

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the in the Board Room, The Princess Margaret Hospital, Christchurch,
on Thursday 28 January 2010, commencing at 1.00pm

AGENDA ITEMS

- Interest Register
- Confirmation of Previous Meeting Minutes
- Carried Forward/Action List Items
- Hospital and Specialist Service Monitoring Report
- Operating Wise Steering Committee – Theatre Utilisation (Presentation)
- HSS Delivery Against Contract
- HSS Workplan
- Resolution to Exclude the Public
- Information Items
 - Hospital Advisory Committee Meeting Update to the Board – 26 November 2009
 - Canterbury DHB Confirmed Public Minutes – 20 November 2009

PRESENT

David Morrell(Chairman); Peter Ballantyne; Teresa Chalacki; Elizabeth Cunningham; Andrew Dickerson; Matea Gilles; Alister James; David Kerr; Trevor Read; Bill Tate and Olive Webb.

APOLOGIES

An apology for absence was received and accepted from Chris Ryan. Apologies for lateness were received from Trevor Read (arrived at 2.06pm) and for early departure from David Kerr (retired at 4.33pm) and Trevor Read (retired at 4.35pm).

IN ATTENDANCE

David Meates (Chief Executive); Judith Sugden (Business Manager - Hospital & Specialist Service); and Kevin Roche (Assistant Board Secretary).

Item 4

Sandra Walker (General Manager – Specialist Mental Health Services)
Garth Bateup (General Manager – Rural Health)
Carolyn Cooper (General Manager – Older Person’s Health & Rehabilitation)
Trevor English (General Manager – Laboratories and Support Services)
Pauline Clark (General Manager – Women’s & Children’s Health)
Ruth Barclay (Acting General Manager – Medical/Surgical)
Alan Katzef (Finance Manager, Medical Surgical)

Item 5

Marie Lory (Peri-Operative Nurse Manager)
Carole Stuart (Service Manager, Anaesthesia)
Greg Robertson (General Surgeon)
Shana Padgett (Valumetrix)

Item 7

Richard Hamilton (Manager Business Development Unit)
John Osborne (Supply Chain Manager)
Dave Mackay (Project Manager, Information Services)

1. INTEREST REGISTER

Peter Ballantyne advised that he had now been appointed as a member of the West Coast DHB.

Teresa Chalecki advised that she had accepted the position as Manager Canterbury Asthma Society and was no longer employed by the Nightingale Nursing Agency

There were no additional conflicts of interest reported either from individual members or perceived conflicts for other members.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (01/10)

(Moved: Teresa Chalecki, Seconded: Elizabeth Cunningham– carried)

“That the minutes of the meeting of the Hospital Advisory Committee held on 26 November 2009 be confirmed as a true and correct record; subject to noting the comments made by Dr Kerr, in respect to the presentation by the Emergency Department, that he had stated he did not consider the current growth rate in attendances to the Emergency Department was sustainable. Also that the Committee had noted that research into attendances to the Emergency Department was continuing, in association with the work on the Acute Demand Project and other initiatives to try and reduce presentations and this would be further monitored by the Committee and the Board”.

3. CARRIED FORWARD/ACTION ITEMS

In respect to item 1 “Clinical Board Governance Model” the Committee asked management to confirm if this should be reported to the Committee or the Board.

4. HOSPITAL AND SPECIALIST SERVICE (H&SS) MONITORING REPORT

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

She drew attention to the following items:

- The continuing significantly high levels of attendance to the Emergency Department (ED), some 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 Ministry of Health (MoH) Clinical Coding Manager secondment 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 favourable.
- 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.

General Managers then spoke further to their reports as follows:

Medical & Surgical – Ruth Barclay

- There had been high levels of activity in Medical Surgical during December 2009 and there was a challenge in controlling employee costs, YTD unfavourable by \$2.9M. Ms Barclay advised that it was considered December 2009 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.
- The financial performance for the year to date - noting the improvement in comparison to the year to date from the previous financial year.
- High volumes continued to attend the ED with consequent issues of long term sustainability and also there were high inpatient volumes in General Medicine, which were at the equivalent of winter months.
- Allied health and issues in this area – allied health is to be covered in future reports.
- The reduction in costs of \$1.1M for casual /pool hospital aides achieved for the year to date with a nett saving of approximately \$0.5M.
- 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.

Women's and Children's – Pauline Clark

- Christchurch Women's – the year to date had seen high levels of activity.
- In response to a question the Committee noted that the MoH Cervical Screening contract was still unsigned and that discussions were continuing with the MoH.
- In respect to the Capital and Coast DHB the CEO advised that discussions were also continuing with the MoH on the funding to be provided.
- The collection of ethnicity data from Lead Maternity Carers – this had now significantly improved.

Rural Health Summary – Garth Bateup

- There had been a significant improvement in the recruitment position for Ashburton Hospital both for medical officers (with all vacancies filled) and also in allied health.

Older Persons Health and Rehabilitation – Carolyn Cooper

- A nurse practitioner had now commenced in Older Persons Health and her time would be divided 0.8 at Christchurch and 0.2 at Ashburton.
- Clinical coding – the interim Coding Manager seconded from the MoH had now commenced. A recovery plan to isolate the current backlog and clear this by 30 June 2010 had been

implemented with monthly coding to be completed in a timely manner. The Committee requested that the Interim Coding Manager attend a future Committee meeting.

Mental Health Summary – Sandra Walker

- There had been no reduction in volumes over the Christmas period.
- The Smoking Cessation co-ordinator had resigned.
- The Mindsight Programme for clients with borderline personality disorder – the comments in the report were also noted.
- Intellectual disability issues – Ms Walker confirmed this area was being watched closely – especially legal issues regarding detention etc. An update on ID/DSS issues is to be brought back to the next meeting.

Hospital Support and Laboratories - Trevor English

- The Christmas period had been quiet for the division. Laboratory staff costs were higher than expected and there was some catch up on outstanding maintenance. There had also been more interest in vacancies with a higher standard of applicant.
- The Committee noted that approval for the commencement of the Christchurch Hospital boiler project had now been received.

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

- The supply of information in respect to the average case weight per discharge - information is to be included in future patient summary information reports.
- The high levels of sick leave in the Medical Surgical Division – the Acting General Manager advised this was being investigated and will be reported back.
- ACC approvals – it was advised that there seemed to have been an improvement in this area with previously delayed surgery now being approved by the ACC.
- The overspend in blood products – it was noted this was being investigated.
- ESPIs and the strategies, including a recovery plan and changes to the criteria for surveillance, 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 – the emphasis on improving the triage 2 responses, the achievement against triage target times and the analysis of triage 3 presentations. Information in respect to triage 3 presentations was tabled later in the meeting. It was noted an audit was being carried out for patients who had waited over 4 hours.

(Olive Webb arrived at 1.13pm and Trevor Read arrived at 2.06pm)

The Committee noted the report.

5. OPERATING WISE STEERING COMMITTEE - THEATRE UTILISATION (PRESENTATION)

The Committee received this presentation which provided an update on the 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:

- Where the project fitted into the “Improving the Patient Journey Process”
- Background information on ValuMetrix Services – presented by Shana Padgett.

- The process excellence (PEX) process (Assessment, Improvement, Measure and Reward).
- 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 with the presenters and issues discussed related to:

- Barriers to the process.
- 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 until June 2010 but that the process needed to be thought of as an ongoing Canterbury DHB process not a ValuMetrix one.

The Committee received the presentation and thanked the presenters for attending, noting the benefits which were being achieved from the process that had been adopted.

(Olive Webb retired at 3.50pm)

6. HSS DELIVERY AGAINST CONTRACT

The General Manager, Planning and Funding spoke to this report which provided a six monthly update on the Hospital and Specialist Service and funder arm performance against the District Annual Plan volume schedule for the period to 31 December 2009.

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 Ministry of Health (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, some 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 the 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 support from the Committee to the stance that had been adopted by management with the MoH in declining to outsource the additional 26 cases, given the costs involved and 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. It noted 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 Emergency Department was also provided at this stage of the meeting and it was agreed that this information should be circulated to Committee members.
- An update on progress regarding acute demand management within the Emergency Department and primary care for emergency presentations is to be provided to the Committee.
- 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.

(David Kerr retired at 4.33pm and Trevor Read retired at 4.35pm)

7. HSS WORKPLAN

Richard Hamilton, Manager Business Development Unit, John Osborne, Supply Chain Manager, and David MacKay, Project Manager, 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 within the workplan project:
 - Improving the Patient Journey
 - Cap Plan
 - xcelr8
 - Making it better
- Specific details of the Improving the Patient Journey Programme
- Values and principles and optimising the journey and the three key ingredients
- The xcelr8 programme
- Production Planning –examples of unit based and flow based
- Making it better

In respect to the implementation of the Clinical Information System Mr Mackay advised that progress was continuing to be made with workshops planned for February to facilitate future improvement planning.

The Committee also discussed the Purchase Order Allocation project and Mr Osborne confirmed that while progress had been slower than hoped it had still advanced significantly. The Committee noted the report and thanked the providers. It requested that future quarterly reports be presented in a similar format.

8. RESOLUTION TO EXCLUDE THE PUBLIC

The resolution to exclude the public contained within this clause was not adopted as the minutes of the previous public excluded section of the meeting of 26 November 2009 were adopted within the open part of the meeting as below:

Minutes of the Public Excluded Section of the Hospital Advisory Committee Meeting of 26 November 2009

Resolution (02/10)

(Moved: David Morrell, Seconded: Teresa Chalecki– carried)

“That the minutes of the public excluded meeting of the Hospital Advisory Committee held on 26 November 2009 be confirmed as a true and correct record”.

ADVICE TO THE BOARD

The Committee noted the following key points which it wished to draw to the attention of the Board:

- The increasing level of attendances to the Emergency Department, with year to date (YTD) growth at 4.7%, and the long-term unsustainability of this.
- The YTD unfavourable financial result of \$2.080M for the Hospital and Specialist Service – relating mainly to personnel and treatment related costs.
- Endoscopies - the encouraging initiatives reported to the Committee which are being taken to achieve ESPI compliance in an important area.
- Vascular surgery – and the recruitment of an additional SMO to work in this area.
- The excellent presentation to the Committee by the Operating Wise Steering Committee and the value being achieved from the timely and appropriate engagement of external consultants.

INFORMATION ITEMS

The following Information Items were noted:

- Hospital Advisory Committee Meeting Update – 26 November 2009
- Canterbury DHB Confirmed Public Minutes – 20 November 2009

There being no further business the meeting was closed at 5.20pm.

Confirmed as a true and correct record.

David Morrell
Chairman

Date