Health New Zealand Te Whatu Ora Tairāwhiti

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Health New Zealand
Premises audited:	Gisborne Hospital
Services audited:	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 24 March 2026 End date: 26 March 2026

Proposed changes to current services (if any): There is an extensive 160-million-dollar infrastructure plan for 2026-2027 which includes upgrading many of the patient areas and an overhaul of the hospital electricity supply including a new substation and 3 new generators.

Total beds occupied across all premises included in the audit on the first day of the audit: 92

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 haumaru │ 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 Tairāwhiti (Te Whatu Ora Tairāwhiti) provides services to around 52,700 people in the region, with 54.8% identifying as Māori. Clinical services include mental health and addictions, medical, surgical, paediatrics and maternity, supported by a range of clinical support services and teams.

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

Since the last audit, Te Whare Auhi Ora (the new mental health unit) has opened to provide a more therapeutic environment for tāngata whaiora.

There is a $160 million infrastructure plan for the coming year to address some of the aged buildings, infrastructure capacity issues, and hospital sustainability impacted by catastrophic weather events over the last few years.

A continuous improvement rating is made in relation to the dual anticoagulant prescribing and administration.

The audit identified that improvements were required in relation to Māori leadership and networking with local Māori Iwi Partnership Board. Pacific leadership with a lack of Pacific recruitment policy, family violence intervention, use of shared goals of care, adhering to Health and Disability Commission (HDC) timeframes, lack of accountability framework, use of ethnicity data, developing a clinical governance and quality framework currency of district policies and procedures clinical risk and management of adverse event outcomes, staffing requirements, completion of training and performance reviews, storage of health records, care planning, planned activities within mental health, aspects of medicine management ,facilities management including lack of consistent electricity supply and infrastructure repairs, screening for multidrug-resistant organism and monitoring of antimicrobials, clean/dirty flow in the mental health unit, policy, recording, oversight and governance of restraint events including permanently locked mental health facility .

Ō tātou motika | Our rights

Te Whatu Ora Tairāwhiti recognises Te Tiriti o Waitangi and supports Māori patients and whānau in the practices of mana motuhake. Kaiatawhai work across services, supporting patients and clinicians to provide interventions with Māori that are culturally safe. Staff have completed cultural training.

For Pacific patients and families, cultural support is provided by available Pacific staff with support accessed from local Pacific community support and networks.

A focus on identifying barriers to equity and improving inequities was evident through a range of projects and representation on committees, groups and projects, and through the leadership structure. Ethnicity data is used to guide decision-making and monitor progress in achieving equitable service delivery and outcomes for Māori.

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. Personal identity, independence, and dignity are respected and supported. Patients are free from abuse.

Patients and whānau receive information in an easily understood format and felt listened to and included when making decisions about care and treatment. Informed consent was occurring as and when appropriate. Open communication and open disclosure were practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law.

Complaints management policies and procedures were in place and known to staff, who communicate this information to patients and whānau. Patients and whānau understood how to make a complaint. A complaints register reflecting the resolution process was maintained

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora Tairāwhiti is working through the changes to the structure of Health New Zealand – Te Whatu Ora in line with national and regional guidance and developments. A regional approach was 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 Te Whatu Ora Tairāwhiti occur through directorates to the district leadership team.

The Māori health services aim to support cultural developments and equity for Māori.

Input from the consumer council is well established, with effective participation of members in committees, projects and other forms of planning and evaluation. Tāngata whaikaha are also represented and involved in decision-making.

Clinical governance is in development at the district level and beginning to link at a regional level, with national integration established.

A quality and risk management framework was currently under review and demonstrated 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. Risks were identified through the national enterprise framework, aligning both regional and national developments. An equity improvement focus was developing, with a draft equity plan in place. Recommendations resulting from review of incidents/events, audit activity and projects were mainly followed through to completion. Essential notifications were completed.

A range of mechanisms are used to ensure that the right numbers of staff are available to meet the changing needs of patients across the services. The Care Capacity Demand Management (CCDM) programme provided a wealth of real-time data to support decision-making by those working to ensure coverage of services across the hospital. A strong focus on recruitment, retention and support across the region was evident.

Professional qualifications were validated prior to employment. An orientation programme was in place and a wide range of ongoing training and professional development opportunities available. Employees were provided with opportunities to discuss and review their performance. There was a strong focus on Māori workforce development.

Clinical records are a mix of electronic and paper and were of an acceptable standard.

Ngā huarahi ki te oranga | Pathways to wellbeing

Patients access services based on need, guided by relevant pathways and guidelines. Waiting times are managed and monitored. Screening tools are used to determine clinical risks.

Patients were assessed by the qualified multidisciplinary team using validated assessment tools. Informed choice underpins the development of individualised care or support plans, developed in partnership with patients and their whānau. Cultural values and beliefs were considered and incorporated into care delivery. Care plans included the individual’s aspirations where appropriate.

Interventions were implemented to ensure goals and needs are met. Processes are in place to plan patient transfers and discharge. This included collaboration with patients, their whānau and, for more complex patients, the multidisciplinary team. Discharge planning occurred from admission onwards.

Patients were encouraged to participate in activities to support recovery and community integration.

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

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

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

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

Building warrants of fitness and fire compliance certificates were current. Plant, equipment and biomedical equipment were tested regularly as required. The physical environments, both internal and external, were accessible, safe, and promoted safe mobility. Planned and unplanned maintenance was well managed.

Fire and emergency evacuations are planned and practised by all staff. Staff were kept up to date with emergency and security procedures, which were practised regularly. Security systems included security personnel and card access facilities. Any security events were recorded and analysed to identify causes, risks, and opportunities for improvements.

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

The infection prevention and control programme is managed by a team of experienced infection control specialists. Clears line of communication were evident, with the infection prevention and control committee reporting to the clinical governance group.

The infection prevention and control annual plan is developed and agreed to by the infection prevention and control committee. It included objectives, monitoring of antimicrobial use, surveillance, audits of the environment, and staff practices and processes. Infection prevention personnel are consulted as and when needed, as are cultural advisors.

Surveillance of health care-associated infections (HALs) and the antimicrobial stewardship programmes are appropriate to the size and scope of the service and have been implemented as planned. Achievement of planned monitoring has been hampered by staff and technology resourcing. A formal agreement for infection prevention and antimicrobial stewardship expertise is in place, with infectious disease consultant support from Waikato Te Whatu Ora and microbiologist support from Mid Central Te Whatu Ora.

The environment was clean and facilitates the prevention and mitigation of transmission of infections.

Here taratahi | Restraint and seclusion

Staff have been trained in the least restrictive practices, de-escalation techniques, safe practice, and cultural-specific interventions. The restraint policies and procedures define roles and responsibilities around restraint and were based on best practice.

Restraint events have reduced over the last six months in the mental health unit. Where restraint is used, this is done so safely and as a last resort. Restraint episodes were reviewed according to the required parameters. Debriefs occur for those involved.

The service is working towards zero seclusion. Seclusion only takes place in a designated and approved room. Each event is reviewed and evaluated following the event, with documentation that supports all requirements of the standard. Reviews of seclusion occur weekly. The rate of seclusion has decreased following the move to the new mental health unit.

Night safety orders are not used.