



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

**9.00am-10.30am, Monday 13 July 2020
Tangihua Room, Tohora House, Whangārei Hospital**

Present

Mataroria Lyndon (Chair)	Debbie Evans (by Zoom)
John Bain	Libby Jones
Harry Burkhardt	Carol Peters
Vince Cocurullo	Sally Macauley (from 09:40)
Kyle Eggleton	

In Attendance

Northland DHB: Nick Chamberlain, Neil Beney, Pip Zammit, John Wansbone (part), Marty Rogers, Mark McGinley, Liz Inch, Ian McKenzie, Dee Telfer, Mike Roberts, Kathryn Leydon, Sarah Fox (minutes)

Board members: Ngaire Rae

Members of the public: Beryl Wilkinson

Media: Adam Pearse, Reporter, Northern Advocate

Apologies

Sally Macauley – lateness

Register of Interests

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

The Chair opened the meeting with a karakia.

1. CONFIRMATION OF MINUTES

1.1 Confirmation of Minutes 18 November 2019

IT WAS MOVED THAT the minutes of the meeting held on 18 November 2019 be accepted.

*Mataroria Lyndon / John Bain
Carried*

1.2 Matters / Actions Arising

1.2.1 Report on how operational managers treat wellbeing.

- This action was scheduled to be reported to the August 2020 Equity in Hospitals Committee (EHC) meeting.

1.2.2 Report on compliance with mandatory training targets.

- It was noted that a review of mandatory training courses was underway.
- There was discussion on the barriers preventing staff members from completing the courses and the strategies in place to ensure attendance.
- **Action:** A report on the review of mandatory training courses, including the number of courses, the frequency of attendance required, and strategies to ensure compliance, would be provided to the October meeting of the EHC by the GM Planning, Integration, People and Performance.

1.2.3 Investigate possibility of offering places on Learning and Development courses to other agencies for appropriate cost.

- It was confirmed that places on training courses were offered to external agencies.
- The action was closed.

1.2.4 Report criteria for National Travel Assistance.

- There was discussion on the support made available by Northland DHB to oncology patients not meeting the NTA criteria.
- The action was closed.

1.2.5 Report on leave balances including leave hours per head and buy-back options.

- It was acknowledged that Northland has the lowest accrued annual leave balance compared to other DHBs but that this still represents significant financial risk.
- A number of approaches were in place to reduce individual leave accruals but it was felt that a more systematic process may be required.
- **Action:** A report on processes that could be employed to reduce high leave balances would be provided to the October meeting of the EHC by the GM Planning, Integration, People and Performance.

1.2.6 Report on provision of dental services in Kaikohe and Kawakawa.

- Following discussions with Ngati Hine Health Trust it was planned to open a dental clinic in Kaikohe which would provide treatment for community card holders in the first instance. Further options for the provision of dental care to the wider mid-North community were being investigated. The Chair asked that the Board be advised of the opening date of the clinic, once this was confirmed.
- A two-week clinic to be run by NZ Defence Force for patients in Kawakawa and Kaikohe had been postponed due to COVID-19 but would now take place in September 2020.
- **Action:** An update on oral health service in these communities once services have been established would be presented to the November meeting by the Director Scientific, Technical and Allied Health.

2. CHAIR'S REPORT

The Chair:

- Welcomed those present to the first meeting of the Equity in Hospitals Committee.
- Noted that the focus of the Committee was improving quality, safety and equity.
- Acknowledged John Bain for his work in the role of Chair of the previous Hospital Advisory Committee.
- Moved a vote of thanks on behalf of the Committee to the CE and Northland DHB staff for their work during the COVID-19 response.

*Mataroria Lyndon / Debbie Evans
Carried*

3. COMMITTEE TERMS OF REFERENCE AND WORK PLAN

- The definition of health equity to be aligned with the Northland DHB statement on equity and standardised for the Board and its sub-committees.
- It was suggested that the third bullet point under item 3 be changed to read "*The Board Chair will appoint the Chair of the Committee.*"
- It was requested that the focus on equity as well as meeting statutory obligations be reflected throughout the terms of reference.
- It was noted that item 4d included Rawene Hospital.
- **Action:** Options for reporting Rawene Hospital data would be provided at the next meeting.

4. SYSTEM PERFORMANCE

4.1 Operational Report

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

- Performance against many targets had been affected by the significant disruption to services due to the COVID-19 response.
- The ED target improved slightly during the reporting period due to a reduction in presentations.
- There had been a deterioration in service delivery activity volumes due to the closure of the outpatients departments.
- It was assumed that there would be an impact on population health status although the extent of this was unknown at the time of reporting.
- A significant number of staff were able to work off-site and anecdotal evidence showed that there was no drop in productivity.

There was discussion on the following points:

- It was requested that the previous year's figures for Pathology Services: Laboratory Test Orders be included to provide comparison. It was noted that there is no target for this measure as it is a response to demand.
- The Chair asked for the following reporting additions:
 - An equity lens should be present across report, for example having data available to compare Māori and non-Māori. Specific areas included diagnostic waiting times, compulsory treatment orders, and equitable access to bariatric surgery.
 - Clinical measures to provide insight into volume of service, eg most common ED presentations, types of medical presentations, top three ASH rates for medicine, etc.
 - Population health measures, eg domestic violence ED presentations.
- The HR charts provided by TAS were discussed.
 - Lost time injury rates were reported as being very high for Northland DHB. It was noted that a quarterly health and safety report is provided to the Board which could provide further detail. **Post-meeting note:** Subsequent to the meeting the lost time injury reporting from TAS was found to be incorrect; Northland DHB has one of the lowest rates in New Zealand.
 - There was a request for a breakdown of employee ethnicity to include other groups, as well as Māori and Pacific. A request would be made to TAS to provide a more detailed ethnic breakdown of employees, if possible.
- It was noted that there had been a decrease in locally-sourced produce used by the catering facility. Information was requested on why the reduction had occurred and what could be done to increase the amount.
- Assurance was sought that checks and balances would be in place against fraud in relation to the new photo ID request process.
- **Action:** GM Medical and Elder Services to give consideration to the requested additional metrics for inclusion in the operational report.
- **Action:** GM Surgical and Support Services to include previous year's figures for Pathology Services: Laboratory Test Orders to provide comparison.
- **Action:** GM Planning, Integration, People and Performance to request TAS to provide a more detailed ethnic breakdown of employees, if possible.
- **Action:** CFO to provide information on why the reduction in locally-sourced produce had occurred and what could be done to increase the amount.
- **Action:** CFO to provide assurance that checks and balances would be in place against fraud in relation to the new photo ID request process.

4.2 Reporting Metrics

The information was noted.

5. INFORMATION REPORTS & UPDATES

5.1 Planned Care (Elective prioritisation)

The Acting GM Māori Health and the GM Surgical and Support Services gave a verbal update on planned care, including learnings from the Covid-19 response, the result of disruption to services, and what is planned from an equity perspective.

- The discussion had, in the main, been led by the regional DHBs group and although it had been ongoing since last year had been accelerated by the disruption to service caused by Covid-19.
- The re-prioritisation of waiting lists had been identified as a key focus and referrals made prior to the Covid-19 response would be reassessed against new prioritisation criteria. In order to assist in redressing inequity, Māori patients would be identified for earlier reassessment and re-prioritisation.
- Four services had been identified to implement the new prioritisation process; oncology (breast cancer), cardiology, endoscopy and respiratory.
- One strategy to support this had been the development of clinical and community-based navigators to support patients for a better level of engagement and improved outcomes.
- It was noted that the initiative was more than a “one-up” prioritisation process but also encompassed improvements to services, provision of support, understanding of how hospital system works, and health literacy.
- Work would be undertaken to ensure data was captured effectively.
- There was discussion on DNAs and patient-focused appointment bookings.

5.2 National Asset Management Programme

Due to time constraints the Chair deferred discussion of the paper to the Board meeting.

6. NEXT MEETING DETAILS

Monday 24 August 2020, 9.00am-10.30am, Tangihua Room, Tohora House, 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 _____