

**Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa**

**Te Whatu Ora | Health New Zealand Board Minutes**

**Friday 23 September 2022. 9.30am – 3.30pm. In person**

Level 4, Kotuku House 4 Osterley Way, Manukau City Centre, Auckland 2104

<b>Chair for the meeting</b> Te Kaihautū mō te hui	Rob Campbell
<b>Board attendees</b> Ngā mema o te Poari	<b>In person:</b> Hon. Amy Adams, Dame Dr Karen Poutasi, Dr Curtis Walker, Vanessa Stoddart, Tipa Mahuta (until 1.00pm)
<b>In Attendance</b> Ngā manuhiri	<p><b>Te Whatu Ora:</b> Margie Apa (Chief Executive), Catherine Foster (Board Secretary)</p> <p><b>In attendance for specific items:</b></p> <ul style="list-style-type: none"> <li>• D. Roche (Interim Lead, Government, Partnership and Risk)</li> <li>• R. Percival (Finance Lead, Te Whatu Ora)</li> <li>• C. Palmer (Lead - System Accountability &amp; Performance)</li> <li>• D. Coward (Chief Operating Officer Hospital and Specialist Services)</li> <li>• G. Smith (Interim Chief Infrastructure and Investment)</li> <li>• S. Bloomfield (Chief Data &amp; Digital)</li> <li>• P. Ng (CDO - Southern District)</li> <li>• L. Elder (Director Digital Transformation - Southern District)</li> <li>• D. Woodley (Interim Director, Population Health Programmes, Commissioning)</li> <li>• S. Gordon (Interim Lead Corporate Services - National and Regional)</li> <li>• D. Sarfati (Director General, Ministry of Health)</li> <li>• A. Slater (National Transformation Advisor)</li> <li>• H. Mexted (Interim Lead Communications and Engagement)</li> <li>• Dr N. Chamberlain (National Director, National Public Health Service)</li> </ul>

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<b>Apologies</b> Ngā tamōnga	Tipa Mahuta from 1.00pm.
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#### Karakia and mihi

The meeting began at 9.15am with Karakia, led by the Chair.

Apologies for lateness from C. Walker and V. Stoddart. T. Mahuta will depart the meeting at 1.00pm.

There were no interests declared or changes to the Interest Register.

#### Chair Report

The Board Chair provided a verbal update on the following matters:

- **Board Fees:** The Board discussed the heavy hours Board members were undertaking during the transition and establishment phase. To provide a consistent approach moving to a regular honorary payment could be considered by the Board. This approach has been adopted by Te Aka Whai Ora. The Chair encouraged members to get out and see the sector, to be visible and not limit their engagement due to the capped number of days Board members are expected to work. A review of Board members hours will be undertaken on the completion of Q1 and discussed with the Minister of Health and PSC to demonstrate the hours required to govern the organisation in its current phase.
- **Governance Processes:** The Chair noted that there continues to be issues about implementing robust governance processes; the system is settling and learning, but the Board needs time to consider complex issues in full and not be reactive to externally driven timeframes that compromise the Board's ability to govern effectively.
- **Te Aka Whai Ora has established Committees.** The Board agreed to nominate that the relevant Chairs of Te Whatu Ora Committees participate in Te Aka Whai Ora's Committees on behalf of Te Whatu Ora's Board.

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#### Update from the Chief Executive

The Chief Executive's report was noted.

V. Stoddart arrived at 9.40am.

M. Apa provided a verbal update on several matters. Key discussion points included:

- Transformation continues to be key focus for staff. Management suggested organising a workshop with staff and Board after new Board members have joined.

**Action:** Board Secretariat to organise a workshop with staff and Board after new Board members have joined.

- Ministerial Committee being established under section 87 of Pae Ora legislation. The group will monitor Te Whatu Ora and provide assurance to Ministers.

**Action:** CE provide an ecosystem map of monitors.

- Tier 2 recruitment is ongoing. Important to ensure leaders in these roles collaborate and create connections, not establish silos.
- The Board sought the timeframe for finding efficiencies in the system. The CE outlined that CFO is undertaking a baseline review of national costs and FTEs for Q1. Q2 would see nationalised reporting lines established. Q3 will see realisation of costs through functions operating nationally. The Board discussed that timelines and phases don't need to be highly structured and that change and transformation will be an ongoing and changing process. Staff and unions will be consulted along the way.

**Action:** Board Secretary to organise an out-of-cycle session to examine the baseline and transformation phasing.

- Independent Maori Partnership Boards (IMPBs) will be stood up in the New Year and will need to work with localities. Board sought assurance that teams are in sync and how team will give effect to Board resolution passed 26 August 2022.

**Action:** Circulate the draft Localities map and the timing and plan for their establishment.

- Te Pae Tata: Has gone to Minister and Cabinet and we await any feedback.
- Capitation report: The Board requested time for Te Whatu Ora Board developing their position on a report which will create public debate. There are challenges and we are working to develop a new primary health care through localities.

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**Action:** CE to draft a strategic response to Report, which will be circulated to the Board ASAP.

- The Board requested site of the Ministry of Health's Policy work programme to understand what is occurring in the system.

**Action:** Board Secretary to gain access to copy for Board's information.

- Winter incentive payments are coming to an end and this may create discontent for some members of our workforce. Te Whatu Ora is focused on creating common arrangements and how we do this consistently across the country.

#### Legal

- s 9(2)(h)

[Redacted text]

[Redacted text]

#### Task forces – Planned Care implementation:

Key discussion points included:

- Equity is a key focus and there has been honest conversations about how actions and recommendations will lead to greater equity.
- Focus has been on prioritisation and decision-making being data driven. Planned Care must consider end-to-end services that consider equity and breaking down barriers to access.
- There is a fundamental shift required to work with our private providers. Move relationship past transactional relationship with private sector to use spare capacity. There are some things private sector does better than the public and we should harness that skill and expertise, outsourcing what we struggle to deliver.
- Board wants to see dashboard to be able to track and monitor progress.
- Challenges remain with the lag in the datasets. There is improvement in coordination in resources but a need to continue to improve wait times.

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- The Board noted the report captures unmet needs, but there is a need to focus on unknown needs.
- Accountability across the system is very important. Courageous conversations have been had to drive change in people's behaviours and improve core practices to get better patient outcomes.
- Workforce demands: it remains important to protect planned care workforce from acute demands. This has been a big challenge during COVID-19 where workforce and resources were redeployed. Board interested in furthering this conversation to ensure workforce training includes planned and acute care.
- The Board acknowledged the work of the Planned Care taskforce.

#### Finance Reporting

The Board discussed the following points:

- The Board requested information on FTE headcount and role mix noting that any increase in staffing costs would cause financial strain.
- The Board requested a clear view of expenditure and full-year forecast position. The Board needs to understand costs, long-term demand, and financial phasing. Management confirmed this will be included in September's Finance Report.
- The Board requested sight of the savings being generated. This will become visible as Q1 baselining of all staff costs and operating model work is agreed.
- Confirmation of Te Whatu Ora's opening balance sheet cannot be confirmed until DHB balance sheets are audited. CFO expects this to be confirmed in the October Finance Report.
- Data quality remains an issue. Continue to see a lack of consistency in the data.
- Looking to integrate the capital reporting into financial reporting.

The Board received the Finance Report for 31 August 2022.

#### Performance Reporting

The Board discussed the following points:

- Privacy reporting is maturing and developing national view from what has been operating at regional levels.

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- Management requested the Board provide direction on the data they would like to receive, and management will report on identified criteria. The Board requested Primary Care data is included in performance reporting.
- Workforce metrics are not sufficient and quality sets need to be developed with People and Culture Committee involvement.

**Action:** Board Secretary add Primary Care data to People and Culture Committee agenda.

- The Board requested population health indicators are captured to tracking improvement in health outcomes.
- The Board discussed releasing performance data to the public arena. It was agreed that there are different levels of information required to govern and manage the business that are not always appropriate for the public. DHBs released performance datasets, which Te Whatu Ora will continue to do.

**Action:** CE to draft an approach to the public release of performance data for the Board's endorsement. Also consider monitors and the information they receive.

- The Board noted the Statement of Performance Expectation is in development. It is a Board accountability document which the Board must sign-out. It is suggested that performance metrics in SPE are include in our monthly reporting document as there needs to be alignment and assurance that the entity is delivering on what is has committed to.

The Board received the Performance Report and adopted the following recommendation with consensus:

- discussed** the monthly financial and non-financial performance reports for Te Whatu Ora's month ended 31 August 2022.
- agreed** that the monthly reports be provided to the Ministry of Health and Te Aka Whai Ora (in their monitoring capacities) and the Minister of Health as part of fulfilling the Board's responsibility to provide clear and useful performance information.
- noted** that this paper will be shared with the Te Aka Whai Ora | Māori Health Authority Board.
- noted** the progress update on previous feedback on developing Te Whatu Ora's performance reporting approach.
- noted** plans for communicating performance reporting information.



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#### Risk Reporting

The Board discussed the following points:

- Management is establishing a national risk working group which will feed up to ELT and Board. The Board encouraged management to keep it simple and agile, ensuring it captures Board level risks and how they are managed and mitigated across the entity. The Board has a role in defining the organisation's risk profile.
- Board requested the risk of not achieving transformation, reputation, and failing to improve outcomes are added.
- Technology risk is not only about systems failing; needs to include not leveraging technological advance in patient care and improving outcomes.
- As the system matures, there will be aspects of risk management which sit within Committee structures; at present, all risk is managed and mitigated at Board level.
- Some risk will be shared with Te Aka Whai Ora. Need to identify these risks and their mitigation strategies that are agreed by both entities.
- The Board requested a risk register, incorporating the Board's feedback is tabled for discussion at each board meeting.

The Board received the report and:

- a. noted and provided feedback on management's initial view of top enterprise risks.
- b. noted that early assessment of the top enterprise risks, including the residual risk rating, will be provided in the upcoming quarterly report.
- c. noted and provided feedback on the proposed quarterly reporting structure and the order of monthly deep dives into risk domains.
- d. noted that this paper will be shared with Te Aka Whai Ora | Māori Health Authority Board.

#### Capital Projects

G. Smith introduced the item Canterbury – Tower 3 Contract Award and request for additional funding.

**BD029 – 23 September 2022** The Board adopted the following recommendation with consensus:

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- a. noted that the business case for the Tower Three project was approved by Joint Ministers in November 2020 with an appropriation of \$154.0 million and is a legacy project.
- b. s 9(2)(ba)(i) [REDACTED]
- c. noted that there is the option to stop this project with the resultant risks associated with delayed service provision, inability to undertake dependent works, and further escalation.
- d. s 9(2)(ba)(i) [REDACTED]
- e. noted that endorsing this escalation comes ahead of advice on how the Health Capital Envelope escalation provision could be prioritised.
- f. noted that negotiations will be completed with the preferred contractor and a negotiated contract will be issued for execution in October 2022 with the necessary legal endorsements, subject to approval of additional funding.
- g. endorsed, subject to approval from the Minister of Health, the engagement of the preferred contractor and delegate the ability to sign that contract to the Chief Executive.

#### Canterbury Hillmorton Mental Health Infrastructure project – confirmation of funding

Key discussion points included:

- The Board noted the increase in the costs of the beds and the need to understand the spend implication of this.
- Recognised that number of beds is not the only metric to be considered and that we would be building a modernised facility which offers different models of care, which will realise better patient outcomes.

**BD030 – 23 September 2022:** The Board adopted the following recommendation with consensus:

- a. approved the confirmation to the Ministry and the Minister's office the provision of funding from baseline for the \$37 million for the Hillmorton Tranche One project.

T. Mahuta left at 1.00pm.

**New Dunedin Hospital**

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The Chair provided an overview of the New Dunedin Hospital project. The following points were discussed by the Board:

- s 9(2)(f)(iv)
- It is important to the Board that service planning decisions are aligned with capital plans. Regional service plans have not yet been approved by the Board.
- Te Whatu Ora provides the opportunity to look at projects differently and leverage national scale.
- Te Whatu Ora Board would like to see the projects governance processes improve which enable the Board to govern and add value.

**BD031 – 23 September 2022** The Board of Te Whatu Ora endorsed the following recommendation with consensus:

- **noted** that the project is proceeding in stages and that Te Whatu Ora Board will continue to govern the project as it unfolds.
- **noted** that Te Whatu Ora Board does not wish to hold up the project, but has not had time to consider the issues.
- **agreed** that the paper will be considered by Te Whatu Ora Capital and Infrastructure Committee and Board in October, who will make project decisions and provide advice to Ministers.
- **noted** the Board's requested that the paper considered by the Committee in October include QS figures to ensure the Committee and Board and provide accurate and informed advice to Ministers.

#### Update from Manatū Hauora

D. Sarfati arrived at 1.15pm and raised the following discussion points.

- Ministry of Health wants to collaborate on cross government work. Opportunities include mental wellbeing and mental health projects in emergency housing, or Oranga Tamariki Action Plan which include Te Kahu Tuarima, which Te Whatu Ora is leading. Currently pulling together work to get visibility where we can respond collectively; this includes Ministry Policy priorities and how Te Whatu Ora and Te Aka Whai Ora can provide input.
- Social Wellbeing Board, Chaired by Peter Hughes: MoH is required to report back to this Committee on system performance and wants to make Te Whatu Ora aware of groups like this and ensure we can move together.

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- Highlighted the importance of working together in the localities space. There are large cross government expectations and it's important we are aligned to respond to these expectations. Desired outcomes cannot be achieved independently.
- Manatū Houora is in discussion with other government agencies to get access to data, ensuring we monitor for outcomes and get a more fulsome view, rather than silos that have existed in the past.

#### Health Workforce Strategy:

- Mānatu Houora has a responsibility for developing health workforce strategy including strategic regulatory settings. Te Whatu Ora's is responsible for operationalisation. As a result, both organisations need to work closely to ensure they are developing a strategy that is fit for purpose and leads to improved workforce outcomes for Te Whatu Ora. It is important to identify where the responsibilities lie and any overlaps to avoid confusion between the organisations.

#### Section 87 Ministerial committee

- The Minister is establishing a section 87 Committee. The role of Chair has not been determined.
- Ministry has been asked to establish a Secretariat within the Ministry to provide support to the section 87 Committee.
- The Committee's focus includes transition related issues and alignment with government policy.
- Committee ToR to be confirmed.

The Chair thanked Prof. Di Sarfati for her attendance and updates.

The Board broke for lunch at 1.30pm.

#### Southern Digital Business Case

A. Adams, Chair of the Data, Digital and Innovation Committee introduced the item.

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**BD032 – 23 September 2022:** The Board adopted the following recommendation with consensus:

- a. s 9(2)(f)(iv)

**Individual Employment Agreements (IEAs) Remuneration Framework**

V. Stoddart, Chair of the People and Culture Committee introduced the item.

**BD033 – 23 September 2022:** The Board adopted the following recommendation with consensus:

- a. noted the paper *IEA Annual Pay Review 2022*, approved by the People, Culture, Development and Remuneration Board Committee on 16 September 2022
- b. s 9(2)(ba)(i)

**Service Level Agreements**

D. Woodley, Interim Director, Population Health Programmes, Commissioning introduced the item. The Board discussed the following points:

- The Board does not want to see old structures being re-established in new system and the Board wanted to see a timeframe for when these interim arrangements would cease.

**Action:** Interim Director, Population Health Programmes, Commissioning to report back to the Board with timeframe.

- Board requested the removal of Districts from the wording of the resolution.

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**BD034 – 23 September 2022:** The Board adopted the following recommendation with consensus:

- a. noted that bulk Service-Level Agreements (SLAs) for each District have been drafted to cover the former CFA variations and Ministry to DHB contracts. These are currently being reviewed by Planning and Funding teams and Directors of Finance in each District
- b. noted that funding related to the bulk SLAs reflects cash transfers within Te Whatu Ora only.
- c. noted that the Chief Financial Officer and her team have been involved in the development of this work and approve this approach.
- d. approved the delegation of authority for signing SLAs to the National Commissioner, for a period of 6 months.
- e. noted this paper will not be shared with Te Aka Whai Ora | Māori Health Authority Board, as it only applies to Te Whatu Ora internal agreements between the national office and Districts.

#### Enable New Zealand Ltd's constitution

The Board adopted the following resolution with consensus:

1. **BD035 – 23 September 2022:** The Board adopted the following recommendation with consensus: The Board:
  - a. noted that Enable New Zealand Limited's (Enable's) constitution currently requires the Enable Board to have between three and seven directors.
  - b. noted that Te Whatu Ora's Board has indicated that it requests subsidiary companies have fewer directors on its boards.
  - c. noted that the draft amendment to Enable's constitution reduces the minimum number of directors to three and leaves the maximum as seven.
  - d. agreed the draft amendment to Enable's constitution.
  - e. agreed that the Chair can sign the shareholder resolution to make the change to Enable's constitution on behalf of the Board.
  - f. noted that this paper will be shared with Te Aka Whai Ora | Māori Health Authority Board.

#### Update from Te Aka Whai Ora

This item was deferred.

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#### Meeting New Executive Team Members

This item was deferred.

#### Transformation

A. Slater introduced the item. The Board discussed the following points:

- Vital for the Board that Te Tiriti and equity is visible in our transformation thinking.
- The Board noted the importance of transformational leadership that is authentic. Needs to work closely with Te Aka Whai Ora's leadership.
- Internal Comms of change and transformation needs to be a priority.
- Board needs to understand how we measure the change and how we see what is making a difference.
- The Board wants to see action and momentum in the transformation programme.
- Needs to be cognisant of our workforce, who are stressed and feeling undervalued. Transformation should make their jobs easier, not be seen as another challenge they need to deal with. Change is hard and we need to prepare our staff for the change.
- The Board wants to see Te Whatu Ora being deliberate about where we put of effort, be ambitious, realistic, and tactile in our approach to transformation.

**Action:** Board Secretariat to distribute the Transformation slide deck.

**Action:** Board Secretariat to organise a workshop with Board and ELT to decide the portfolio priorities and proportions 4:2:2.

#### Communications strategy discussion

H. Mexted introduced the item. The Board discussed the following points:



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- There are many parts to our communications; externally communicating our services such as screening programmes, internal comms to staff and stakeholders, as well as how we build trust and confidence with consumers. We will build trust and confidence through delivering safe, accessible, and reliable health care.
- There are a lot of communication staff in the regions with differing sizes of teams and resources. There is opportunity to right-size our comms functions across the country. It is important to maintain a local voice in a nationalised system.
- Differentiate between how we communicate to our customers and our stakeholders. Nuanced messaging to different groups of people.
- The Board encourage the use of technology to get reach and repeatability of messages. Use consistent language and repeat it widely. Technology provides opportunities for insights and analytics.
- Encourage team to take a simple approach to communication. Build a sense of urgency and action; communicate proactively, not reactively.
- Important to work closely with Te Aka Whai Ora and have room for communicating when we don't agree and respecting each other's independence. Our two entities have a shared narrative, but Te Whatu Ora doesn't want to tell Te Aka Whai Ora's story through our comms.
- We must become a listening organisation and listen to what communities are saying to us. This enables a more sophisticated approach to how we respond. Our communications should not be one way.
- Pae Ora provides the opportunity to have conversations about health issues.
- Need to make an effort to listen to different population groups. It's hard to listen when voices are quieter.
- Te Whatu Ora needs to be accountable, and we must demonstrate that we are engaging with customers and stakeholders, improving health outcomes.

#### Update COVID-19 related financial spend and forecast analysis for report back to Ministers – verbal

N. Chamberlain provided a verbal update.

The Board discussed the following points:

- Paper explores the COVID-19 funding through to December. The funding profile going forward is complex and reliant on a range of scenarios.
- The Board encouraged focus on the COVID-19 workforce to ensure they have certainty as well as being redeployed into other parts of the health sector if they are not required for COVID-19 related activities. We need to work in partnership with Māori and Pacific providers.
- The Board agreed to meet again and discuss these issues on Thursday 29 September.

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#### Updates from Board Committees

#### Public Health, Community and Primary Care Committee

The Board noted the following papers and recommendations from the Committee.

##### Achieving Pae Ora for Older People and Kaumātua

- The Board:
  - a. endorsed the attached draft vision and key actions document
  - b. noted that it will also be submitted to the Te Aka Whai Ora board for consideration at their next available meeting.

##### Palliative Care Programme

- The Board:
  - a. endorsed the proposed next steps for developing a national palliative care work programme.
  - b. noted that the Executive Leadership Team and Public Health, Community and Primary Care Committee have provided feedback on the proposed work programme.
  - c. noted that this paper will be shared with the Te Aka Whai Ora Board.

##### Kahu Taurima

- The Board:
  - a. noted that as a result of the recent health reforms, we have the opportunity to reduce fragmentation in the Maternity and Early Years sector; including increasing Te Ao Māori models of care for Māori and Pacific models of care; services for Disabled Parents and parents of children with impairment; and services for parents in rural areas.
  - b. noted that Te Whatu Ora and Te Aka Whai Ora will deliver the joint actions in Te Pae Tata, including:
    - i. increasing and diversifying options for integrated maternity and early years services.
    - ii. partnering with Whaikaha, Ministry of Disabled People to support disabled parents and parents of children with impairments.

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- iii. redesigning the universal model of care, working with Lead Maternity Carers and Well Child Tamariki Ora providers to implement a more flexible model.
- iv. develop pathways of care that ensure equity of access and outcome for specialist maternal and paediatric care.
- v. creating more flexible employment options for midwives, well child nurses and kaiawhina to support maternal and early years care.
- c. **noted** that the programme will work with Iwi Māori Partnership Boards and localities (through existing prototypes and developing collaborations) to support Kahu Taurima service planning; and
- d. **noted** that Te Whatu Ora and Te Aka Whai Ora will partner with Manatū Hauora and other Government agencies to:
  - i. implement the Oranga Tamariki Action Plan.
  - ii. implement the Prime Minister's Child and Youth Wellbeing Action Plan.
- e. **noted** the strong relationship between Te Aka Whai Ora and Te Whatu Ora which creates the potential to provide a tangible demonstration of the way in which co-commissioning can contribute to improved health outcomes for Māori, Pacific, and other priority populations.
- f. **noted** that the Executive Leadership Team and the Public Health, Community and Primary Care Committee have provided feedback on this programme of work which has been incorporated into this final document.
- g. **endorsed** the programme of work as described in the paper.

**BD035 – 23 September 2022:** The Board endorsed the appointment of Tevita Funaki as an independent member to the Public Health Committee for a period of 12 months.

#### Capital and Infrastructure Committee

Verbal update received with no discussion.

#### Data, Digital and Innovation Committee

Verbal update received with no discussion.

#### Clinical Quality Assurance

Verbal update received with no discussion.

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#### People and Culture Committee

The Chair of the People and Culture Committee noted that the unions will have input into both the People and Health and Safety Committee.

#### Health, Safety and Wellbeing Committee

**Action:** Board Secretary to add Health and Safety Report as a standing item to Board agendas.

#### Finance and Audit Committee

The Board of Te Whatu Ora: BD036 – 23 September 2022:

- approved the appointment of Jonathan Oram and Marc Rivers to the Board's Finance and Audit Committee for a period of 12 months.

#### Sustainability Committee

The Board discussed establishing a Sustainability Committee and raised the following points:

- The Board needs to take responsibility and ownership of sustainability.
- Committee would have an internal and external advisory role.
- Chair welcome Board members to recommend names of individual who will add value to the Committee.

#### Administration

Register of interests: Noted.

Minutes and actions of the 26 August 2022 meeting were accepted as a true and accurate record of that meeting.

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**Actions register:** Noted.

The Board requested update on the following actions

**BD260822-07** Release of Krestal report

**BD220622-01** Update on internal audit of workforce data inherited at 1 July. S. Gordon is leading this work and group has been established.

**Action:** Share internal audit of workforce data Terms of Reference (ToR) with the Board for information.

**Meeting and engagements schedules:** Noted.

The meeting closed at 3.30pm with Karakia.

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**Actions from August 26 2022**

(refer to separate Actions Register for a complete list, including status, of all interim Board open and closed actions)

No.	Action	Responsible owner	Due date
BD230922-01	<b>CE Update – New Board Member Workshop</b> Board Secretariat to organise a workshop with staff and Board after new Board members have joined	Board Secretariat	
BD230922-02	<b>CE Update – Pae Ora Ministerial Committee formation (Section 87)</b> CE to provide an ecosystem map of monitors.	CE	
BD230922-03	<b>CE Update – Transformation: Finding efficiencies - Q1 national costs, Q2 reporting lines, and Q3 national operation</b> Board Secretary to organise an out-of-cycle session to examine the baseline and transformation phasing.	Board Secretariat	
BD230922-04	<b>CE Update – IMPB Localities Map</b> Circulate the draft Localities map and the timing and plan for their establishment.	CE	
BD230922-05	<b>CE Update – Primary healthcare capitation report</b> CE to draft a strategic response to Report, which will be circulated to the Board.	CE	ASAP
BD230922-06	<b>CE Update – Ministry of Health's Policy Work Programme</b> Board Secretary to gain access to copy for Board's information.	CE	
BD230922-07	<b>CE Update – S 9(2)(h)</b> [Redacted]	CE	

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No.	Action	Responsible owner	Due date
BD230922-08	<b>Performance reporting</b> Board Secretary add Primary Care workforce metric data to People and Culture Committee agenda.	Board Secretariat	
BD230922-09	<b>Public release of performance data</b> CE to draft an approach to the public release of performance data for the Board's endorsement. Also consider monitors and the information they receive.	CE	
BD230922-10	<b>Service Level Agreements</b> SLAs to cover former Crown Funding Agreements and Ministry of Health to District Health Board contracts: Director to report back to the board with timeframe on when these interim SLA arrangements would cease	Interim Director, Population Health Programmes, Commissioning	
BD230922-11	<b>Workforce Transformation</b> Board Secretariat to distribute the Transformation slide deck.	Board Secretariat	
BD230922-12	<b>Workforce Transformation</b> Board Secretariat to organise a workshop with Board and ELT to decide the portfolio priorities and proportions 4:2:2	Board Secretariat	
BD230922-13	<b>Health, Safety and Wellbeing Committee</b> Board Secretary to add Health and Safety Report as a standing item to Board agendas	Board Secretariat	
BD230922-14	<b>Internal audit of workforce data</b> Share internal audit of workforce data ToR with the Board for information	CE	