NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora Ā Rohe O Te Tai Tokerau

Minutes of Meeting
Northland District Health Board
Equity in Hospitals Committee Meeting

9.00am-10.30am, Monday 5 October 2020
Old Ward, Bay of Islands Hospital

Present

Mataroria Lyndon (Chair)
Carol Peters
Debbie Evans (by Zoom)
Harry Burkhardt
Kyle Eggleton
Libby Jones
Vince Cocurullo

Apologies: Sally Macauley, John Bain

In Attendance

Northland DHB: Nick Chamberlain, Neil Beney, John Wansbone, Marty Rogers, Liz Inch, Mike Roberts, Kathryn Leydon, Sarah Fox (minutes)

Board members: Ngaire Rae, Nicole Anderson

Register of Interests

There were no conflicts of interest disclosed in relation to the agenda.

1. CONFIRMATION OF MINUTES

1.1 Confirmation of Minutes 24 August 2020

- The minutes incorrectly showed that Libby Jones had joined the meeting by zoom rather than in person.

IT WAS MOVED THAT *the corrected minutes of the meeting held on 24 August 2020 be accepted.*
Mataroria Lyndon / Libby Jones
Carried

1.2 Matters / Actions Arising

1.2.1 Workforce Profile
- Noted

1.2.2 Mandatory Staff Training
- Noted

1.2.3 Staff Leave
- Noted

1.2.4 Rural Hospital Report
- Noted

1.2.5 Mental Health Reports
- Noted

2. CHAIR'S REPORT

The Chair:

- Acknowledged the recent passing of Craig Brown and his many years of work for the Northland District Health Board.
- Noted that it was good to be able to meet in person following the lifting of COVID restrictions and to be able to hold the meeting at the Bay of Islands Hospital.

- Thanked the management team for providing the data requested and asked that the reports continue to evolve based on Committee member feedback.

3. WORKFORCE PROFILE

- The GM Planning, Integration, People and Performance presented workforce profile data.
- Reports are produced by TAS, a central organisation which provides administration support to all New Zealand DHBs.
- There was discussion on potential strategies to increase the rate of students being retained as RMOs coming through the Pukawakawa scheme.
- The exit survey had recently been reviewed and refreshed with the aim of collecting more meaningful data from staff leaving the DHB, including why they were leaving and where they were moving to. **Action:** Present a report on findings from the exit surveys to the EiHC in April 2021.
- It was noted that sick leave provision is determined by union agreements and is above New Zealand statutory minimum requirements.
- It was explained that each service defines its own needs in terms of strategy for an optimal workforce. TAS had committed to provide data and modeling for workforce optimisation by 2024.
- **Action:** Report on tracking for each area for uplift in Māori staff and specific initiatives.
- **Action:** Create a schedule to present similar information to future meetings on specific initiatives and strategies for key priority areas.

4. SYSTEM PERFORMANCE

4.1 Operational Report

The GM Medical and Elder Services highlighted the following points from the operational report:

- The hospitals were still in post-COVID recovery and were looking at how to minimise the impact on patients, eg catching up with outpatient appointments.
- Anecdotal evidence was that patients were presenting with a higher level of acuity. This may be as a result of reluctance to visit hospital under COVID restrictions.
- There had been a slight improvement in the ED target which will remain challenging until an AAU is created. Work continues on finding ways to improve in the interim.
- Surgical waiting times are continuing to improve.
- Management of peaks and troughs of staff leave, eg during school holidays, continued to be challenging.

There was discussion on the following points:

- There was a perception that there had been an increase in the number of older people being seen and with higher acuity. Evidence and possible reasons were difficult to measure. A number of communications had been released encouraging people to continue to seek necessary healthcare assistance throughout the COVID outbreaks.
- It was noted that Faster Cancer Treatment health target had not been met and there was significant disparity between Māori and non-Māori but no commentary had been provided giving either explanation or strategies to improve. It was acknowledged that high percentages could be misleading where there are low numbers. **Action:** Provide commentary, including actions for improvement, where there are significant variances in results, especially in relation to equity.
- Acknowledgment was made of the work that had contributed to the low falls rate.
- There was some concern that the low non-urgent colonoscopy rates would put pressure on the bowel screening programme. COVID and staff resourcing issues had had a significant effect on the service but improvements were now being seen. A new gastroenterologist had been recruited. **Action:** Report on colonoscopy service rates.
- Rural hospitals outpatient DNAs by ethnicity.
- **Action:** Provide a discussion paper on access to and delivery of termination of pregnancy

services.

- There was discussion on Radiology waiting lists. **Action:** Investigate and provide commentary on the different acceptance rate of Radiology referrals from GPs compared to those from hospital specialists.
- It was noted that the Mental Health and Addictions Service were managing seclusion rates well despite the difficulty in filling vacancies.
- **Action:** Provide commentary on the issues around filling FTE in the Mental Health and Addictions Service.
- **Action:** Look into making changes to the scorecard reporting, eg including YTD ethnicity data, adding numbers and trends as well as percentages.

4.2 Additional Reporting Metrics

- There was discussion around ASH rates, system level measures, and strategies. **Action:** Provide a presentation on Health Intelligence Hub data demonstrating where ASH rates are highest. **Action:** Report on activities to target ASH rates – all GMs
- Work was continuing on managing the sleep study waiting list with limited staffing resources. It was noted that the list is reviewed and prioritised for highest risk and all referrals receive a pre-assessment. A new respiratory physician will join the DHB in January 2021. **Action:** Provide a report on the Sleep Service in June 2021.
- **Action:** Provide commentary on the low number of bariatric surgeries.

6. NEXT MEETING DETAILS

Monday 16 November 2020, 9.00am-10.30am, Whangārei Hospital.

The meeting closed at 10.30am

Confirmed that these minutes constitute a true and correct record of the proceedings of the meeting

CHAIR _____ DATE _____