

**TO: Chair and Members
Canterbury District Health Board**

SOURCE: Chair, Hospital Advisory Committee

DATE: 12 February 2010

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is provided to the Canterbury DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 28 January 2010. Following confirmation of the minutes of that meeting at the 4 March 2010 HAC meeting, full minutes of the 28 January 2010 meeting will be provided to the Board at its 12 March 2010 meeting.

The Board should note that the functions of HAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are to:

- “- *monitor the financial and operational performance of the hospital and specialist services of the Canterbury DHB; and*
- *assess strategic issues relating to the provision of hospital and specialist services by the Canterbury DHB; and*
- *give the Board advice and recommendations on that monitoring and that assessment.*

The Hospital Advisory Committee’s advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Strategic Plan of the Canterbury DHB.”

2. RECOMMENDATION

That the Board:

- i. notes the Hospital Advisory Committee Meeting Update – 28 January 2010.

3. SUMMARY

Detailed below is a summary of the HAC meeting on 28 January 2010. Minutes of the meeting will be available once confirmed by the next HAC meeting on 4 March 2010. Papers presented to the Committee meeting are available on the Canterbury DHB website. A copy of the Agenda for this meeting is attached as Appendix 1.

Hospital and Specialist Service Monitoring Report

Judith Sugden, Senior Business Manager, Hospital & Specialist Service provided an overview of the Hospital & Specialist Monitoring Report for the period ended 31 December 2009.

She drew attention to the following items:

- The continuing significant high levels of attendance to the Emergency Department (ED) – 4.7% higher than in December 2008.
- Work was continuing to achieve triage targets in the ED.

- All other indicators for the Hospital and Specialist Service were tracking closely to the previous year.
- Personnel costs continued to be a cause for concern and Divisions were working on how to address these concerns.
- Clinical coding – the MoH Clinical Coding Manager seconded to the Canterbury DHB as interim Clinical Coding Manager had now commenced.
- ESPI compliance – the Canterbury DHB was overall compliant with some speciality non – compliance in ESPI 2.
- Wage negotiations were now being handled at a national level for three of the major groups involved. These negotiations did not apply, however, to MRT staff who had voted for industrial action and contingency planning was being carried out in Divisions for this.

The report noted that the YTD financial result was \$2.080M unfavourable to budget for the Hospital and Specialist Service. The total number of patient discharges for the month was 9382 an increase of 12.2% when compared to December 2008.

Surgical acute volumes were 10.6% above budget for the month and electives were 12.9% above for the month. Surgical FSAs were 9.8% above target for the month with medical FSAs over target by 8.8%.

Other main performance indicators for the month were:

- Personnel costs were unfavourable by \$1.169M.
- Treatment related costs were \$0.634M unfavourable.
- Revenue was \$0.060M unfavourable.
- ESPIs were compliant for the month at an overall DHB level, with some non-compliance at speciality level for ESPI 2 (time to FSA) in three services; Endoscopy, Respiratory and Vascular Surgery.

Other specific issues discussed/ noted by the Committee related to:

- The high levels of activity in Medical Surgical during December and the challenge in controlling employee costs, YTD unfavourable by \$2.9M. It was advised that it was considered December employee costs had been over accrued at month end. The Committee discussed at some length the issues associated with personnel costs and also the implications of changes from production plans.
- Financial performance for the year to date noting the improvement in comparison to the year to date from the previous financial year.
- The high volumes continuing to attend the ED and the issues of long term sustainability and also the high inpatient volumes in General Medicine, which were at the equivalent of winter months.
- Allied health and issues in this area – is to be covered in future reports.
- The reduction in costs of \$1M for casual /pool hospital aides for the year to date.
- The need to match resources in Medical Surgical with CAPPLAN plans.
- The appointment of joint surgeons to both Christchurch and Ashburton Hospitals and the benefits from this.
- Christchurch Women's – the high year to date activity.
- It was noted that the MoH Cervical Screening contract was still unsigned. In respect to the Capital and Coast DHB the CEO advised that discussions were continuing with the Ministry of Health on the funding to be provided.
- The improvement in the recruitment position for Ashburton Hospital both for medical officers (with all vacancies filled) and in allied health.
- The commencement of a nurse practitioner in Older Persons Health whose time would be divided 0.8 at Christchurch and 0.2 at Ashburton.
- Clinical coding – the commencement of an Interim Coding Manager seconded from the MoH and the implementation of a recovery plan to isolate the current backlog and clear this by 30

June with monthly coding completed in a timely manner. The Committee asked that the Interim Coding Manager attend a future Committee meeting.

- Approval for the commencement of the Christchurch Hospital boiler project.
- High levels of sick leave in the Medical Surgical Division – the Acting General Manager advised this was being investigated and will be reported back.
- Approvals by ACC – it was advised that there seemed to have been an improvement in this area with previously delayed surgery now being approved by the ACC.
- ESPIs and the strategies being implemented in respect to Endoscopies to achieve compliance – a further update is to be provided at the next meeting.
- Vascular surgery – and the recruitment of an additional SMO.
- The Emergency Department and the achievement against triage target times and the analysis of triage 3 presentations. Information was tabled in respect to this later in the meeting.

The Committee noted the report.

Operating Wise Steering Committee - Theatre Utilisation (Presentation)

The Committee considered this presentation which provided an update Operating Wise Single service Line Project. Mary Gordon, Committee Chair, Trevor English General Manager, Laboratory Management, Marie Lory, Peri-Operative Nurse Manager, Carole Stuart, Service Manager Anaesthesia, Dr Greg Robertson, General Surgeon and Shana Padgett, ValuMetrix attended for this item and provided a PowerPoint presentation which provided information on:

- Background information to ValuMetrix Services – presented by Shana Padgett.
- The process excellence (PEX) process.
- Product/patient activity analysis.
- Staff operator activity analysis.
- An example of patient flow – DSU urology patient.
- Operator analysis - two nurses in the same operating theatre and an anaesthetic technician.
- The project prioritisation matrix.
- Main themes of opportunities.
- Single service line focus proposal.
- The project team and steering Committee.

The Committee took the opportunity to discuss the presentation and issues discussed related to:

- The culture change involved in the process and the role of the XcelR8 programme in achieving this
- The relationship and ease of application of the processes to acute and elective surgery
- The timelines involved - Ms Padgett advised that she was in NZ only until June 2010 and that the process needed to be thought of as a Canterbury DHB process not a ValuMetrix one.

The Committee received the presentation and thanked the presenters for their time.

HSS Delivery Against Contract

The General Manager, Planning and Funding, Carolyn Gullery, spoke to this report which provides a six monthly update to the Committee on the performance of the Hospital and Specialist Service and Funder Arm against the District Annual Plan (DAP) volume schedules.

Ms Gullery drew the Committee's attention to two aspects of the report:

- The Elective Initiative results for the year to date - 8881 cases YTD against a target of 8737 (144 cases or 1.6% over budget) and case weighted discharges (CWD) 759 cases or 7.5% over budget.
- ESPI compliance – which overall was considered to be under control and the benefits achieved from the Canterbury Initiative in helping to achieve ESPI compliance.

The Committee also discussed the Cardiac Surgery Initiative. As noted in the report the Canterbury DHB was 32 cases behind the MoH target of 342 cases. The MoH had been asked to agree to reduce the target number of cardiac cases to be completed in the 2009/10 financial year by the Canterbury DHB from 342 to 316 cases, 26 cases less. The MoH had subsequently asked the Canterbury DHB to outsource these 26 cases at an estimated cost of \$0.75M. The Committee noted that the impact of the H1N1 Pandemic had been to reduce cases undertaken by 33.

The CEO updated the Committee on the steps which had been taken to establish a sustainable long term cardiac service which included:

- The recruitment of a third cardiac surgeon.
- Approval and funding for three additional ICU/HDU beds to be fully resourced by February 2010.
- Agreement with the two existing cardiac surgeons to complete eight elective cases per week until 30 June 2010 which is expected to reduce the waiting list to within the two month guideline.

The CEO sought the support the Committee to the stance that had been adopted with the MoH in declining to outsource the additional 26 cases given the initiatives which had been implemented to achieve a sustainable service.

The Committee confirmed its endorsement to the approach taken by management with the MoH in seeking approval to reducing the target number of cases to 316 and declining to outsource 26 cases, noting the initiatives taken to achieve a sustainable service and also that referrals from the West Coast and South Canterbury DHBs were lower than planned.

Other issues discussed by the Committee related to:

- The detailed response made to the MoH on Health Targets - it was agreed that this information should come back to the Committee and the Board.
- Additional information on the analysis of Triage 3 admissions to the ED was also provided at this stage of the meeting and it was agreed that this information should be circulated to Committee members.
- Obesity and eating disorders – it was advised that the Otago DHB was contracted to supply six stomach bypass operations per annum for Canterbury Residents but that this had tended to be in the order of two - three cases only per annum.

The Committee noted the report

HSS Workplan

Richard Hamilton, Manager Business Development Unit, John Osborne, Supply Chain Manager, and David MacKay, Information Services attended and spoke to this report which provides a regular monthly report on strategic Hospital and Specialist Service workplan programmes for the 2009/10 financial year. Mr Hamilton also provided a PowerPoint presentation providing a comprehensive update on the range of projects covered by the workplan which provided information on:

- The Tools of change –
 - Improving the Patient Journey

HOSPITAL ADVISORY COMMITTEE MEETING

To be held in the Board Room, 3rd Floor, the Princess Margaret Hospital, Christchurch
Thursday 28 January 2010 commencing at 1.00pm

ADMINISTRATION**1.00pm**

Apologies

1. Interest Register

Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.

2. Confirmation of the Minutes of the Previous Committee Meeting

- 26 November 2009

3. Carried Forward/Action List Items

MONITORING**1.10pm**

4. Hospital Service Monitoring Report

i.) Overview

Judith Sugden
Senior Business Manager,
Hospital & Specialist Service

1.10pm – 2.20pm

*ii.) Monitoring Report - Discussion***ATTENDING**

- *Medical/ Surgical* – Ruth Barclay & Allan Katzev
- *Women's & Children's Health* – Pauline Clark
- *Rural Health Services* – Garth Bateup
- *Older Persons Health & Rehabilitation* – Carolyn Cooper
- *Mental Health* – Sandra Walker
- *Hospital Support & Laboratories* – Trevor English

iii.) ESPI Compliance

- *Acting General Manager, Medical/ Surgical* – Ruth Barclay

PRESENTATIONS**2.20PM**

5. Theatre Utilisation

6. Operating Wise Steering Committee

Mary Gordon
Chair

AFTERNOON TEA**2.50pm - 3.05pm****REPORTS****3.35PM**

AGENDA - PUBLIC

Canterbury

District Health Board

Te Poari Hauora o Waitaha

6. **HSS Delivery against Contract**

Carolyn Gullery *3.35pm – 4.05pm*
*General Manager Planning
and Funding*

8. **Resolution to Exclude the Public**

Murray Dickson *4.05pm – 4.10pm*
*General Manager –
Corporate Services*

ESTIMATED FINISH TIME

4.10pm

INFORMATION ITEMS

HSS Workplan

- *Making Time for Caring*
- *Surgical*
- *CIS*
- *Oncology*
- *SCEI*

Hospital Advisory Committee Meeting Update – 26 November 2009

(Report to 11 December Board Meeting)

Canterbury DHB Confirmed Public Minutes – 20 November 2009

NEXT MEETING

Date of Next Meeting: Thursday 4 March 2010 commencing at 1.00pm