

Health New Zealand -Te Whatu Ora Waitaha Canterbury

Introduction

This report records the results of a Surveillance Audit of a provider of hospital services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Health New Zealand -Te Whatu Ora Waitaha Canterbury
Premises audited:	Hillmorton Hospital Kurawaka Burwood Hospital Tuarangi Home Kaikoura Hospital Christchurch Hospital Darfield Hospital Ashburton Hospital Waikari Hospital Oxford Hospital Ellesmere Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Hospital services - Children's health services; Dementia care; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 10 March 2026 End date: 13 March 2026
Proposed changes to current services (if any):	The following areas were reviewed where service reconfigurations have either been completed, are underway, or are proposed:

1. At Christchurch Hospital, the Neonatal Intensive Care Unit (NICU) is undergoing a series of ward relocations as part of a major reconfiguration.
2. At Ashburton Hospital, the review covered both the relocation of the maternity unit to enable upgrades to postnatal rooms, and the expansion of the AT&R ward, where bed numbers have increased from 18 to 22.
3. At Hillmorton Hospital, the review focused on areas where patient groups have been relocated to facilitate refurbishments and upgrades, specifically Wards 3C, 3B, and Building 8.

Total beds occupied across all premises included in the audit on the first day of the audit: 1335

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.

General overview of the audit

Health New Zealand – Te Whatu Ora Waitaha Canterbury (Te Whatu Ora Waitaha Canterbury) provides services to around 641,100 people in the region from 13 sites between Kaikōura and Ashburton. In total, there are 1534 beds providing primary, secondary, tertiary and aged residential care services. Clinical services include mental health and addictions, medical, surgical, paediatrics and maternity, assessment, treatment and rehabilitation, and aged residential care, supported by a range of clinical support services and teams.

This four-day surveillance audit against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 (Ngā Paerewa) included review of documents prior to the on-site audit and during the audit, and review of clinical records. Auditors interviewed managers, clinical and non-clinical staff across services, patients and whānau. Observations were made throughout the process.

Three areas were also reviewed in relation to reconfigurations completed or in progress:

1. Neonatal Intensive Care Unit (NICU) Christchurch Hospital - The acute medical assessment unit (AMA) relocated earlier in the week of the audit. This was required to allow the clinical space to be prepared for NICU to move on a temporary basis while the current NICU building footprint is refurbished/reconfigured. The service is preparing for this to occur in July 2026. These areas were not ready for verification review during the audit. Prior to this move, additional staff will need to be recruited and trained as NICU will be temporarily separated into two separate neonatal intensive care units while the main NICU refurbishment/reconfiguring occurs.
2. Ashburton Hospital – maternity and medical - The reconfiguration of services at Ashburton Hospital is now underway. The first stage of relocating the medical day-stay unit occurred in October 2025. The vacant unit was visited, and the proposed temporary maternity service was discussed with the general manager Ashburton and rural hospitals and two midwives who were involved in the relocation and refurbishment of the maternity service. The medical day-stay space has several improvements to be completed, of which the maintenance team are fully aware and will prioritise as soon as possible. The transitional plans were clearly documented and reviewed. The space will be suitable for a maternity service in the interim. The current layout is appropriate and is close to the entrance to the outpatient service, with a car park close and accessible for patients entering the service and/or for transfers and discharges. The new service will not commence now until the end of April or beginning of May 2026. Midwives have already informed women and the community of the proposed changes. The service provider is also aware that a partial provisional audit will be required when the total refurbishment of the maternity unit is completed.
3. A second reconfiguration in Ward 2 Ashburton Hospital was undertaken to increase the number of hospital medical beds in the Assessment, Treatment and Rehabilitation Ward from 18 to 22 beds. Four new beds were already purchased for the rooms in the Ward 2 designated area. Minimal changes were required to implement the additional number of patients admitted to the ward. On the day of the audit the occupancy was already at 18. The area is suitable for the purpose.
4. Hillmorton Hospital – Several areas have been/are going through a refurbishment process requiring movement of tāngata whaiora groups. This included the service for adults with an intellectual disability, the forensic rehabilitation unit, and the medical detoxification unit. All areas were visited and found to be suitable for their purpose. The Fire and Emergency New Zealand (FENZ) evacuation plan for Hospital Building 8 (8A and 8B) was approved on 2 March 2026.

Progress has been made since the previous audit to address many of previous corrective actions required, particularly in the aged care/rural facilities. However, further work is required in several areas. The audit identified that improvements were required in relation to:

- Māori and Pacific leadership and planning
- family violence intervention screening
- the district leadership structure and the quality structure
- consumer engagement
- clinical governance
- risk management
- currency of policies
- timely management of adverse events
- ensuring sufficient staff across several services
- review of staff performance
- ensuring appropriate placement of patients upon entry and during their episode of care
- several aspects of clinical assessment and care planning
- prescribing documentation where paper documents are used
- documentation of allergies

- completion of remedial work to the Ellesmere building and repair of the kitchen floor at Christchurch
- the antimicrobial stewardship programme and monitoring of antimicrobials

Aged Residential Care sites (summaries)

Darfield Hospital, Tuarangi Home and the aged residential care (ARC) area at Kaikōura were visited for the surveillance audit. Darfield and Tuarangi have a total of 48 beds (Darfield has 11, Tuarangi 37). Kaikōura has 14 aged care beds and provides both rest home and hospital levels of care. All 14 beds were occupied. The previous corrective actions relating to access to Māori and Pacific resources, education relevant to dementia care, activities programmes and emergency preparedness were reviewed. These areas have been addressed. In the case of previous corrective actions for Oxford, Waikari and Ellesmere, a virtual meeting was held with the lead/manager roles. All findings have been addressed except for the remedial facilities work required at Ellesmere.

Ō tātou motika | Our rights

Te Whatu Ora Waitaha Canterbury recognises Te Tiriti o Waitangi and supports Māori patients and whānau in the practices of mana motuhake. The Māori health team works across services, supporting patients and clinicians to provide interventions that are culturally safe.

For Pacific patients and families, there are some services delivered to support their worldviews, culture, and spiritual beliefs.

Patients and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld, including informed consent for day-to-day care, surgical or invasive procedures, specific investigations, and blood and blood product administration.

Patients are free from abuse or neglect. Property is respected. Employees maintained professional boundaries.

Patients and whānau understood how to make a complaint and these are addressed and resolved in accordance with the Code, using an equitable process for Māori. The complainant is informed of the findings.

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora Waitaha Canterbury is working through the Health New Zealand – Te Whatu Ora devolution process, with increased decision-making and accountability at regional and district level. Regional connections and approaches are evident in many areas of service delivery.

The New Zealand Health Delivery Plan and national priorities provide the focus for initiatives, with reporting from district to region to the Health New Zealand executive leadership team (ELT) and to the Board. Monitoring and reporting at Canterbury occurs through divisions and sites to the district leadership team. The Māori health services support cultural developments and equity for Māori at the operational level.

Clinical governance has recently been re-established at the district level, with developments continuing within divisions, at regional level and nationally.

The quality and risk management framework is largely a devolved model. There is a commitment to patient safety, improvement and a risk-based approach with a range of projects based around the Health Quality & Safety Commission (HQSC) programme and other priorities. The recent appointment of a risk manager is supporting improvements in formalising risks according to the updated national framework. An equity improvement focus was evident. Adverse events are managed through a well-established process. Recommendations resulting from review of incidents/events are monitored. Essential notifications are completed where necessary.

A range of mechanisms are used to monitor and review staffing numbers to meet the changing needs of patients across the services. The Care Capacity Demand Management (CCDM) programme provides a wealth of real-time data to support decision-making by those working in the Nursing Control Centre. Competencies, skills and qualifications are defined and support effective service delivery.

Professional qualifications are validated prior to employment. An orientation programme is in place and a wide range of ongoing training and professional development opportunities made available. Employees' success and development conversations are to occur three months into practice and annually.

Ngā huarahi ki te oranga | Pathways to wellbeing

Patients access services across the district based on need, guided by relevant pathways and guidelines. Waiting times are managed and monitored. A range of discipline-specific screening tools are used to determine clinical risks and to plan care.

The service works in partnership with the patients and their whānau to assess, plan and evaluate care. Patients are assessed by the qualified multidisciplinary team using validated assessment tools. Informed choice underpins the development of individualised care and support plans. Cultural values and beliefs are considered and incorporated into care delivery. Care plans include the individual's aspirations where appropriate.

Interventions are implemented to ensure goals and needs are met. Regular review and reassessment of progress occurs, with changes to care initiating in collaboration with the patient/whānau and the multidisciplinary team.

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

Processes exist for transferring patients within hospital, between hospitals or aged care services, and for discharging them home.

Food is safely managed through an in-house kitchen and distributed to the various hospitals. There is a wide range of menus to meet the nutritional needs of patients.

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

Building warrants of fitness were current. Plant, equipment and biomedical equipment are tested regularly as required. In most clinical areas, the physical environments were fit for purpose and culturally inclusive. Fire and Emergency New Zealand (FENZ)-approved evacuation plans were sighted as required.

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

The infection prevention and control programme is appropriate to the services. It is linked to the quality improvement programme and reviewed and reported on annually. Infection prevention education is provided to all employees as part of the orientation programme and ongoing, as relevant to staff roles and service/area clinical needs.

The new national Te Whatu Kura antimicrobial prescribing guidelines are in the process of being introduced.

Surveillance of health care-associated infections is appropriate to the size and scope of the service and results are analysed and communicated appropriately.

Here taratahi | Restraint and seclusion

The Restraint Elimination & Safe Practice Governance Group (RESPGG) and divisional Restraint Elimination & Safe Practice Committees (RESPC) demonstrated commitment towards eliminating restraint and seclusion. Restraint events have reduced over the last six months.

Appropriate training to ensure the least restrictive and safe practice, cultural-specific interventions, and de-escalation techniques is available specific to the different roles and clinical areas.