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# MEDICAL IMAGING SERVICE ACCREDITATION ASSESSMENT REPORT

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Te Whatu Ora Health New Zealand Te  
Matau a Māui Hawke's Bay

Specialist Imaging Services

Surveillance Assessment

29 - 30 June 2023

# ASSESSMENT REPORT

## Organisation Details

Organisation	Te Whatu Ora Health New Zealand Te Matau a Māui Hawke's Bay Specialist Imaging Services
Address	Hawke's Bay Fallen Soldier's Memorial Hospital, Omaha Road Hastings 4120 New Zealand
Client Number	6904
Authorised Representative	Paula Jones
Accreditation Number	37
Field of Operations	Healthcare Programmes – Medical Imaging Services
Scope of Accreditation	<b>Hawke's Bay Fallen Soldier's Memorial Hospital:</b> Omaha Rd, Hastings CT Scanning DSA General Radiography MR Imaging Nuclear Medicine Ultrasound <b>Central Hawke's Bay Health Centre:</b> 1 Cook St, Waipukurau General Radiography <b>Napier Health Centre:</b> 76 Wellesley Rd, Napier General Radiography <b>Wairoa Hospital:</b> Kitchener Street, Wairoa General Radiography Ultrasound

## Assessment Team

Lead Assessor Delia Dephoff

## Report Preparation

Prepared by Delia Dephoff  
Checked by Sharon Thomas  
Date finalised 6 July 2023

## EXECUTIVE SUMMARY

### Introduction

This report relates to the Surveillance Assessment which took place on 29 - 30 June 2023 to determine compliance with the requirements of the New Zealand Code of Radiology Management Practice 2011 (NZCRMP), published Procedures and Conditions of Accreditation (PCA) and applicable technical criteria.

The assessment was a sampling exercise and therefore this report is based on the observations made during the assessment. The assessed scope of accreditation is detailed in the Schedule to the Certificate of Accreditation.

### Conditions of Accreditation

Some instances were identified where the systems or procedures did not comply with the stated requirements or applicable technical documents and these are detailed in the Major Non-Conformances (N/Cs) numbered 1 to 5 and Minor N/Cs numbered 1 to 4.

Any Major N/Cs must be actioned in accordance with the timescale agreed between the assessor and the authorised representative at the exit meeting and recorded on each N/C before the continuation of accreditation can be recommended. Please complete the appropriate section of each Major N/C explaining your corrective actions and forward a copy along with any supporting documents to IANZ for review. The organisation is requested to provide an analysis of the extent and cause of the nonconformity.

Minor N/Cs may represent low-level nonconformities with accreditation criteria and appropriate actions to address these findings are expected within the timeframes indicated for each Minor N/C. Please provide a response within the three month timeframe explaining your corrective actions and forward a copy, along with any supporting documents, to IANZ for review.

Unless otherwise specified, clauses for N/Cs relate to the New Zealand Code of Radiology Management Practice (NZCRMP)

Concerns about the technical findings of the report, or its clearance, that cannot be resolved should be submitted in writing to the Chief Executive Officer of IANZ. The Complaints and Appeals procedure is contained in the IANZ document 'Procedures and Conditions of Accreditation.'

### Observations

Some Observations were made during the assessment, and these are detailed within this report.

### Summary

Hawkes Bay Hospital Radiology Department continued to provide medical imaging services to urban, rural and remote areas in Hawke's Bay. The service had a challenging year compounded by the extreme weather events including Cyclone Gabrielle in February 2023 which affected staff personally along with the local and wider communities.

The service continues to face major challenges. A comprehensive risk register is maintained which is reviewed and up-dated on a monthly basis and sent to Te Whatu Ora. At the time of the assessment there were 15 critical risks identified: 12 pertaining to service delivery and 3 to Clinical Governance, 9 still rating at critical with controls in place, 2 remaining critical and 8 remaining Major following treatment plans. These risks in relation to the Major N/Cs below are identified in the report.

IT issues were ongoing and have been reported in the 2022 IANZ assessment report. While some issues had been addressed, such as improving the stability of the RIS, there were still concerns including the interaction between RIS and Clinical Portal, particularly with the receipt of referrals and the traceability of reports from the service to the referrer. There were major work flow issues identified by Radiologists and there was a general lack of trust in the system. This is address in more detail in Major N/C 1.

Staffing levels were a major issue within the service with several vacancies particularly for Radiologists and Medical Imaging Technologists (MITs). This addressed further in Major N/C 2.

A combination of staffing resources and the ongoing effect of the cyclone was impacting on service delivery. This is also included in the service's risk register. Provision of some imaging examinations were delayed with increasing waiting times. The service also had challenges to provide continuation of imaging services for the people of remote communities in the area, notably to Wairoa which still has limited road access. This is addressed in Major N/C 3.

Accommodation issues as reported in the 2020, 2021 and 2022 IANZ assessment reports continues to be a Major nonconformity. Progress has been made with funding approved, plans designed and developed with the plans waiting for sign off from the builder, engineers and architect. This is addressed in Major N/C 4.

Radiology Management and staff continued to work around the issues addressed in this report but the outgoing lack of staffing resources and inefficient workflow further compounding the pressure on staff who reported they were over worked, tired and frustrated and they have become fearful not of 'if', but 'when', a major incident of patient harm will occur.

Due to time constraints and the identification of the Major N/Cs, this report primarily focuses on the major risk areas. A limited number of modalities were assessed and some N/Cs were identified. All staff members involved in the assessment are thanked for their cooperation and hospitality, and are commended for their dedication, commitment and professionalism.

The severity of issues raised in this report, and the long-term nature of them, raises significant concerns for the ability of the service to maintain ongoing accreditation. This assessment was performed following a meeting between senior service personnel and the IANZ Senior Operations Manager, Healthcare with the consideration of suspension of accreditation discussed. The service will be notified of post-assessment discussion and subsequent decisions in due course.

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## MAJOR NON-CONFORMANCE

**NZCRMP Clause: 5.3.11, 5.8.2**

**N/C No: 1**

**Equipment - IT**

**Risk: 25**

The service is required to ensure computers, including radiology information systems, are adequate for use in the service. The service shares responsibility with the requester for ensuring the reports are received by the appropriate individuals with an agreed-upon time interval.

The Philips RIS/PACS had a major upgrade 6-7 weeks prior to the assessment. The upgrade has stabilised the system and allows reporting directly into PACS. However, discussion with key personnel identified there were still workflow issues, particularly with the Clinical Portal (CP) interface, including but not limited to:

1. GP referrals: paper requests or electronic pdfs, need to be downloaded, scanned and manually entered into RIS.
2. Use of 'Unknown HCP': notably in ED for urgent/acute requests, locum doctors, house officers and registrars where the referral has not been assigned to a clinician. When the CP is updated with the referrer information, RIS is not updated. This causes issues when:
  - a. The radiologist vetting forms wishes to discuss the request with the referrer. There is no way to easily identify the referrer and unnecessary time is spent doing so.
  - b. When the radiologist rejects a request, there is no way in which the radiologist can be sure the rejected request is relayed back to the referrer.
3. Rejection of GP request forms in RIS. When the radiologist rejects a request, a comment is written in the comment box within the RIS, which is then copied on to paper by the booking clerk and manually sent to the referrer.
4. Lack of visibility by the radiology service to view the full report delivery pathway to the referrer. Reports are sent via Healthlink to GPs and by CP to in-house clinicians. There is no direct feedback to the radiology service to indicate that the report has been received and read by the intended recipient. This is apparently monitored by the appropriate IT departments.
5. Delivery of critical results. The issuing of critical results via the RIS is not integrated with CP therefore reports are not automatically sent out. Critical results are sent out via a manual process or a phone call if the referrer can be identified.

Evidence was provided during the assessment indicating the issues with CP were common across other hospital services including Medical Laboratory and Cardiology. There was an inherent mistrust of the system reported by SMOs. Discussion with key staff indicated they were frustrated by the system and the lack of perceived engagement from IT to resolve the issues.

Results from a recent referrers' survey indicated access to images as being an area of lowest satisfaction.

In order to clear this Major N/C the service is required to conduct a cause analysis, and associated risk analysis of the ongoing IT issues with RIS and CP as experienced by the users. Evidence is to be provided to IANZ showing:

- I. A summary of the findings of the cause analysis and associated risk analysis.
- II. Any action plan and timeline in which to address the findings of the cause analysis and associated risk analysis.
- III. Evidence of steps in place to mitigate identified risk.

As this Major N/C cannot be solved within a specific timeframe it will remain open and the service is required to submit two-monthly reports to IANZ providing evidence of progress towards resolution.

**Agreed clearance date: Ongoing with two-monthly reports, with the first report due 8 September 2023**

For Medical Imaging Service use:

**Action taken:** (please refer to any attachment)

**Signed:**

**Date:**

**Attachments:** Yes/No

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**Clearance by IANZ:**

**Signature:**

**Date:**

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## MAJOR NON-CONFORMANCE

**NZCRMP Clause: 5.1.5**

**N/C No: 2**

**Personnel**

**Risk: 25**

There shall be staff resources adequate to the undertaking of the work required and the carrying out of other functions of the management system.

A review of reports and discussion with key staff identified a number of staff vacancies within the service. A review of the services risk register noted calculated inherent risk across all modalities. While there were MIT vacancies, the most critical risk was the number of vacancies for Radiologists. It was noted:

- The service was funded for a full time equivalent (FTE) of 11 Radiologists including one Nuclear Medicine Physician. Current staffing was a total of 6 FTE Radiologists including one Nuclear Medicine Physician.
- A job sizing exercise was underway at the time of the assessment with the previous review having been completed in 2016. A draft report for the current review indicated a need for 14 FTE Radiologists, more than double the current number.

Discussion with key staff identified low morale, staff were overworked and frustrated with inefficient workflow because of the RIS/CP issues as addressed in Major N/C 1. It was noted:

- Radiologists were reportedly spending time on ineffective administration processes when vetting request forms. This was compounded for the Lead Radiologist supervising CT Scanning and MR Imaging, two modalities with high demand. Multi skilled Radiologists were particularly at risk.
- The uncertainty of the delivery of reports was of particular concern for the radiologists, adding to their stress.
- Radiologists had to prioritise work with urgent biopsies taking precedence, then vetting of forms and as a result, reporting was often done after hours with increased reporting turnaround times evident.

The service has ongoing processes in place for the recruitment of radiologists. Some barriers to recruiting to the Hawkes Bay had been identified including a lack of suitable housing and schooling for applicants and their family.

The service is required to provide evidence of:

1. Escalation of the N/C to Te Whatu Ora, Health NZ management.
2. A review of current staffing levels and associated service sizing.
3. Development of an effective plan to recruit and retain staff.
4. Actions taken, including regular review of the actions to establish their effectiveness.

As this Major N/C cannot be cleared within the normal timeframe it shall remain open with two-monthly reports to IANZ. It will be reviewed at the next IANZ assessment.

**Agreed clearance date: Ongoing with two-monthly reports, with the first report due 8 September 2023**

For Medical Imaging Service use:

**Action taken:** (please refer to any attachment)

**Signed:**

**Date:**

**Attachments:** Yes/No

**Clearance by IANZ:**



**Signature:**

**Date:**

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## MAJOR NON-CONFORMANCE

**NZCRMP Clause: 4.1.2**

**N/C No: 3**

**Organisation and Management**

**Risk: 25**

Radiology services shall be designed to meet the needs of patients and all clinical personnel responsible for patient care.

A review of documents and discussion with key staff identified the service was no longer able to meet the needs of patients and clinical personnel. There was an increase in demand for radiology services across the region which was not being met by the radiology service.

Reports show the target completion time for urgent and acute examinations was being met, however for some specific procedures and routine examinations the wait times exceed the target time frames. Most notably routine examinations (Priority Code 4) required to be completed within 6 weeks had wait times of:

- CT Scanning: 2-6 months.
- MR Imaging: 2 months.
- Nuclear Medicine: 3-4 months.
- Community referred Ultrasound scans: 3-4 months.
- Steroid injections: up to 12 months
- Fine Needle Aspirations (FNAs): up to 5 months

In a recent referrers survey the lowest area of satisfaction was the wait times for examinations.

In order to clear this Major N/C the service is required to conduct a cause analysis of the ongoing delays in imaging times. Evidence is to be provided to IANZ showing:

- I. A summary of the findings of the cause analysis and associated risk analysis.
- II. Any action plan and timeline in which to address the findings of the cause analysis and associated risk analysis.
- III. Evidence of steps in place to mitigate risk.

As this Major N/C cannot be cleared within the normal timeframe it shall remain open with two monthly reports to IANZ. It will be reviewed at the next IANZ assessment.

**Agreed clearance date: Ongoing with two monthly reports, with the first report due 8 September 2023**

For Medical Imaging Service use:

**Action taken:** (please refer to any attachment)

**Signed:**

**Date:**

**Attachments:** Yes/No

**Clearance by IANZ:**

**Signature:**

**Date:**

## MAJOR NON-CONFORMANCE

**NZCRMP Clause: 5.2****N/C No: 4****Accommodation****Risk: 20**

The radiology service shall have space allocated so that its workload can be performed without compromising the quality of work, equipment management, quality control procedures and safety of personnel or patient care.

Significant progress had been made to address the accommodation issues as highlighted in previous IANZ assessment reports. At the time of this assessment the service had completed the 'developed design' stage and were in the process of having the final sign off of plans by the architect and builder before building can commence. Other services were vacating the space allocated for the rebuild.

Included within the two-monthly reports, it is expected that the service provide comment on the wider Te Whatu Ora planning for either a total hospital refurbishment or new hospital build and how this is likely to impact the planned redevelopment of the radiology department.

While IANZ acknowledges significant progress has been made to address this Major N/C it will remain in place with the requirement that two monthly reports are provided to IANZ providing evidence of ongoing progress with the rebuild.

**Agreed clearance date: Ongoing with two monthly reports, with the first report due 8 September 2023**

For Medical Imaging Service use:

**Action taken:** (please refer to any attachment)

**Signed:****Date:****Attachments:** Yes/No**Clearance by IANZ:****Signature:****Date:**



# MAJOR NON-CONFORMANCE

**NZCRMP Clauses: 5.3.2, 5.3.11; RANZCR Standards of Practice, Clause: 3.6.2.2**

**N/C No: 5**

**Equipment, Quality Control**

**Risk: 15**

The service is required to ensure a routine calibration and monitoring programme is in place for all equipment to demonstrate proper functioning and compliance with all requirements.

A review of QC records identified:

- Monthly TG18-QC visual checks have not been completed on the radiologists' home reporting monitors.
- There was no check list for radiologists reporting monitors showing all elements had been reviewed.

The service is required to provide evidence of the completion of the monthly visual checks as required for accreditation. Records spanning a period of three months are required.

**Agreed clearance date: 8 October 2023**

For Medical Imaging Service use:

**Action taken:** (please refer to any attachment)

**Signed:**

**Date:**

**Attachments:** Yes/No

**Clearance by IANZ:**

**Signature:**

**Date:**

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## MINOR NON-CONFORMANCES

*Unless otherwise specified, clauses for Minor Non-Conformances relate to NZCRMP*

**Agreed clearance date: 8 October 2023**

### General

1. The continuation of accreditation is contingent upon clearance of all non-conformities raised at each assessment. The service had been unable to satisfy this requirement for a number of years with uncleared non-conformities frequently rolling over to the assessment report for the following year. IANZ had provided leniency in the continuation of accreditation primarily due to the risk mitigation plans in place. However, this is no longer sustainable and resolution of issues raised is required to achieve ongoing continuation of accreditation.

#### 4.1.3

2. A review of Safety First identified an incident where a patient was scanned and injected at the wrong level in the C spine and needed to be recalled for a repeat procedure at the correct level. The service had not consulted the Consultant QHP or notified ORS.

The service provided evidence a report of the incident sent to ORS prior to the completion of the on-site assessment. Therefore this N/C has been cleared.

#### 4.9, ORS 15

3. Body Protected Area signs in the general x-rays rooms indicated they were overdue for testing.

The service is required to provide evidence the testing had been completed.

#### 5.3

4. The RIS/PACS Manual was overdue for review.

The Service is required to provide evidence the RIS/PACS Manual had been reviewed and updated.

#### 4.3

### CT Scanning

Whilst this modality was partially reviewed during this assessment there were no Minor N/Cs specific to it. It will be reviewed in full at the next IANZ assessment.

### DSA, General Radiography, MR Imaging, Nuclear Medicine, Ultrasound

Whilst these modalities were reviewed during this assessment, there were no Minor N/Cs specific to them.

## OBSERVATIONS

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Observations are intended to assist your organisation in its efforts to maintain an effective quality management system. They are not conditions for accreditation.

### General

1. A review of equipment service records showed the last service for the OPG dental x-ray unit was completed in 2019. Discussion with key personal revealed there was no company in New Zealand which routinely serviced that specific equipment. It is recommended the service endeavour to find a suitable service provider for engineering support for the equipment.

### CT Scanning, DSA, General Radiography, MR Imaging, Nuclear Medicine, Ultrasound

Whilst these modalities were reviewed during this assessment, there were no Observations specific to them.

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# GENERAL

## Key Personnel

The assessment has confirmed that the following designated personnel hold primary responsibility for management, quality, clinical and technical activities of the radiology service:

### Hospital Leadership Team - Managerial

Chris Ash	Interim Lead – Hospital and Specialist Services
Paula Jones	General Manger – Hospital Group
Stephen Woodruffe	Deputy General Manager – Hospital Group
[Redacted]	Director of Nursing – Hospital Group
[Redacted]	Chief Allied Health Professions Officer

### Radiology Leader ship Team - Managerial/Clinical/Technical

[Redacted]	Head of Department
[Redacted]	Acting Head of Department
[Redacted]	Radiology Manager
[Redacted]	Clinical Nurse Manager

### Clinical

[Redacted]	Radiologist MRI & CT Lead
[Redacted]	Radiologist
[Redacted]	Radiologist
[Redacted]	Radiologist Interventional Lead
[Redacted]	Radiologist
[Redacted]	Radiologist
[Redacted]	Radiologist PACS reporting super user
[Redacted]	Radiologist Ultrasound Lead
[Redacted]	Radiologist
[Redacted]	Nuclear Medicine Physician

### Technical

[Redacted]	Team Lead Radiology Information and Business Co-ordinator
[Redacted]	Team Lead Angio & Fluoroscopy
[Redacted]	Team Lead CT
[Redacted]	Diagnostic Imaging Team Leader (General)
[Redacted]	Diagnostic Imaging Team Leader (General)
[Redacted]	Team Lead MRI
[Redacted]	Team Lead Nuclear Medicine
[Redacted]	Team Lead RIS PACS
[Redacted]	Team Lead Ultrasound
[Redacted]	Sole Charge MIT Wairoa
[Redacted]	Consultant QHP
[Redacted]	Consultant QHP

## Site Visits

The assessment was primarily based at the service's main facility.

## Assessment Process

The service was assessed as follows:

CT Scanning	Surveillance Assessment (S3)
DSA	Surveillance Assessment (S3)
General Radiography	Surveillance Assessment (S2)
MR Imaging	Surveillance Assessment (S1)
Nuclear Medicine	Surveillance Assessment (S1)
Ultrasound	Surveillance Assessment (S1)

A review of documentation and discussions with personnel identified the following items of interest:

#### Organisation and Personnel

- The service was understaffed across multiple areas, most notably for Radiologists. This is addressed in Major N/C 2.
- Due to time constraints, APC's, CPR and competency records were not sighted during this assessment.

#### Management and QMS

- Internal audits across all areas of the service had been conducted prior to this assessment. Findings of note included staffing issues and accommodation. A summary was sighted along with an action plan.
- Minutes of Management Review Meetings were sighted and covered all areas required.
- Results were sighted for Referrer surveys which had been completed in June 2023. The lowest satisfaction rating was for wait times and access to images. However there was a positive response for the communication and existing relationship between the referrers and the Radiology service, and the discussion of patient management with Radiologists.

#### Changes to the Scope of Accreditation

- The service name change to 'Te Whatu Ora Health New Zealand Te Matau a Māui Hawke's Bay.'

#### Accommodation

- Issues with accommodation have been well documented in previous IANZ reports. Progress had been made with detailed plans of a rebuild sighted and a timeline of progress. This is addressed in Major N/C 4.
- It was noted the Nuclear Medicine Department did not have a dedicated emergency shower in the event of a radioactive spill on a staff member or patient, as is required by ORS. Interim measures were in place and an exception from ORS was sighted.

#### Equipment and Quality Assurance

- While the RIS/PACS had been upgraded to allow for reporting into PACS, there were still significant issues with RIS and Clinical Portal. This is addressed in Major N/C 1.
- A sample of QC records sighted were generally compliant with the exception of the Radiologists' monitor testing which is addressed in Major N/C 5.

#### Examinations

- There were significant delays in imaging routine examination across all modalities. Whilst efforts were being made to outsource reporting and examinations, Government targets were not being met. This is addressed in Major N/C 3.

## RISK MATRIX

		Consequence				
		Low				High
Likelihood of Occurrence /Prevalence of finding	Low	1	2	3	4	5
		1	2	3	4	5
		2	4	6	8	10
		3	6	9	12	15
	High	4	8	12	16	20
	5	10	15	20	25	

Observation (Recs)

Non Conformance – Minor

Non Conformance - Major

5 and below	Below 15	15 and above
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### Rationale: Consequences

Consequences Severity level	1	2	3	4	5
Risk category	Insignificant / Minimal	Minor	Moderate	Major	Severe or Catastrophic
Impact on Patient	Results delayed or compromised with minimal consequence.  Increased level of care (minimal).	Results delayed or compromised with minor consequence.  Increased level of care.  Recovery without complication or permanent disability	Moderate consequences possible.  Increased level of care (moderate).  Recovery without significant complication or significant permanent disability.	Significant compromise from results.  Increased level of care (significant).  Significant complication and/or significant permanent disability.	Death, permanent total disability.  Incident involving multiple people e.g. screening errors.
Impact on staff	No impact	Minor impact	Moderate impact	Major impact	Severe impact
Compliance to Accreditation Standards, Internal Policy & Regulations	Minor procedural breach.  Little impact.  Evidence of good faith.	Breach likely.  Minor harm with investigation.  Evidence of good faith arguable.	Negligent breach.  Material harm caused.  Lack of good faith evident.	Deliberate breach or gross negligence.  Significant harm.  Serious misconduct.	Serious and wilful breach.  Criminal negligence or act.  Criminal misconduct.



**Rationale: Likelihood/Prevalence**

Score	Descriptor	Description
1	Rare and/or Few to no incidences	Do not believe this event will happen again except in exceptional circumstances e.g. <b>once a decade</b> ; and/or Very few, or no, incidences not conforming to accreditation standards, internal policies or regulations noted.
2	Unlikely and/or Incidences noted.	Do not expect the event to happen again but it is a possibility e.g. <b>once a year</b> ; and/or Some minor incidences not conforming to accreditation standards, internal policies or regulations noted
3	Possible and/or Several incidences	The event may reoccur occasionally e.g. <b>at least once a month</b> ; and/or Several incidences not conforming to accreditation standards, internal policies or regulations noted.
4	Likely and/or Prevalent	The event will probably reoccur e.g. <b>at least once a week</b> ; and/or Multiple incidents were found within the service of not conforming to accreditation standards, internal policies or regulations.
5	Certain and/or Widespread	The event is likely to reoccur on many occasions e.g. <b>at least once a day</b> . More likely to occur than not. and/or Major non-conformity with accreditation standards, internal policies or regulations, widespread incidence across the service.

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7 July 2023

Paula Jones  
Service Director  
Specialist Imaging Services  
Hawke's Bay District Health Board  
Private Bag 9014  
Hastings 4156  
New Zealand

Dear Paula

Following the completion of the surveillance assessment that was conducted 29-30 June 2023, along with a review of material you provided, IANZ has determined that the Te Whatu Ora Te Matau ā Māui-Hawke's Bay Medical Imaging service is presently not meeting the IANZ accreditation criteria or conditions. Specific issues include:

- extended delays to imaging and reporting within the department, with teleradiology/private providers often no longer able to meet the demand for outsourced work.
- growing waitlists, with only short-term improvements noted over the past few years
- reduced service provision due to lack of staff
- fatigue and burnout of staff
- lack of capacity to complete essential non-clinical tasks such as project management for improvement initiatives.
- radiologists on-site clinical reporting time is reduced due to the ineffective RIS/PACS system and its integration with Clinical Portal, resulting in reporting having to be completed afterhours in order to meet reporting turnaround times for urgent and acute examinations.
- major issues with the RIS performance and report delivery processes that remain unresolved
- ongoing accommodation issues, the resolution of which has not progressed past the planning stage
- several recognised and documented critical risk of patient harm issues within the hospital Risk Register, which remain critical even after controls were applied
- documented evidence of patient harm events

We have therefore suspended accreditation for Te Whatu Ora Te Matau ā Māui-Hawke's Bay Medical Imaging service's accreditation until such time as we can establish that accreditation criteria are once again being met.

Please advise us once you consider this has been achieved so that we can arrange an assessment and begin the reactivation process. In the meantime, please indicate clearly to your customers that you are not currently accredited, suspend your promotion of your accreditation, and refrain from using the IANZ endorsement on your reports. Accreditation must be reactivated within the next twelve months in order to avoid its withdrawal.

Yours sincerely



**Dr Brian Young**  
Chief Executive



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**From:** [REDACTED]  
**Sent:** Tuesday, 2 May 2023 4:38 p.m.  
**To:** Delia Dephoff <[DDephoff@ianz.govt.nz](mailto:DDephoff@ianz.govt.nz)>  
**Cc:** Paula Jones <[Paula.Jones@hbdhb.govt.nz](mailto:Paula.Jones@hbdhb.govt.nz)>  
**Subject:** Hawke's Bay Assessment visit

Thank you Delia for your time today.

As we discussed I have chatted to Paula Jones and we would like you to consider delaying our assessment until the week of the 24<sup>th</sup> July 2023.

As region we are still recovering from the cyclone and I have just returned from a significant period of leave and [REDACTED] (HOD) will be away from Monday 8<sup>th</sup> May 2023 to the 17<sup>th</sup> July 2023 and we feel it would be beneficial to have the full leadership team on board for this assessment visit .

Both Paula and I are happy to have a zoom meeting to discuss and/or provide updates until the visit.

I understand that this request is not ideal but I would like to thank you for considering it at this difficult time.

*Ngā mihi*

[REDACTED]

[REDACTED] (she/her)

**Radiology Manager**

**Radiology | Te Matau a Māui Hawke's Bay**

**waea pūkoro:** +64 27 257 6723 or 878 8109 extn: 2515 | **imēra:** [REDACTED]

Radiology Department, Cnr McLeod St & Omaha Road | Private Bag 9014, Hastings 4156

Reach us in our local channels: [ourhealthhb.nz](http://ourhealthhb.nz) | [facebook.com/HawkesBayDHB](https://facebook.com/HawkesBayDHB)



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**From:** Sharon Thomas <[SThomas@ianz.govt.nz](mailto:SThomas@ianz.govt.nz)>

**Sent:** Monday, 8 May 2023 1:45 PM

**To:** [REDACTED] Delia Dephoff <[DDephoff@ianz.govt.nz](mailto:DDephoff@ianz.govt.nz)>

**Subject:** FW: Hawke's Bay Assessment visit

H [REDACTED]

[REDACTED]

I understand the issues you are facing, however we just simply don't have any other options available till the end of the year.

A number of our clients have been affected by the weather event issues, along with illness and ongoing staffing issues, so you're not alone in these challenges. It has also meant that our scheduling has been adversely impacted as we try and accommodate all those that have been affected.

We deferred your assessment several months last year and have also done so this year so far (it's actually due in March) so further delay isn't possible I'm afraid.

Delia has indicated 28<sup>th</sup> & 29<sup>th</sup> June for your assessment which are the only available dates we have at this time.

It goes without saying that we will work with you across all aspects of your service provision, including the challenges and difficulties faced in any particular area. The objective, as always, is to ensure a pragmatic approach is taken to ensure safe delivery of service for both staff and patients.

We trust that you will be able to allocate 'deputies' for those that may be on leave at that time. Essentially, if we can all just do what we can, being practical and considerate of any challenges, we will have a good outcome for all!

Delia will be in touch with you in order to plan effectively and appropriately with you.

Kia pai tō rā

Ngā mihi nui / Kind Regards

**Sharon Thomas**

Senior Operations Manager : Healthcare Programmes

Mob 027 451 6028 : DDI +64 9 580 6751

[sthomas@ianz.govt.nz](mailto:sthomas@ianz.govt.nz)

[www.ianz.govt.nz](http://www.ianz.govt.nz)

**From:** [Paula Jones](#)  
**To:** [SThomas@ianz.govt.nz](mailto:SThomas@ianz.govt.nz)  
**Cc:** [DDephoff@ianz.govt.nz](mailto:DDephoff@ianz.govt.nz); [REDACTED]  
**Subject:** FW: Hawke's Bay Assessment visit  
**Date:** Monday, 15 May 2023 4:14:49 pm  
**Attachments:** [image005.png](#)

---

Kia ora Sharon,

Thank you for taking my phone call this morning to discuss the Hawke's Bay Assessment visit on 28 and 29 June 2023.

As discussed, ideally, due to the impact of Cyclone Gabrielle in Hawke's Bay coupled with ongoing workforce constraints and Radiology Management ([REDACTED], Radiology Manager and [REDACTED], Head of Department) extended periods of leave, we would delay our annual visit to late July to allow the team to sufficiently prepare for this assessment.

I do realise however that we need to avoid multiple delays where possible and it is the preference for IANZ to retain these dates for our assessment.

Therefore, today we agreed to proceed with the June dates, with your acknowledgment and acceptance of the fact the team will not have had the ability to fully complete all annual tasks. This includes, but is not limited to:

- Annual Internal Audits for all modalities and areas
- Patient and Referrer surveys
- Annual Policy and Procedure reviews

In addition to this, due to workforce constraints and the priority to support rosters to manage acute service demands, we will have limited capacity on the assessment days to release staff onsite and to support access and visits to satellite sites i.e. Napier, Central Hawke's Bay and Wairoa.

We value our longstanding and ongoing relationship with you and the IANZ team, however, cannot stress enough the impact that Cyclone Gabrielle has had, and continues to have on our staff and community. I trust you understand this difficult situation and look forward to working with you to facilitate a satisfactory visit this year.

Ngā mihi,

**Paula Jones** (she/her)

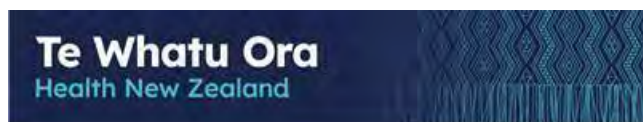
**General Manager**

**Hospital Group / Te Matau a Māui Hawke's Bay**

waea pūkoro: +64 27 7024 997 | +64 6 878 8109 ext: 4525 | imēra: [paula.jones@hbdhb.govt.nz](mailto:paula.jones@hbdhb.govt.nz)

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**From:** [REDACTED]  
**To:** [Delia Dephoff](#)  
**Subject:** RE: Change of dates request for assessment  
**Date:** Wednesday, 14 June 2023 8:48:00 am  
**Attachments:** [image003.png](#)

---

Hi Delia,

I am sorry I missed your call. I will discuss the dates with Paula and the team.

Are you aware these dates fall in the school holidays?

Ngā mihi

[REDACTED]

[REDACTED] (she/her)

**Radiology Manager**

**Radiology | Te Matau a Māui Hawke's Bay**

waea pūkoro: +64 27 257 6723 or 878 8109 extn: 2515 | [REDACTED]

Radiology Department, Cnr McLeod St & Omaha Road | Private Bag 9014, Hastings 4156

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---

**From:** Delia Dephoff <[DDephoff@ianz.govt.nz](mailto:DDephoff@ianz.govt.nz)>

**Sent:** Tuesday, 13 June 2023 7:21 PM

**To:** [REDACTED] >

**Cc:** [REDACTED] Paula Jones

<[paula.jones@hbdhb.govt.nz](mailto:paula.jones@hbdhb.govt.nz)>

**Subject:** Change of dates request for assessment

Hi [REDACTED]

I wanted to talk to you today to discuss your IANZ assessment but was unfortunately you were busy and I am now on assessment for the rest of the week.

Following discussion with Sharon today, after her visit to Hawkes Bay last week, we would like to change the dates for the assessment to the following week on Monday 3 to Wednesday 5 July.

Changing the date to the following week and making the assessment three days would allow more time to assess the current complex challenges your radiology service is facing. Sharon will also be attending for one day and she has asked me to contact a radiologist to also be part of the assessment team. Their understanding of the issues your service is facing would provide a fairer and more robust assessment.

It is not taken lightly to change dates and I hope you understand the rational behind it.

Therefore can you please confirm acceptance of these dates as soon as possible so I can plan

**From:** [REDACTED]  
**To:** [Delia Dephoff](#); [Sharon Thomas](#)  
**Cc:** [Paula Jones](#); [REDACTED]  
**Subject:** FW: Hawke's Bay Assessment visit  
**Date:** Wednesday, 14 June 2023 12:48:00 pm  
**Attachments:** [image005.png](#)

---

Good afternoon both,

Thank you for your email requesting the change of dates. Whilst we appreciate the rationale behind your request we would prefer to keep the dates of the 29<sup>th</sup> and 30<sup>th</sup> June as requested in your previous emails below.

We have worked hard to rearrange rosters and have made considerable changes to accommodate the visit on these dates, we have some locum cover for the MIT Team Leaders during this time to enable us to release staff to spend time with yourselves.

I do not have these resources the following week.

Please could you consider keeping these dates for the main assessment due to the work undertake to accommodate them and Sharon attending on an alternative date with radiologist, this could be the week after (3<sup>rd</sup> to 5<sup>th</sup> July).

I am happy to set up a call with yourselves and Paula to discuss if this will be easier

Ngā mihi

[REDACTED]

[REDACTED] (she/her)

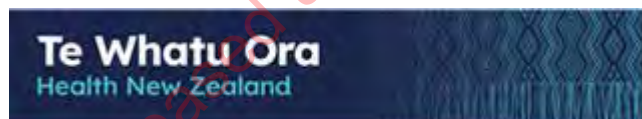
**Radiology Manager**

**Radiology | Te Matau a Māui Hawke's Bay**

waea pūkoro: +64 27 257 6723 or 878 8109 extn: 2515 | imēra: [REDACTED]

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---

**From:** Paula Jones <[Paula.Jones@hbdhb.govt.nz](mailto:Paula.Jones@hbdhb.govt.nz)>

**Sent:** Wednesday, 14 June 2023 11:13 AM

**To:** [REDACTED]

**Subject:** FW: Hawke's Bay Assessment visit

---

**From:** [REDACTED]  
**To:** [Delia Dephoff](mailto:Delia_Dephoff@ianz.govt.nz)  
**Subject:** RE: Change of dates request for assessment  
**Date:** Friday, 16 June 2023 3:12:00 pm  
**Attachments:** [image003.png](#)

---

Thanks Delia,  
Please could you give me your agenda for the 2 days and I will co-ordinate staff to be there.

Ngā mihi

[REDACTED]

[REDACTED] (she/her)

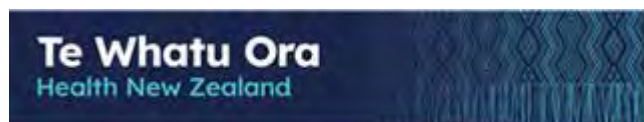
### Radiology Manager

#### Radiology | Te Matau a Māui Hawke's Bay

waea pūkoro: +64 27 257 6723 or 878 8109 extn: 2515 | **īmēra:** [REDACTED]

Radiology Department, Cnr McLeod St & Omaha Road | Private Bag 9014, Hastings 4156

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---

**From:** Delia Dephoff <[DDephoff@ianz.govt.nz](mailto:DDephoff@ianz.govt.nz)>  
**Sent:** Friday, 16 June 2023 2:49 PM  
**To:** [REDACTED] >  
**Subject:** RE: Change of dates request for assessment

Hi [REDACTED]

I've had a discussion with Sharon and we will keep all arrangements as they stand. After the assessment I will have another discussion with Sharon and depending upon the outcome she may do another site visit, which would be scheduled at a later date.

I'll send you the confirmation letter and timetable once I am back in my office on Monday.

I look forward to seeing you on the 29 June.

Ngā mihi / Kind Regards

Delia Dephoff  
Accreditation Assessor – Healthcare Programmes  
Mob 027 217 4974  
[ddephoff@ianz.govt.nz](mailto:ddephoff@ianz.govt.nz)  
[www.ianz.govt.nz](http://www.ianz.govt.nz)



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**From:** Delia Dephoff <[DDephoff@ianz.govt.nz](mailto:DDephoff@ianz.govt.nz)>

**Sent:** Monday, 19 June 2023 8:44 AM

**To:** [REDACTED]

**Subject:** 103606.230607.Assessment Timetable MIS, 103606.230607.SV Assmt Confirmation HCARE

Hi [REDACTED],

Please find attached the confirmation letter and timetable for your IANZ assessment. The times are reasonably flexible according to staff availability. Can you please email me confirmation of the timetable?

Thank you. I look forward to seeing you next week.

Ngā mihi / Kind Regards

Delia Dephoff

Accreditation Assessor – Healthcare Programmes

Mob 027 217 4974

[ddephoff@ianz.govt.nz](mailto:ddephoff@ianz.govt.nz)

[www.ianz.govt.nz](http://www.ianz.govt.nz)



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**From:** [REDACTED]  
**To:** [Delia Dephoff](#)  
**Subject:** RE: 103606.230607.Assessment Timetable MIS, 103606.230607.SV Assmt Confirmation HCARE  
**Date:** Tuesday, 20 June 2023 10:50:00 am  
**Attachments:** [103606.230607.Assessment Timetable MIS \(002\).docx](#)  
[image002.png](#)

---

Hi Delia,  
I have updated – due to staff availability.  
I have sent out meeting requests to keep track .  
Please let me know if this works.

Ngā mihi

[REDACTED]

[REDACTED] (she/her)

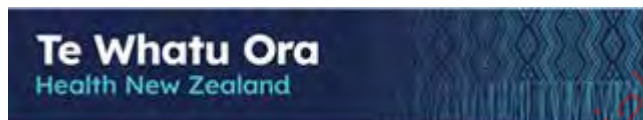
### **Radiology Manager**

#### **Radiology | Te Matau a Māui Hawke's Bay**

**waea pūkoro:** +64 27 257 6723 or 878 8109 extn: 2515 | **īmēra:** [REDACTED]

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**From:** [REDACTED]  
**Sent:** Monday, 19 June 2023 8:46 AM  
**To:** Delia Dephoff <DDephoff@ianz.govt.nz>  
**Subject:** RE: 103606.230607.Assessment Timetable MIS, 103606.230607.SV Assmt Confirmation HCARE

Thanks Delia,  
I will work on this today as we will have to move some sessions around due to staff work days.  
I will send through ASAP

Ngā mihi

[REDACTED]

[REDACTED] (she/her)

### **Radiology Manager**

#### **Radiology | Te Matau a Māui Hawke's Bay**

**waea pūkoro:** +64 27 257 6723 or 878 8109 extn: 2515 | **īmēra:** [REDACTED]

Radiology Department, Cnr McLeod St & Omahu Road | Private Bag 9014, Hastings 4156

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**From:** [Paula Jones](#)  
**To:** [Chris Ash](#); [REDACTED]  
**Subject:** Fwd: IANZ suspension of accreditation notification  
**Date:** Friday, 7 July 2023 12:57:58 pm  
**Attachments:** [image001.png](#)  
[103606.230623.Assessment Report MIS.docx](#)  
[103606.230623.Assessment Report MIS.pdf](#)  
[103606.230707.Suspension of Accreditation \(ID 700257\) \(002\) \(ID 700328\).docx](#)

---

Kia ora koutou,

Please find below and attached.

I look forward to discussing further next week on my return from leave.

This outcome in no way at all diminishes the longstanding hard work and commitment from the Radiology team. It will be important that we communicate the outcome to the team in this vein, and I look forward to working with you all to ensure this is achieved.

See you next week,

Paula

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---

**From:** Sharon Thomas <SThomas@ianz.govt.nz>

**Sent:** Friday, July 7, 2023 12:00 PM

**To:** Paula Jones <Paula.Jones@hbdhb.govt.nz>; Brian Young <BYoung@ianz.govt.nz>

**Subject:** IANZ suspension of accreditation notification

Kia ora Paula

Thank you for your time on the phone this morning and my apologies for interrupting your leave!

As discussed, please find attached the report from your recent assessment, along with our formal notification of the intention to suspend accreditation for the service.

This will not be enacted until Wednesday 12 July, giving a period of 48hours (business days) for you to review the report and associated decision detail and come back with any factual correction or queries.

IANZ does not take this action lightly and we remain confident that you will be able to achieve reaccreditation once you have had a chance to work through the resolution processes being established.

Please don't hesitate to contact me at any time.

Kia pai tō rā

Ngā mihi nui / Kind Regards

**Sharon Thomas**

Senior Operations Manager : Healthcare Programmes

Mob 027 451 6028 : DDI +64 9 580 6751

[sthomas@ianz.govt.nz](mailto:sthomas@ianz.govt.nz)

[www.ianz.govt.nz](http://www.ianz.govt.nz)

**From:** [Paula Jones](#)  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: 103606.230623.Assessment Report MIS (003).docx  
**Date:** Wednesday, 12 July 2023 7:56:16 am

---

Hi [REDACTED]

I'm assuming it is live from today i.e. our suspension listed on their website.

As per my text last evening, can you please confirm with me ASAP that all certificates from all sites have been removed from walls etc, and that our reporting template has had the IANZ endorsement section removed?

If there's a problem with the latter can you please let me know ASAP as I will need to inform Sharon.

I understand [REDACTED] has been supporting [REDACTED] with a communication (thanks [REDACTED]).

I'll be drafting a letter to IANZ today that I will get you both to review.

Ngā mihi,

**Paula Jones** (she/her)

**General Manager**

**Hospital Group / Te Matau a Māui Hawke's Bay**

**waea pūkoro:** +64 27 7024 997 | +64 6 878 8109 ext: 4525 | **īmēra:** [paula.jones@hbdhb.govt.nz](mailto:paula.jones@hbdhb.govt.nz)

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---

**From:** [REDACTED] >  
**Sent:** Tuesday, 11 July 2023 4:24 PM  
**To:** Paula Jones <[Paula.Jones@hbdhb.govt.nz](mailto:Paula.Jones@hbdhb.govt.nz)>  
**Cc:** [REDACTED] >  
**Subject:** FW: 103606.230623.Assessment Report MIS (003).docx

Hi Paula, Did Sharon give you this inform when she called?

*Ngā mihi*

[REDACTED]

[REDACTED] (she/her)

## Radiology Manager

### Radiology | Te Matau a Māui Hawke's Bay

waea pūkoro: +64 27 257 6723 or 878 8109 extn: 2515 | īmēra: [REDACTED]

Radiology Department, Cnr McLeod St & Omahu Road | Private Bag 9014, Hastings 4156

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<< OLE Object: Picture (Device Independent Bitmap) >>

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**From:** [REDACTED]

**Sent:** Tuesday, 11 July 2023 4:11 PM

**To:** [REDACTED]

**Subject:** RE: 103606.230623.Assessment Report MIS (003).docx

Hi [REDACTED]

Do we know when IANZ intend to go live tomorrow?

[REDACTED] is asking

Cheers!

[REDACTED]

---

**From:** [REDACTED]

**Sent:** Tuesday, 11 July 2023 4:07 PM

**To:** Paula Jones <[Paula.Jones@hbdhb.govt.nz](mailto:Paula.Jones@hbdhb.govt.nz)>; [REDACTED]  
<[REDACTED]>

**Subject:** 103606.230623.Assessment Report MIS (003).docx

<< File: 103606.230623.Assessment Report MIS (003).docx >>

Hi [REDACTED],

Comments below.

Regards [REDACTED]

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**From:** [Emma Horsley](#)  
**To:** [Paula Jones](#)  
**Cc:** [REDACTED]  
**Subject:** RE: Media release - IANZ accreditation suspension for Hawke's Bay radiology v3  
**Date:** Wednesday, 12 July 2023 2:50:29 pm  
**Attachments:** [Media Release - Hawke's Bay Hospital IANZ Accreditation Suspension.docx.pdf](#)  
[Internal Staff Notice content.docx](#)

---

Hiya

Attached. We will also be putting out a staff notice too.

Ngā mihi

**Emma Horsley** (she/her)

**Regional Communications & Engagement Lead/Executive Director**  
**Communications | Te Matau a Māui Hawke's Bay**

**waea pūkoro:** +64 27 299 1566 | +64 06 878 8109 extn: 5133 | **imēra:**  
[Emma.Horsley@hbdhb.govt.nz](mailto:Emma.Horsley@hbdhb.govt.nz)

2<sup>nd</sup> Floor, Corporate Administration Building, Cnr McLeod St & Omaha Road | Private Bag 9014,  
Hastings 4156

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---

**From:** Paula Jones <[Paula.Jones@hbdhb.govt.nz](mailto:Paula.Jones@hbdhb.govt.nz)>  
**Sent:** Wednesday, 12 July 2023 2:38 pm  
**To:** Emma Horsley <[Emma.Horsley@hbdhb.govt.nz](mailto:Emma.Horsley@hbdhb.govt.nz)>  
**Cc:** [REDACTED] >  
**Subject:** FW: Media release - IANZ accreditation suspension for Hawke's Bay radiology v3

Hi Emma,

Can you please email [REDACTED] the updated and final version to [REDACTED] to share with the radiology team? i.e. Radiographers to MITs.

Thanks,

Paula

---

**From:** Emma Horsley <Emma.Horsley@hbdhb.govt.nz>  
**Sent:** Wednesday, 12 July 2023 8:01 AM  
**To:** Chris Ash <Chris.Ash@hbdhb.govt.nz>; Robin Whyman <Robin.Whyman@hbdhb.govt.nz>; [REDACTED]; Russell Simpson <Russell.Simpson@health.govt.nz>; Paula Jones <Paula.Jones@hbdhb.govt.nz>  
**Subject:** RE: Media release - IANZ accreditation suspension for Hawke's Bay radiology v3

Thanks Chris

I'm happy with those changes and have accepted. The last line I have added Te Whatu Ora in as a whole entity rather than isolating the hospital.

This now will go to the national office for any input and we will send out from here to our local media. And [REDACTED], as he has been asking for any information so he is aware this is on the cards.

<< File: Media Release - Hawke's Bay Hospital IANZ Accreditation Suspension.docx >>

Ngā mihi

**Emma Horsley** (she/her)

**Regional Communications & Engagement Lead/Executive Director**  
**Communications | Te Matau a Māui Hawke's Bay**

**waea pūkoro:** +64 27 299 1566 | +64 06 878 8109 extn: 5133 | **īmēra:**  
[Emma.Horsley@hbdhb.govt.nz](mailto:Emma.Horsley@hbdhb.govt.nz)

2<sup>nd</sup> Floor, Corporate Administration Building, Cnr McLeod St & Omahu Road | Private Bag 9014, Hastings 4156

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**From:** Chris Ash <[Chris.Ash@hbdhb.govt.nz](mailto:Chris.Ash@hbdhb.govt.nz)>

**Sent:** Wednesday, 12 July 2023 7:53 am

**To:** Robin Whyman <[Robin.Whyman@hbdhb.govt.nz](mailto:Robin.Whyman@hbdhb.govt.nz)>; [REDACTED];  
[REDACTED]; Emma Horsley <[Emma.Horsley@hbdhb.govt.nz](mailto:Emma.Horsley@hbdhb.govt.nz)>;  
Russell Simpson <[Russell.Simpson@health.govt.nz](mailto:Russell.Simpson@health.govt.nz)>; Paula Jones  
<[Paula.Jones@hbdhb.govt.nz](mailto:Paula.Jones@hbdhb.govt.nz)>

**Subject:** Media release - IANZ accreditation suspension for Hawke's Bay radiology v3

Some suggested updates to last night's copy. Trying to keep to [REDACTED] convention of making it as plain and straightforward as possible.

In my absence today, Robin is around and available to input.

Ngā mihi

Chris

<< File: Media release - IANZ accreditation suspension for Hawke's Bay radiology v2.docx  
>>

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11 July 2023

## **Hawke's Bay Hospital loses IANZ accreditation for radiology**

As a result of a number of ongoing challenges faced by Hawke's Bay Hospital's radiology department the International Accreditation of New Zealand (IANZ) has suspended accreditation for radiology services for Te Whatu Ora in Te Matau a Māui Hawke's Bay.

The challenges include unsuitable space, aging equipment, workforce shortages, and IT issues. These factors have contributed to a position where the waits for some scans are longer than they should be.

IANZ acknowledged the considerable efforts and work by the radiology team to address and mitigate the issues currently being experienced.

The suspension of accreditation does not change the delivery of these essential radiology services for the Hawke's Bay community – all services offered by the department will continue to be provided.

Acting head of department Dr Richard Cooper says people should still attend their appointments.

"Our team works tirelessly, despite the challenges faced, to provide safe and timely radiology services to our rohe. I want to reassure the community that they should attend their appointments to ensure they receive treatment as quickly as possible."

"Accreditation has been suspended as we are currently unable to deliver what is required to achieve it. IANZ assesses us against the level of care we should be delivering to the community of Hawke's Bay, and we remain focused on the steps that are needed to meet the accreditation standard."

"We are not immune from the well documented world-wide health workforce shortage, and we have been doing the best we can for our patients", said Dr Cooper.

In its report IANZ noted the work already underway to address the issues leading to the accreditation suspension including;

- Improving stability of the Radiology Information System, including a recent upgrade,

- Ongoing endeavours to recruit medical imaging technologists and radiologists from overseas
- Replacement, later this year, of the main Computed Tomography (CT) scanner in the department
- Recent funding approval to redevelop the Radiology department, including addition of new and additional imaging capacity, with the plans at the architectural stage.

Te Whatu Ora is currently working through the recommendations and requirements to have accreditation reinstated.

ENDS

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