

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

SOURCE: Chair, Hospital Advisory Committee

DATE: 12 March 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 4 March 2010. Following confirmation of the minutes of that meeting at the 31 March 2010 HAC meeting, full minutes of the 4 March 2010 meeting will be provided to the Board at its 9 April 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 – 4 March 2010.

3. SUMMARY

Detailed below is a summary of the HAC meeting on 4 March 2010. Minutes of the meeting will be available once confirmed by the next HAC meeting on 31 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 January 2010.

She drew attention to the following items:

- Most activity across hospital divisions remains high and the only significant reduction in activity for January was within outpatient departments where clinics were closed. For the YTD most activity is up against target and against last year.

- ED activity remains high with another month exceeding 7000 attendances. You will note on page 65 there is an update on progress against the targets set out in the redevelopment business case. Ruth can answer any questions on this you may have.
- The financial result remained unfavourable for the month and YTD. In the month FTEs levels were low as expected over the holiday period together with an adjustment for leave taken in December. Unfortunately the result for the month remained unfavourable due to RMO cross cover and public holiday payments processed. The YTD continues to be unfavourable due to additional SMO/RMO/Nursing expenditure in Med/Surgical which is related to non-productive related costs such as allowances and superannuation together with additional funding for the expanded ICU.
- Performance against health targets is achieving variable levels of success as at January.
- Shorter Stays in ED – 90% out of ED within 6 hrs compared to target of 95%. Further work is being undertaken to improve this, Ruth will update.
- Better Help for Smokers to Quit is at 39% (target is 80% from July 2010), this is tracking upwards and significant improvement is expected over following months as coding and interventions improve.
- Improved Access to Elective Surgery. According to national figures we are 5% ahead of target, note this result will improve even more as coding is actioned.
- Short Waits for Cancer Treatment – 99% of treatment was provided within 6 weeks of FSA compared to the target of 100% (from July 2010). An additional shift is assisting in achieving this target.
- The interim Clinical Coding Manager had realised significant improvements in the performance of the coding team. At the end of January there were 15,559 uncoded dx, by mid-February this had reduced to 12,022 as stated in HAC and I can confirm that the figure as at end February was 9,928, this represents a 40% reduction in 1 month.
- ESPI remains compliant overall however ESPI 2, wait for FSA and ESPI 5, wait for treatment remains non-compliant for some services as detailed in the report.
- From an industrial perspective Medical Radiation Technologists are currently undertaking industrial action in support of their pay claim which this week involves not using telephones and next week involves 2 periods of 2 hr labour withdrawals. Contingency planning is ongoing and appropriate steps have been taken to ensure life preserving services are maintained. MRT do X-rays and other diagnostic scanning they do not do radiation therapy.

The report noted that the YTD financial result was \$2.466M unfavourable to budget for the Hospital and Specialist Service. The total number of patient discharges for the month was 8250 an increase of 9.4% when compared to January 2009.

Surgical acute volumes were 2.4% below budget for the month and electives were 3% above for the month. Surgical FSAs were 10.9% below target for the month with medical FSAs over target by 1%.

Other main performance indicators for the month were:

- Personnel costs were unfavourable by \$0.604M.
- Treatment related costs were \$0.614M favourable.
- Revenue was \$0.465M unfavourable.
- ESPIs were compliant for the month at an overall DHB level, with some non-compliance at speciality level for ESPI 2 and ESPI 5.
ESPI 2 (time to FSA) was non-compliant in three services; Endoscopy, Respiratory and Vascular Surgery.
ESPI 5 (time to treatment) was non-compliant in Dental service.

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

- Easter Planning in Medical Surgical Division – it was advised that there would be a reduction of about 35 beds over this period with some reduction in elective surgery as well.

- RMO Cross coverage – the implications of this, which should be viewed as penal payment were explained to the meeting.
- The reduction in bureau costs at Ashburton Hospital.
- Older Persons Health - the change proposal and moves to increase clinical leadership across the group.
- Mental Health – the work being done on national KPIs
- The Work Assessment and Rehabilitation Service request for proposal.
- Intellectual Disability Services – the Committee discussed this at some length and noted the need to all stake holder to work together to find solutions to the concerns expressed by the Committee.
- Hereford Centre - the work placement programme.
- Activity – the impact of higher levels of FSAs on ESPI compliance.
- Endoscopies and ESPI compliance – it was advised that an improvement was expected in the February results.
- Emergency Department – and the acute demand service – a presentation is to be brought back to the Committee.
- Workplace satisfaction – it was advised that this is scheduled to be covered by a Board forum in April.

The Committee noted the report.

Quarterly Patient Safety and Quality Report

In the absence of the Quality and Patient Safety Manager the Committee noted this report and requested that information in respect to the following queries by Committee members be brought back in the next report:

- Awards programmes – information on the programmes following receipt of their awards and the extent to which they had progressed and continued since then.
- An explanation of the complaint indicator rate graphs to explain the different scales used.
- Information in respect to the corrective actions detained in the September 2009 IANZ Audit of September 2009 for the Department of Radiology.

The Committee noted the report.

Clinical Advisor Update (Oral)

Mary Gordon, Executive Director Nursing and Dr Nigel Millar provided an oral update to the Committee. Ms Gordon provided a detailed update in respect to the nursing workforce in respect to graduate recruitment, nurse training the appointment of nurse practitioners and the establishment of dedicated education units (DUEs).

Dr Millar spoke regarding recruitment issues and noted that there were some gaps in RMOs he also briefed the Committee on:

- Planning for winter influenza – this was expected to be of moderate severity.
- The configuration for General Medicine
- The MRT industrial action which was proving challenging
- Coordination of neurological services in the South Island
- The pilot project to uncover adverse drug events
- The forthcoming IPJ Conference in May
- The development of a clinical governance model by the Clinical Board – he reported that after lengthy discussion the Clinical Board had decided not to pursue the development of such a model but instead to concentrate on achieving measures of outcomes.
- Residential care providers – and work being done with the Clinical Board to develop a clinical governance model.

HOSPITAL ADVISORY COMMITTEE MEETING
 To be held in the Board Room, 3rd Floor, the Princess Margaret Hospital, Christchurch
 Thursday 4 March 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**

- 28 January 2010

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 – 2.30pm

*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

REPORTS**2.30PM**5. **Quarterly Patient Safety and Quality Report**

Jan Nicholson
 Corporate Quality & Risk
 Manager

2.30pm – 3.00pm

AFTERNOON TEA**3.00pm - 3.15pm**6. **Clinical Advisor Update** (*Oral update to be provided*)

Dr Nigel Millar & Mary
 Gordon

3.15pm – 3.30pm

AGENDA - PUBLIC

Canterbury

District Health Board

Te Poari Hauora o Waitaha

7. **Resolution to Exclude the Public**

Murray Dickson *3.30pm – 3.35pm*
General Manager –
Corporate Services

ESTIMATED FINISH TIME

3.35pm

INFORMATION ITEMS

HSS Workplan

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

Hospital Advisory Committee Meeting Update – 28 January 2010

(Report to 12 February 2010 Board Meeting)

Canterbury DHB Confirmed Public Minutes – 11 December 2010

NEXT MEETING

Date of Next Meeting: Wednesday 31 March 2010 commencing at 1.00pm