two staff members at Ngāti Porou Hauora at the time of the audit who identified as Pasifika. Systems and processes were in place to enable Pacific people to be provided with services that recognised their worldviews and were culturally safe.

Residents, patients, wāhine and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents, patients and wāhine were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided a diverse range of services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans and "admission to discharge plans" accommodated the choices of residents, patients and their whānau. There was evidence that residents, patients and their whānau were kept well informed.

Residents, patients and their whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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The management team and governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and tāngata whaikaha (people with disabilities).

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents/patients/wāhine provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies any trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents, patients and wāhine utilising the services. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information was accurately recorded, securely stored, and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When residents and patients were admitted to Ngāti Porou Hauora a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident, patient and their whānau.

The service worked in partnership with the residents, patients and their whānau to assess, plan and evaluate care. Care plans and “admission to discharge” plans were individualised, based on comprehensive information, and accommodate any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents, patients and their whānau and was evaluated on a regular and timely basis. The midwife updated the records of both mother and baby at each point of contact. Whānau and support persons of choice were able to participate in the care of the wāhine, during all stages of service delivery.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines were stored safely and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents and patients, with special cultural needs catered for. Food was safely managed.

Residents and patients were transitioned or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

The facility meets the needs of residents, patients and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation scheme. Electrical equipment has been tested as required. Calibration records were current.

External areas are accessible, safe and provide shade and seating and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents and patients reported timely response to call bells.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

The clinical nurse manager at Ngāti Porou Hauora ensured the safety of residents and staff through a planned infection prevention (IP) programme that was appropriate to the size and complexity of the service.

A suite of infection prevention and control policies and procedures were in place. Ngāti Porou Hauora had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, patients and whānau were familiar with the pandemic/infectious diseases response plan.

The environment supported the prevention and transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service are fully attained.

The service aims for a restraint-free environment. This is supported by the management team and policies and procedures. There were no residents or patients using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques, and alternative interventions. No restraint had been implemented since the previous audit.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	1	5	1	0
Criteria	1	161	0	1	9	1	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Ngāti Porou Hauora has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values.</p> <p>The Oranga Māori Health Action Plan 2020 – 2025 is well implemented across the organisation. When recently reviewed September 2023, input from cultural advisors was sought. The plan reviewed consists of four outcomes which are clearly documented, and staff have access to this document. The management team has strong established links with Te Whatu Ora Tairāwhiti.</p> <p>Ngāti Porou Hauora is committed to creating employment opportunities for Māori through actively recruiting a Māori health workforce across all organisational roles.</p> <p>On the day of the audit there were residents/patients and staff who identified as Māori. Manu motuhake is respected. Residents, patients and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>The director of health (DoH) interviewed. and the risk compliance and continuous quality and improvement officer and staff reported, and documentation confirmed, staff have attended cultural diversity</p>

		training.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Ngāti Porou Hauora works to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs are embraced. There were two staff who identify as Pasifika who bring their own skills and expertise. No residents or patients identify as Pasifika at the time of the audit. Staff reported at interview that they are guided to deliver safe cultural and spiritual cares to residents/patients through their knowledge and in the care plan.</p> <p>Cultural needs assessments at admission are completed by the registered nurse (RN) to identify any requirements.</p> <p>Te Mana Ola-Pacific Health Plan July 2023 – 2024 developed and implemented was available for review. This plan sets the long-term direction for Pacific health and Ngāti Porou Hauora. Reference is provided to the Ministry of Health 2020 – Ola Manuia Pacific Health and Wellbeing Action Plan. Cultural guidelines and standard operating procedures are developed with input and meetings with Pacific leadership groups, with which Ngāti Porou has a memorandum of understanding (MOU). This is currently being reviewed with a Pasifika community group in Tairāwhiti.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed on a te reo Māori and English poster and in New Zealand Sign Language all around the facility, with brochures available in both languages at reception. A poster on the Nationwide Health and Disability Advocacy Service was displayed in the reception area, in large print, and in the maternity ward. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the code and the availability of the advocacy service and were seen supporting residents and patients of Ngāti Porou Hauora in accordance with their wishes. Interviews with whānau, who visited regularly, confirmed staff were seen to be respectful and considerate of residents' and patients'</p>

		<p>rights.</p> <p>Ngāti Porou Hauora had a range of cultural diversities in their staff mix, and staff could assist if interpreter assistance were required. Ngāti Porou Hauora also had access to interpreter services and cultural advisors/advocates if required. Relationships had been established with the local community. Members of the local community visited regularly and participated in a range of activities going on in the facility. The facility was the central hub of the community during the recent flooding, when the community was cut off. The community commitment and support to Ngāti Porou Hauora remains ongoing, as does Ngāti Porou Hauora's commitment to the community to provide them with the diverse services they need to meet their needs. Ngāti Porou Hauora recognized mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Ngāti Porou Hauora supported residents and patients in a manner that was inclusive and respected their identity and experiences. Residents, patients and their whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at Ngāti Porou Hauora were educated in Te Tiriti o Waitangi and cultural safety. The staff could speak and learn te reo Māori, with the assistance of staff members, residents and patients who identified as Māori. Documentation in the care plans and admission to discharge plans of residents or patients, all who identified as Māori on the day of audit, acknowledged the residents'/patients' cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents and patients were assisted to have an advanced care plan in place. Residents and patients verified they were supported to do what was important to them, and this was</p>

		<p>observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents and patients had a private room. Ngāti Porou Hauora responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training on the aging process, diversity, and inclusion included training on support for people with disabilities. The review and update of a Disability Plan for Ngāti Porou Oranga whānau has been completed and this plan sits within the context of the national strategy. There is a focus on equity including by ethnicity and people with a disability. The plan notes that people can experience inequity with both.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at Ngāti Porou Hauora included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers followed a code of conduct. Wāhine accessing the maternity service were screened by the midwife for family violence, and pamphlets and contact numbers were accessible in the ward if needed.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents and patients reported that their property was respected. Professional boundaries were maintained.</p> <p>A holistic model of health at Ngāti Porou Hauora was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Six residents/patients and six whānau members interviewed expressed a high degree of satisfaction with the services provided at Ngāti Porou Hauora.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents, patients and their whānau at Ngāti Porou Hauora reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into the day-to-day activity in the facility, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident/patient and whānau meetings at Ngāti Porou Hauora were held regularly in addition to regular contacts with whānau on a day-to-day basis.</p> <p>Evidence was sighted of residents and patients communicating with all staff, including the clinical nurse manager (CNM), the general practitioner (GP) and the group manager (GM). Residents, patients, whānau and staff reported the CNM responded promptly to any suggestions or concerns.</p> <p>Changes to residents'/patients' health status were communicated to residents, patients and their whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents' and patients' care when needed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability</p>	<p>FA</p>	<p>Residents and patients at Ngāti Porou Hauora and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's/patient's record. Advance care planning was not used in primary maternity but wāhine are encouraged to have discussions with their midwife and to be well informed of any decision-making required. Wāhine have a choice of who they would like as their support person during all stages of service</p>

<p>to exercise independence, choice, and control.</p>		<p>delivery.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A cultural advisor/kaumatua was available to support residents and patients and advise if needed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. A complaints log is maintained. This meets the requirements of the Code.</p> <p>Residents, patients and whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box at the hospital reception and in the maternity ward are accessible. The Code is available in te reo Māori and English. Advocacy services are available, and signage is available. The kaumatua is also available if needed.</p> <p>One complaint has been received in the last year. There have been no complaints received from external sources since the previous audit. Staff reported they knew what to do should they receive a complaint.</p> <p>The general manager Hospital and Community (GMH&C)) is responsible for complaints management. The GMH&C stated that if a complaint relates to a clinical issue this will be allocated to the medical director and/or the clinical nurse manager, to investigate and action as necessary.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational</p>	<p>FA</p>	<p>Ngāti Porou Hauora Charitable Trust Board has undergone significant changes since the previous audit. The organisation has merged with a large primary health organisation and has had a name change on 1 October 2022 to Ngāti Porou Oranga. The service is in transition, and this was reflected at the opening meeting where a full explanation of the changes was explained by the director of health (DOH) for Ngāti Porou Oranga. Ngāti Porou Oranga has three key business divisions:</p>

<p>operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>Hauora, housing and whānau Oranga under Te Ripoata O Te Tau. The annual report for Te Runanganui O Ngāti Porou/Te Ripoata O Te Tau 2023 was made available. The key focus for the year is to improve access to Hauora services for whānau, improve key clinical statistics and to improve staff welfare and working conditions. The organisation has two boards, new structure and new leadership team. The chief executive officer (CEO) reports to both boards monthly. Each have their own meetings held closely together and minutes of meetings were reviewed. Both boards consist of all Māori representatives. The iwi board has 14 elected representatives, and the primary health organisation (PHO) has five board members appointed with shared representatives for a cultural perspective. The annual general meeting was held on 2 December 2023.</p> <p>New positions to cover the hospital services include the CEO, director of health (DOH) Ngāti Porou Hauora, general manager hospital and community (GMH&C) and the medical director (MD). Management is well supported with a human resource manager (HRM), risk compliance and continuous quality improvement officer RC&CQIO), the cultural advisor/kaumatua and other staff. A medical officer who has worked at this site for nine years is the medical officer for the hospital. A new clinical nurse manager (CNM) was recently appointed to this role two months ago. The service is acknowledged as Ngāti Porou Hauora throughout this report.</p> <p>The quality plan for 2022 – 2024 continues to be implemented during this transition time and includes the strengths, weaknesses, opportunities and threat analyses, goals, vision and values. This document is to be reviewed in February 2024 and a new business plan will be introduced across the organisation.</p> <p>The clinical governance team, guided by the clinical governance policy, medical director and clinical nurse manager, discuss clinical indicators including medication management, complaints, compliments, falls and infections and clinical incidents/events if they occur. The last meeting was held on 16 November 2023.</p> <p>The leadership team through the DOH, GMH&C and the MD demonstrated leadership and commitment to quality and risk through, for example improving services, reporting, policy, processes and through feedback mechanisms, and purchasing of equipment (the later</p>
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		<p>through the hospital maintenance manager which is also a new position).</p> <p>The RC and CQIO interviewed ensure all information is available for the meetings and is the health and safety representative for the hospital. Health and safety meetings are held to discuss service health and safety issues, terms of reference and general business. Representatives from community staff are also at these meetings held monthly. Staff in the hospital have had daily updates and two weekly staff meetings during the transitioning of services, with new branding and name changes etcetera to keep them well informed throughout this time.</p> <p>The governing body is focused on improving outcomes and achieving equity for Maori and people with disabilities. This is occurring through oversight of care planning and reviews, whānau meetings, feedback and communication with the resident/patients and their whānau and health care assistants' (HCAs) knowledge of the resident/patient and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet their needs.</p> <p>Residents/patients receiving services and whānau participate in the planning, implementation, monitoring and evaluation of service delivery through the review of care plans and by providing feedback. This includes wāhine and whānau providing feedback about the maternity services provided both at the hospital and in the community. Ngāti Porou Hauora is the lead maternity care provider. A midwife is employed fulltime to cover this area of service delivery.</p> <p>The service holds contracts with Te Whatu Ora Tairāwhiti for aged-related residential care (ARRC) along with rest home, hospital level care geriatric, respite care, hospital medical services and primary maternity care services. The hospital has 22 beds in total. Thirteen (13) beds were occupied on the day of the audit. Six residents were receiving rest home (RH) level care, two hospital level care, three medical hospital care, one respite care (RH) and one patient was receiving Accident Compensation Corporation (ACC) rehabilitation care and no maternity patients were receiving inpatient care.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls. Progress against quality outcomes is evaluated.</p> <p>Staff, patients and whānau contribute to quality improvement through meetings and by providing feedback. During this transitioning period an annual survey is yet to be completed; however, regular meetings have been held for staff fortnightly, along with daily updates on the ward of any changes (e.g., branding and name change) or issues or areas to be improved. Minutes of meetings held were reviewed.</p> <p>The risk compliance and continuous quality improvement officer (RC&CQIO) interviewed is responsible for quality management and reporting to management, and document control is also a responsibility to be maintained. The RC&CQIO described the processes for identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies. Documented risks include falls, infection prevention and cross infection, sharps, oxygen cylinders, and potential inequities. Organisational risks are managed through the management team.</p> <p>Staff documented adverse or near miss events. A sample of incidents forms reviewed showed these were fully completed, incidents investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident/patient-related incidents are being disclosed with the designated next of kin. The National Adverse Event Reporting Policy implemented nationally on 1 July 2023 was discussed with the management team present at audit.</p> <p>The RC&CQIO and the GMH & C understood and have completed essential notifications as needed. Six notifications have been sent to HealthCERT in relation to staffing (RN shortage). Notification of two new positions being CNM and GMH&C have been reported to HealthCERT on the relevant Section 31 notification forms (September 2023) as per the GMH&C, but copies were not sighted. This was completed again at this audit. The change of name for the organisation (1 October 2022) had not been reported, however this was also completed and verified, on the day of the audit. There have been no</p>
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		<p>police investigations, coroner’s inquests, or issues-based audits.</p> <p>All relevant policies and procedures were updated for the document review process and meet service and contractual requirements. This process is ongoing. The employment of a clinical nurse manager is a major business and quality improvement along with the development of the clinical governance team.</p> <p>The GMH&C reports to the DOHNPO who reports to the CEO and the two boards. Quality improvements since Cyclone Gabrielle have been centred around the environment and replacing equipment and resources. The maintenance manager was interviewed.</p> <p>Staff are supported to deliver high-quality health care; for example, training, including cultural safety training and cultural assessments, care planning, and communicating with residents, patients and whānau. A majority of the 18 staff employed for the hospital service are fluent in te reo Māori, and other staff interviewed have access to learning of te reo Māori. Staff interviewed were able to give examples of tikanga best practice.</p> <p>The provider benchmarks against relevant health performance indicators and provided examples. The RC&CQIO reported that benchmarking data in all areas compares positively against all benchmarks.</p> <p>Ngāti Porou Hauora received three years accreditation on 14 April 2021 for the ‘Baby Friendly Hospital Initiative” (BFHI) which next expires on 21 June 2024.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinical safe care, 24 hours a day, seven days a week across all levels (24/7). The CNM adjusts staffing in any unplanned absence. The physical environments are considered as the registered nurses have to manage, and assist the medical staff, when patients are admitted to the emergency room. The midwife is responsible for wāhine and their baby when in the maternity ward until they are stable, after a birth. If the wāhine and partner stay postnatally, then the staff on the ward</p>

<p>services.</p>	<p>also cover and provide the appropriate support needed for mother and baby. Residents, patients, and whānau interviewed confirmed there were adequate staff. Wāhine interviewed by telephone acknowledged and were pleased with the care and support received while in the maternity ward.</p> <p>There is registered nurse coverage 24/7. The CNM works Monday to Friday and covers the service after hours. Not all shifts are covered by a staff member who has a current first aid certificate (refer to CAR 4.2.4). Training is to recommence February 2024 as planned. The medical director ensures the medical cover is appropriate for the facility 24/7 seven days a week. There is a resident medical officer and locums are used as required. All employed health professionals have a current annual practising certificate and records are maintained annually. Contracted service providers such as the physiotherapist, podiatrist and dietitian also have annual practising certificates which are reviewed annually.</p> <p>Continuing education is planned annually and includes mandatory training. The plan reviewed also includes training that is required every two years to meet the agreement requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Tairāwhiti. There are seven HCAs: one has completed level four, two are working towards level three and four are working towards level 2 qualifications. Records reviewed demonstrated completion of the required training, and competency requirements. Three registered nurses plus the CNM are interRAI competent.</p> <p>The human resource manager interviewed described the recruitment process, which includes referee checks, police vetting, and validation of qualifications. All staff personal and education records are maintained electronically. The GMH&C stated that Ngāti Porou Oranga is building on their own knowledge through cultural training, which includes all aspects of Te Tiriti.</p> <p>The use of te reo Māori in language, signage and email greetings was sighted. Further training is also being undertaken to ensure staff fully understand about health equity and the collecting and sharing of high-</p>
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		<p>quality Māori health information. The organisation has a commitment to include, provide and to invest in staff equity expertise.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource management policies and processes are based on good employment practices and relevant legislation. A sample of six staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions are documented and were sighted in the records reviewed. Professional qualifications, where required, are sourced prior to employment and annually thereafter.</p> <p>The human resource consultant described the procedure to ensure professional qualifications are validated prior to employment. Current annual practising certificates were sighted for all health professionals, including the contracted health professionals such as the dietitian, physiotherapist, pharmacy and pharmacist and others.</p> <p>Medical and maternity locums are arranged to cover the resident medical officer and the employed midwife for annual leave or other planned absences as needed.</p> <p>Staff have maintained the activities for the long term ARRC residents until recently. An activities coordinator has been employed for this role and is to commence in two weeks. This is a quality improvement for the hospital that has been recognised.</p> <p>Staff orientation includes all necessary components relevant to the role. HCAs reported that their orientation process prepared them well for their roles. A buddy system is used, and this works effectively for up to two weeks if required. Extra time can be allocated if deemed necessary.</p> <p>All staff receive a full orientation which covers the aging process, cultural training, fire knowledge, handwashing, hoist management, infection prevention, maternity care, interRAI, restraint and emergency management. Records are maintained.</p> <p>Newly employed staff interviewed stated that their performance is</p>

		<p>reviewed 90 days after employment, six-monthly and annually thereafter.</p> <p>Electronic staff records are kept securely, and confidentiality is maintained. Ethnicity data is recorded and used in line with health information standards.</p> <p>If involved in an incident or adverse event, staff have the opportunity to be involved in a debrief and discussion and to receive support following incidents to ensure wellbeing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Ngāti Porou Hauora maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Some information was held electronically, and password protected. Paper-based records were held securely and only available to authorised users.</p> <p>Residents' files were integrated hard copy files. Files for residents, patients, wāhine and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Ngāti Porou Hauora is not responsible for the National Health Index (NHI) registration of residents, patients or clients receiving services. They are responsible for the NHI registration of newborns and processes are in place to manage this.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p>	FA	<p>Residents were welcomed into Ngāti Porou Hauora when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care Ngāti Porou Hauora provided and had chosen Ngāti Porou Hauora to</p>

<p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>provide the services they require.</p> <p>Patients admitted to Ngāti Porou Hauora to receive medical hospital care were admitted acutely or following a referral by the patient's general practitioner (GP).</p> <p>Clients admitted for maternity services are booked in by the attending midwife. Wāhine are also booked into Te Whatu Ora Tairāwhiti maternity service, in case a transfer is required during any stage of service delivery.</p> <p>Residents, patients, wāhine and whānau when interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. The resident files reviewed met contractual requirements. Ngāti Porou Hauora collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori. All files reviewed on the day of audit were of residents, patients or wāhine who identified as Māori.</p> <p>Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau. Wāhine entering the maternity service are assessed as being appropriate to labour and to birth in this primary maternity care setting. Arrangements are made by the midwife if an alternative booking is required for a wāhine, if they are assessed as requiring secondary or tertiary level care and management. The wāhine can be followed up in the community for the postnatal care by the midwife.</p> <p>Ngāti Porou Hauora's philosophy of care was based on the partnerships established with local Māori to benefit Māori and their whānau. The facility provided support to residents, patients and clients from a range of resources, including Māori health practitioners and traditional healers when requested. When admitted, residents and patients had a choice over who will oversee their medical requirements. Whilst most chose the main medical provider working at Ngāti Porou Hauora, several residents/patients had requested another provider in the community to manage their medical needs.</p>
Subsection 3.2: My pathway to wellbeing	PA	The multidisciplinary team at Ngāti Porou Hauora worked in

<p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>Moderate</p>	<p>partnership with the residents, patients and their whānau to support their wellbeing. Nine residents' records were reviewed: one hospital record, three rest home and one respite resident's file of residents receiving care under the aged related residential care contract (ARRC) (residents), plus two records of patients receiving care under the hospital medical contract (patients) and two files of clients receiving care under the maternity services contract (clients). These records included patients who had had an acute event requiring transfer to an acute facility who had stabilised and returned to Ngāti Porou Hauora, patients requiring care using a palliative approach, residents with a diagnosis of co-morbidities, residents with a wound, residents receiving respite care and wāhine who had had a baby.</p> <p>Five files reviewed of residents receiving care under the ARRC contract verified that a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Two residents who had had a recent unwitnessed fall, had no documentation to verify a post fall or neurological assessment had taken place. This is an area requiring attention. A resident with a wound had a wound care assessment and plan in place, that included photographs and ongoing evaluation of the wound. A request for specialist input from the wound care nurse was sighted. Residents with behaviours that were a challenge had management plans and behaviour monitoring. Short-term plans were in place when residents had short-term problems (e.g., infections).</p> <p>Patients admitted for hospital medical care had a comprehensive assessment by the RN and GP on admission. The GP was on site daily and covered by a locum after hours. An "admission to discharge" was completed on admission that documented the care the patients required to meet their needs.</p> <p>Management of any specific medical conditions at Ngāti Porou Hauora was well documented with evidence of systematic monitoring and</p>
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		<p>regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan, or admission to discharge plan, in collaboration with the resident, patient and/or whānau. Residents, patients and whānau confirmed active involvement in the process, including those with a disability.</p> <p>This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participate in Ngāti Porou Hauora's service development, deliver services that give choice and control, and remove barriers that prevent access to information. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities at Ngāti Porou Hauora were provided by the care staff, visitors from the local community, the Māori women's welfare league, the kaumātua group and whānau. Ngāti Porou Hauora is the hub of the local community. The community visits and participates in what is going on or providing activities and enabling opportunities for Māori and whānau to participate in te ao Māori, karakia and waiata. However, an approach has been made and accepted that a dedicated activities person will be on site in two weeks, to supplement the community input.</p> <p>Activity assessments and plans were documented and identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities.</p> <p>The facility has a van that enables outings to places, appointments and events of interest. Residents were supported to access local community events, attend the local church services and kaumātua group meetings.</p> <p>Satisfaction surveys and interviews evidenced that residents, patients</p>

		and their whānau were satisfied with the activities provided at Ngāti Porou Hauora.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy at Ngāti Porou Hauora was current and in line with the Medicines Care Guide for Residential Aged Care, and safe medication management guidelines. A safe system for medicine management using a paper system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored securely, including controlled drugs. The required stock checks were completed. However, the medicines stored were not evidenced being stored within the recommended temperature range. This is an area identified as requiring attention. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded in the GP's progress notations. Standing orders were not used at Ngāti Porou Hauora.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, patients, clients and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p> <p>Where there were difficulties identified for residents or patients to access medications, access would be facilitated, either from the onsite supplies or from Gisborne using the daily shuttle service (e.g., criterion 3.6.1).</p> <p>Clients receive blood components in a safe and timely manner that complies with legislative requirements and safe practice if required.</p>

		Anti D can be prescribed by the midwife if needed for a wāhine and this can be dispensed and delivered via the shuttle service from Te Whatu Ora Tairāwhiti. Protocol is followed for safe administration and is recorded on the medication record, signed and dated by two staff members.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service provided at Ngāti Porou Hauora was in line with recognised nutritional guidelines for older people, medical patients and maternity clients. When developing the menu, an holistic approach ensured nutritional value while respecting and supporting cultural beliefs, values, and protocols around food. Māori and whānau had menu options culturally specific to te āo Māori.</p> <p>The menu was reviewed by a qualified dietitian on 23 October 2023. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 29 September 2023 at Ngāti Porou Hauora. One area requiring corrective action was identified around the calibration of the thermometers. This was addressed and the plan was verified for 18</p> <p>Each resident, patient and client had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents, patients and clients had opportunities to request meals of their choice and the kitchen would address this.</p> <p>Interviews, observations and documentation verified residents, patients and clients were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents, patients, clients and whānau interviews and satisfaction surveys. This was supported on the day of the audit when residents and patients responded favourably regarding the meals provided on these days.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my</p>	FA	<p>Transition, transfer, or discharge from the service was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident, patient, and whānau. An interview with a patient who</p>

<p>wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>was recently transferred reported that they were kept well informed throughout the process. An initiative implemented by Ngāti Porou Hauora to assist residents', patients' and clients' access to appointments and specialist services at Te Whatu Ora Tairāwhiti is an area recognised as one of continuous improvement.</p> <p>Air ambulance transportation is arranged if needed by the ambulance service in emergency situations.</p> <p>Residents, patients, clients and whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need was identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA High</p>	<p>A current building warrant of fitness is displayed. It expires 30 June 2024. Appropriate systems are in place to ensure the residents'/patients' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. The facilities manager interviewed described the maintenance schedule, which was sighted. Staff confirmed they know the process they should follow if any repair or maintenance is required, and any requests are appropriately actioned.</p> <p>The hospital ward was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is a total mobility standing and transfer hoist which has been checked. Equipment testing, tagging and calibration is current dated 25 September 2023 as confirmed in records, interviews with the maintenance manager and staff.</p> <p>Spaces were culturally and spiritually inclusive and suited the needs of the resident/patient groups. Furniture is appropriate to the setting and residents' needs.</p> <p>Each resident/patient has their own room. The number of toilets and shared accessible bathroom facilities and staff are adequate. Appropriately secured and approved handrails are provided in the bathroom area, and other equipment is available to promote residents'/patients' independence.</p>

	<p>Adequate personal space is provided to allow residents and staff to move around within the spacious bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. The HCAs reported that they respect the residents' spiritual and cultural requirements. Residents and whānau reported adequacy of bedrooms.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. A new heat pump has been installed in the hospital lounge, the birthing annexe, and in the manager's offices and boardroom since the previous audit. The heat pumps assist with cooling in the summer. Each area in the hospital was warm and well ventilated, throughout the audit. Gas radiator heating is provided throughout the hospital.</p> <p>The GNH&C reported, and documentation confirmed that residents, patients, whānau and the cultural advisor would be consulted and involved in the design of any new buildings.</p> <p>The hospital ward has been continually upgraded since the previous audit. One large bathroom and toilet area is currently being renovated. The entrance to the hospital is being painted and new flooring installed. The concreted pathway from the hospital exit to the air ambulance pad (helicopter pad) has been upgraded extensively. A new safety chain across the entrance to this area has also been installed. Signage is clearly displayed.</p> <p>Unfortunately, due to Cyclone Gabrielle and subsequent heavy rainfall, damage has occurred to the facility. On the tour of the facility, it was observed that some areas require urgent attention. Since the previous audit, the emergency room was relocated as a quality initiative during COVID-19. The emergency admission room is now closer to the ambulance entrance. However, this new emergency admission room has been affected by the severe weather conditions, with water tracking into the ceiling. There is a large ceiling panel of plaster board which is coming away from the ceiling, and this needs to be investigated and repaired as staff work underneath this when a patient is admitted to this room. Two other areas of concern include two sites in the birthing annexe; one in the birthing room where water has tracked into the ceiling and the acoustic tiles have collapsed leaving a significant hole in the ceiling. Water is also leaking into the room</p>
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		<p>running down the curtains which have visible stains on them and along the floor. The adjoining postnatal room has black mould on the ceiling tiles. There is one other area visible in the maternity unit which is also damaged. and the ceiling tiles have collapsed into a recessed resource area leaving a hole in the ceiling. The water has also tracked down the wall and across the hallway which is making the lino lift in the middle of the hallway, causing a hazard. When entering the locked maternity ward the smell of dampness was apparent.</p> <p>HealthCERT was notified and hospital management and the maintenance manager were alerted to this finding (refer to CAR 4.1.1). There is an area in the hospital ward that can be used temporarily as a birthing room and a separate postnatal room nearby if needed. HealthCERT approved this action while the annexe situation is being addressed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>The current fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 1 February 2019. A trial evacuation takes place six-monthly with a copy sent through to FENZ, the most recent being 29 August 2023. The record was sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and describe the procedures to be followed. Emergency evacuation plans are displayed and known to staff. The emergency plan meets the needs of people with disabilities in an emergency.</p> <p>The orientation programme includes fire and security training. Staff records reviewed evidenced staff are trained in emergency procedures. The HCAs confirmed their awareness of the emergency procedures and attend regular fire drills. Fire extinguishers, fire blankets, floor plans, sprinkler alarms, exit signs and fire action notices were sighted.</p> <p>The training records and rosters evidenced that there is an inadequate number of staff who are currently trained in first aid to have a first aid certified staff member on each shift and for emergencies as needed. Courses are recommencing in February 2024.</p>

		<p>Call bells alert staff to residents/patients requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, medical supplies, PPE, and a gas barbecue were sighted. Since Cyclone Gabrielle the main generator has been replaced and a backup second generator is now available. Regular checks are maintained by the maintenance team. One power pole which was located near the helicopter pad has been removed and the power cable is now underground. Gas is used for the heating of the facility and for the hot water. A new water tank with a capacity of 2,600 litres was recently installed for use in an emergency. This meets the National Emergency Management Agency recommendations for the region. The water treatment plant which holds 40,000 litres is located close to the hospital. Internet improvements have been made to ensure communication occurs during an emergency and the RT systems for the hospital vehicles have been upgraded. A new oxygen manifold is currently being replaced. The maintenance manager and team of eight persons ensure the hospital services are managed effectively, and in preparedness for any emergency.</p> <p>Closed-circuit cameras have been installed throughout specific internal areas. Signage is available. Residents/patients and whānau members are fully informed, and their use does not compromise personal privacy. Appropriate security arrangements are in place. The staff ensure the main entrance to the hospital is locked and checks are made during the afternoon and night shifts. Staff wear name badges for identification purposes.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Ngāti Porou Hauora has IP and AMS outlined in its policy documents. This is now being supported at the governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Clinical specialists can access IP and</p>

<p>participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>AMS expertise through Te Whatu Ora Tairāwhiti. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>The medical director was interviewed and clearly understood the principles involved to reduce antibiotic prescribing. The medical director is in a new role and is keen to assist with education for the medical staff who cover this facility, and to assist with the implementation of the AMS programme (refer to 5.3.1).</p> <p>The board has been collecting data on infections and antibiotic use and is now adding ethnicity to its data. Over time the data will add meaningful information to allow Ngāti Porou Hauora to analyse the data at a deeper level to support IP and AMS programmes.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly evaluated. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Moderate</p>	<p>The CNM at Ngāti Porou Hauora was the interim infection control nurse (ICN) responsible for overseeing and implementing the IP programme until the new RN with a post graduate certificate in Infection control arrives in a week and takes over the role. The new ICN role will have reporting lines to the CNM. Documentation and interviews verified the IP programme was linked to the quality improvement programme that was reviewed annually. The interim ICN had no qualifications for the role; however, they confirmed there is access to the necessary resources and support. Support from the ICN at Te Whatu Ora Tairāwhiti had been sought for advice when needed, including advice around procurement.</p> <p>The infection prevention and control policies reflecting the requirements of the standard were developed by those with IP expertise. Culturally appropriate services were imbedded throughout the policy. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies and processes ensured that reusable and shared equipment was appropriately decontaminated using best practice</p>

		<p>guidelines. Individual-use items were discarded after being used. Educational resources were available and accessible in te reo Māori.</p> <p>The pandemic/infectious diseases response plan was documented and had been evaluated. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in its use. Residents, patients, wāhine and whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Moderate</p>	<p>Interviews verified Ngāti Porou Hauora was committed to promoting the responsible use of antimicrobials. There was a policy on antibiotic prescribing, with planned policies and guidelines, however there was no documented antimicrobial stewardship (AMS) programme in place at the time of audit. There was a document that outlined Ngāti Porou Hauora's commitment to use the Te Whatu Ora Waikato guidelines, and that antibiotic use would be monitored by the pharmacy. The lab will support best practice usage. This document, however, had not been implemented at the time of audit and effectiveness of the AMS programme has been unable to be evaluated.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Moderate</p>	<p>Ngāti Porou Hauora was not undertaking surveillance of infections appropriate to that recommended for long-term care, medical and maternity services and in line with priorities defined in the infection control programme, at the time of audit. Ngāti Porou Hauora had no standardised surveillance definitions to identify and classify infection events that related to the type of infection under surveillance. Interviews with the CNM and RN identified when residents had infections; they were treated by the GP based on lab result and symptoms. There was no record kept of infection numbers or treatments provided.</p> <p>There were clear culturally safe practices for communication between service providers and people receiving services who develop or experience an HAI.</p> <p>Monthly surveillance data was not recorded, collated or analysed to</p>

		<p>identify any trends, possible causative factors, and required actions. Results of the surveillance programme were not reported to management/governing body or shared with staff. Surveillance data does not include ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their whānau, and these were documented.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported the prevention of infection and transmission of antimicrobial-resistant organisms at Ngāti Porou Hauora. Suitable personal protective equipment was provided to those handling contaminated material, waste, and hazardous substances, and those who performed cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and gel were available throughout the facility.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>All laundry was laundered offsite with the exception of residents'/patients'/clients' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to</p>

		<p>perform duties safely.</p> <p>Residents, patients and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. This is documented in the restraint policy. The management team interviewed confirmed commitment to this. The restraint register is maintained.</p> <p>Policies and procedures meet the requirements of the standard. At the time of the audit, no residents/patients were using a restraint or had used restraint since the previous audit. The CNM reported that a restraint would be used as a last resort when all alternatives have been explored, for example low beds.</p> <p>The CNM (new to this role) is the restraint coordinator and has good knowledge about restraint management. The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability. There are processes in place to report aggregated restraint data, including data analysis, ethnicity, and supporting the implementation of an agreed strategy.</p> <p>The CNM will be involved in the purchase of equipment should it be needed.</p> <p>Orientation and ongoing education included alternative cultural-specific interventions, least restrictive practice, de-escalation techniques, restraint minimisation and safe practice, and management of challenging behaviours. HCAs confirmed they have received training.</p> <p>Given there has been no restraint used since the last audit, subsections 6.2 and 6.3 have not been audited.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and</p>	<p>PA Moderate</p>	<p>Residents’ need was based on a number of clinical assessments; however, in the files reviewed, two residents had experienced unwitnessed falls. There was no evidence a post fall assessment or neurological assessment had been undertaken. This was confirmed by interview with the CNM.</p>	<p>In implementing care, the needs of residents who had experienced an unwitnessed fall did not have a post fall or ongoing neurological assessment completed.</p>	<p>Provide evidence that residents who experience an unwitnessed fall have a post fall and ongoing neurological assessment completed.</p> <p>90 days</p>

<p>promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>				
<p>Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>Medicines were stored securely although only one of the two medication fridges had the temperature of the fridge monitored to ensure storage was within the required range. The medication storage room had no evidence to verify the temperature of the room remains within the correct range to store medicines safely.</p>	<p>Medicines were stored securely, although there was no evidence to verify medicines are stored within the recommended temperature range.</p>	<p>Provide evidence medications are stored within the required range. 30 days</p>
<p>Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA High</p>	<p>On visual inspection of the hospital three areas of the facility have sustained significant damage due to Cyclone Gabrielle and subsequent weather events. There are two areas in the maternity annexe and one area in the emergency admission room which are a risk to the environment, staff and patients, and urgent response is required to address the situation.</p>	<p>There are two areas in the maternity annexe; one in the labour and birthing room and one in a recessed area where resources are stored where the ceiling tiles have collapsed. There is also mould on the ceiling of one of the postnatal rooms. The maternity annexe smells strongly of dampness. In addition to this there is a ceiling plasterboard that is partially separated from the ceiling overhead of where staff would be working in an emergency. This area is a risk to staff. None of the areas had been documented on</p>	<p>Ensure a plan of action is developed and implemented to address the areas of concern and that a copy is sent through to HealthCERT. 30 days</p>

			the hazard register at the time of the audit. Staff had informed management of the risks.	
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	PA Low	<p>The staff education plan reviewed included first aid training was encouraged and this was supported by management. However not all staff have completed first aid training and/or refresher courses to ensure there is a first aider on duty for all shifts, capable of providing a level of first aid, and emergency treatment if needed.</p>	<p>Whilst there is a plan for all staff to be first aid and emergency trained, this requires implementation.</p>	<p>To ensure staff are trained in first aid and emergency treatment training and to ensure a first aider is on duty for all shifts in the hospital due to the complexity and nature of services provided.</p> <p>180 days</p>
<p>Criterion 5.2.1</p> <p>There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:</p> <p>(a) Be responsible for overseeing and coordinating implementation of the IP programme;</p> <p>(b) Have clearly defined responsibility for IP decision making;</p> <p>(c) Have documented reporting lines to the governance body or senior management;</p> <p>(d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;</p>	PA Moderate	<p>The CNM at Ngāti Porou Hauora was the interim infection control nurse (ICN) responsible for overseeing and implementing the IP programme until the new RN with a post graduate certificate in Infection control arrives in a week and takes over the role. The new ICN role will have reporting lines to the CNM. Documentation and interviews verified the IP programme was linked to the quality improvement programme that was reviewed annually. Interviews and documentation verified the interim ICN had no qualifications for the role;</p>	<p>The CNM at Ngāti Porou Hauora is the interim ICN, until the new RN with a post graduate certificate in infection control commences employment in a week. The interim ICN has had no education in IP or AMS.</p>	<p>Provide evidence the ICN has education in IP and AMS.</p> <p>90 days</p>

<p>(e) Receive continuing education in IP and AMS; (f) Have access to shared clinical records and diagnostic results of people.</p>				
<p>Criterion 5.3.1 Service providers shall have a documented AMS programme that sets out to optimise antimicrobial use and minimising harm. This shall be: (a) Appropriate for the size, scope, and complexity of the service; (b) Approved by the governance body; (c) Developed using evidence-based antimicrobial prescribing guidance and expertise (which includes restrictions and approval processes where necessary and access to laboratory diagnostic testing reports).</p>	<p>PA Moderate</p>	<p>Interviews and documentation verified Ngāti Porou Hauora was committed to promoting the responsible use of antimicrobials; however, there was no AMS programme in place at the time of audit.</p>	<p>Ngāti Porou Hauora, at the time of audit, had no evidence to verify a commitment to AMS.</p>	<p>Provide evidence there is an AMS programme operating at Ngāti Porou Hauora. 180 days</p>
<p>Criterion 5.3.3 Service providers, shall evaluate the effectiveness of their AMS programme by: (a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects; (b) Identifying areas for</p>	<p>PA Moderate</p>	<p>There was no AMS programme in place at Ngāti Porou Hauora.</p>	<p>There is no AMS programme in place to evaluate the effectiveness of the AMS programme.</p>	<p>Provide evidence the AMS programme monitors antimicrobial prescribing and identifies areas for improvement. 180 days</p>

improvement and evaluating the progress of AMS activities.				
<p>Criterion 5.4.1</p> <p>Surveillance activities shall be appropriate for the service provider and take into account the following:</p> <p>(a) Size and complexity of the service;</p> <p>(b) Type of services provided;</p> <p>(c) Acuity, risk factors, and needs of the people receiving services;</p> <p>(d) Health and safety risk to, and of, the workforce;</p> <p>(e) Systemic risk to the health and disability system as a whole.</p>	PA Moderate	Interviews verified staff were aware if a resident had an infection, and the interventions required to manage this; however, there were no surveillance activities going on that considered the types of services provided. In addition to this there was no evidence the risk factors, needs of the people receiving the services and the health and safety risk to the workforce had been considered.	There were no surveillance activities were being undertaken.	Provide evidence surveillance of infections in accordance with the services being provided, was being undertaken. 180 days
<p>Criterion 5.4.2</p> <p>Service providers, through their IP role or personnel, shall determine the type of surveillance required and the frequency with which it is undertaken, taking into account the size and setting of the service and national and regional surveillance programmes and guidelines.</p>	PA Moderate	There is no surveillance programme that identifies the type and frequency of surveillance activities to be undertaken.	There is no documentation identifying the types of infections to be surveyed.	Provide evidence there is documentation that identifies the type of infections to be surveyed. 180 days
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and</p>	PA Moderate	There is no documentation identifying surveillance methods, documentation, analysis, and assignment of responsibilities, including the requirement for the	There is no surveillance documentation that identifies the surveillance process.	Provide evidence that there is a surveillance programme that describes methods, documentation, analysis, and assignment

documented using standardised surveillance definitions. Surveillance includes ethnicity data.		collection of ethnicity data.		of responsibilities. 180 days
Criterion 5.4.4 Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.	PA Moderate	There is no surveillance programme and no collection of data to analyse and identify areas for improvement.	There is no analysis of the results of surveillance. Results are not shared with staff and the governing body.	Provide evidence there is analysis of the results of surveillance and results are shared with staff and the governing body with recommendations to improve performance. 180 days

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.6.1</p> <p>Service providers shall implement a process to support a safe, timely, seamless transition, transfer, or discharge.</p>	CI	<p>Following the destruction caused by Cyclone Gabrielle, and ongoing continual heavy rain events, the inaccessibility of the region and the conditions of the roads resulted in residents, patients and clients not having access to the appointments or specialist services they required at Te Whatu Ora Tairāwhiti. While a number of these residents, patients and clients had vehicles, they were unfit to negotiate the challenges imposed by the damaged roads.</p> <p>In July 2023 Ngāti Porou Hauora commenced a shuttle service offering access to Te Whatu Ora Tairāwhiti five days a week. The service covers the east coast region, leaving Ruatoria at 7am, making pick up stops on the way and arriving at Gisborne hospital at 9.30am, and leaving at 3pm for the return home and returning to Ruatoria by 5.30pm. The use of this service had increased from 14 per day initially to 61 per day in November 2023. Satisfaction surveys verify a high degree of satisfaction</p>	<p>Ngāti Porou Hauora has enabled residents the ability to access specialist services by providing a shuttle bus service to and from Te Whatu Ora Tairāwhiti five days a week. Radiography services are provided at Ngāti Porou Hauora two days a week. Satisfaction surveys verified a high degree of satisfaction with this service.</p>

		for this service. In addition to this a radiographer is flown in from Gisborne twice a week to provide radiography services at Ngāti Porou Hauora.	
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End of the report.