

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Monday, 29 November. 10.00am – 2.00pm. Online via [Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	Martin Hefford – Acting CE, Health NZ; Stephen McKernan – Director, TU; Rachel Cunningham – Head of Board Secretariat; Sarah Simpson – Senior Advisor, iHNZ; Philippa Shierlaw – Secretariat, iHNZ; Rosalie Percival – Sector Expert, Claire Braatvedt – Senior Advisor
Apologies / Ngā tamōnga	

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
10.00am	Karakia	All	
10.05am	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
10.10am	Update from the Acting Chief Executive <ul style="list-style-type: none"> CE Report and appendix Recruitment, personnel and transfers 	Martin Hefford	For information
10.30am	Update from the Māori Health Authority <ul style="list-style-type: none"> Verbal update 	Sharon Shea	For information
10.40am	Health NZ annual plan <ul style="list-style-type: none"> Session to review and agree revised annual plan (including indicative budget) 	Martin Hefford	For discussion and endorsement
12.40pm	Kai o te rānui/ Lunch break		
1.00pm	Delivering a people and whanau-centred health system (briefing paper)	Claire Braatvedt	Noting / endorsement
1.20pm	Finance Briefing: Proposed Banking and Insurance Arrangements – Day 1 (briefing paper)	Rosalie Percival	
1.40pm	General Business <ul style="list-style-type: none"> CE recruitment process (if required) 		For noting
1.45pm	Board administration <ul style="list-style-type: none"> Register of interests Minutes the previous meeting Actions register Meeting and engagements schedule 	Secretariat	
1.50pm	Whakamutunga	Chairs	

2.00pm	Karakia	All	
--------	---------	-----	--

Next Health New Zealand meetings:

- Thursday 2 December, 1pm – 5pm
- Tuesday 14 December, 10am – 2pm
- Friday 14 January 2022, 11am – 4pm

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi
 Tuuria, tuuria te mata hau noo Papa
 Paiheretia te tangata ki te kawa tupua, ki te kawa tawhito
 He kawa ora! He kawa ora!
 He kawa ora ki te tangata
 He kawa ora ki te whaanau
 He kawa ora ki te iti, ki te rahi
 He kawa taataki ki au mau ai
 Tuuturu o whiti, whakamaua kia tiina
 Hui e! Taaiki e!

Elevate and celebrate the gifts of the Sky Father
 Elevate and celebrate the gifts of the Earth Mother
 People are bound by the spiritual forces of ancestry
 Uplift the spirit! Support the spirit!
 Raise up the health of people, of family, of all.
 A spirit that guides me
 Hold fast! Uphold the essence.
 Bring it together! It is complete!

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Meeting Minutes

Monday, 29 November. 10am – 2pm. Online via [Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	Martin Hefford – Acting CE, Health NZ; Stephen McKernan – Director, TU; Rachel Cunningham – Head of Board Secretariat; Sarah Simpson – Senior Advisor, iHNZ; Philippa Shierlaw – Secretariat, iHNZ; Rosalie Percival – Sector Expert, Claire Braatvedt – Senior Advisor
Apologies Ngā tamōnga	

Karakia and mihihihi


Dame Dr Karen Poutasi opened the meeting with Karakia Hauora, and the Chair welcomed the group.

Dr Walker noted a potential conflict relating to a proposed appointment outlined within the Chief Executive report and excused himself from comment. The Chair noted discussions are ongoing with the Director, Transition Unit and interim Chief Executives regarding an appropriate process for confirming senior interim appointments.

Update from the Acting Chief Executive

Mr Hefford outlined the key work underway, which includes finalising the iHNZ workplan, outlining milestones until July 2022 and transfers from the Transition Unit into the departmental agency (and process due diligence). A discussion followed on the intentions and rationale for the proposed roles outlined in the Chief Executive report; it was noted Board members should feel free to feedback views on the proposed interim appointments to the interim Chief Executive directly. These appointments will be resolved in a separate process (yet to be determined) and Mr Hefford confirmed his understanding roles transferring from the Transition Unit can proceed as outlined.

s 9(2)(g)(i)



Mr Hefford also noted that following the 25 November 2021 briefing to the Board on locality prototypes, the identified longlist organisations are now being asked to submit proposals for consideration by interim Health NZ and interim Māori Health Authority early in the new year. A summary will be provided to the Board following that process.

A general discussion then followed regarding communications and engagement strategy and roadshows, and the interplay between this, the Health Charter engagements and how best to provide certainty to the workforce and maintain stability. A keen interest was noted in receiving a more substantive update on how the Health Charter, workforce and engagement strategy fit together, ideally prior to Christmas. It was also noted a briefing on the development of the Health Charter, including a schedule of upcoming engagements and examples has also been provided in the Resource Centre (25 November 2021) and any Board members interested in attending these should advise the Secretariat.

Update from the Māori Health Authority

Sharon Shea noted most aspects has been covered off during earlier meetings, and that the Māori Health Authority are also working to define their annual workplan and how they operate given the ongoing COVID-19 restrictions not allowing them to come together in person.

Health NZ annual plan

Rosalie Percival joined the meeting. Mr Hefford introduced the revised document, and sought feedback and comment which included:

- A desire for keeping domain names and options open during this interim phase
- The importance of language, particularly relating to equity and outcomes – and a desire to signal bold intentions and not limit the scope of reform intentions
- A preference for including dedicated pandemic resource within the proposed structure, and build in how community / whānau and individual voice are incorporated in all aspects of the system
- A request to align with the Māori Health Authority plan, which has been condensed to become more high level, and to allow flexibility for the incoming Chief Executives to iterate

It was noted this will be an iterative and living document, and the Board resolved to delegate final review and approval of the next version to the Chair.

A discussion followed on the preliminary budget outlined within the plan, in particular relating to communications and engagement, the need to include next year's appropriation and level of contingency available within the Chief Executive budget. It was noted communications resource remains within the Transition Unit, and any budget outlined is for key activity that may be undertaken rather than for personnel. The Board expressed a desire to spend some time discussing the communication and engagement strategy early in the new year (please see actions), and to spend some additional blocks of time together (in-person if possible).

Mr Hefford then highlighted several of the key factors noted in the proposed schedule, including discussion on the proposed Health NZ operating model, role of Health Promotion Agency, transition of shared services agencies and Ministry of Health functions transfers. These will likely be packaged together for consideration (likely late January). There will also be several further engagements on the NZ Health Plan.

Finance briefing: Proposed Banking and Insurance Arrangements – Day 1

This item was brought forward; and Rosalie Percival provided the rationale for sharing this paper given the future accountabilities of the Board. A discussion followed on aspects, including cyber cover and alternative risk financing with a request for further information on these to be provided once available.

Noting the interim nature of this decision, the Board resolved to:

- a) endorse that NZ Health Partnerships extends the existing DHB Shared Banking and Collective Insurance arrangements to cover all Health New Zealand and Māori Health Authority activities, effective from 1 July 2022
- b) endorse the Collective Insurance Renewal Strategy 2022/23, noting the following points:

s 9(2)(b)(ii)

- iii. that the existing DHB Collective Insurance cover expires on 1 July 2022

- c) s 9(2)(b)(ii)

Delivering a people and whānau-centred health system

Claire Braatvedt joined the meeting and recapped the purpose of the discussion and key points, noting two distinct aspects to this work which includes the work to build the supporting infrastructure (responsibility of the Transition Unit) and building the capability, systems and processes within the new health entities to ensure the voices of users / non-users, whānau and communities are embedded in the design of the new system (responsibility of future Boards). A question and answer session followed (Ms Shea left the meeting at 12pm), with the following comments noted:

- A desire to build whānau capability, use whānau voice as a narrative of change and give equal weighting to whānau voice and traditional data sets
- Reiteration of the desire to build a system centred around individuals, whānau and communities and a collective concern about the resourcing and prioritisation of this work

- A position that accountability for this should not be devolved to other parties (such as HQSC) and that although existing mechanisms should be strengthened and made more consistent (noting some may not exist in time) this should be seen as a priority for the Board. It was noted that the role of HQSC is to provide independence and build structure to support Health NZ and the Māori Health Authority achieve these aims.

Briefing recommendations were accepted as outlined:

- a) endorse the retention of all existing consumer/whānau engagement avenues including Consumer Councils for Day 1
- b) note that HQSC is developing the supporting infrastructure for consumer/whānau engagement by July 2022
- c) endorse that interim Health NZ (and the interim MHA) will need to appoint consumer/whānau voice resource(s) to operationalise the delivery components of the consumer/whānau voice operating model.

General business

It was noted the previous paper was an example where the Board need to more clearly understand whether the paper relates to the transition work that must be competed, versus the opportunity provided for in health reform. Additionally, it was noted there are opportunities to apply lessons learnt from other parts of the system where major change has occurred. (Please see actions).

Board administration

- Register of interests – noted and a reminder to update on an ongoing basis as needed
- Minutes were accepted without changes for the interim Health NZ Board meetings of 16 and 17 November 2021
- Actions register - noted
- Meeting and engagements schedule - noted

Board in-committee

The Board held an in-committee session at the end of the meeting.

Open actions

No.	Action	Responsible owner	Due date	Comments
BD291121-01	Update from the Chief Executive <ul style="list-style-type: none"> s 9(2)(b)(ii) 	Martin Hefford	TBC	
BD291121-02	Interim Health NZ annual plan Feedback is to be incorporated and the revised version agreed with the Chair. Management to investigate scheduling a two day session around the existing meeting on 28 Jan 2022 and look at including a session on communications and engagement strategy.	Martin Hefford Secretariat		
BD291121-03	Banking and Insurance Arrangements – Day 1 Further information on levels and options to insure for cyber-risk, and alternative risk financing to be provided once available (pending MBIE review).	Rosalie Percival		
BD291121-04	Consumer / whānau voice An overview to be provided of how consumer / whānau voice and feedback is being factored into each of the workstreams; or incorporated into individual papers / updates.	Martin Hefford / Claire Braatvedt		
BD291121-05	General Business	Secretariat / Martin Hefford		In progress for future meetings

No.	Action	Responsible owner	Due date	Comments
	<p>Papers to clearly identify whether and how they relate to a transition matter, or a health reform matter.</p> <p>Opportunities to hear about lessons learnt from transformation of other agencies or parts of the system to be considered for future agendas.</p>			
BD161121-01	<p>Acting CE update</p> <ul style="list-style-type: none"> - An accommodation options paper is to be provided to the Board for decision - A copy of the Minister's Letter of Expectations (or similar document) for Ministry of Health in the new system to be shared with the Board - Analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Boards (when ready) - iMHA Board feedback on the iMHA LOE to be noted and considered before response provided to the Minister (including reciprocal statements that share system accountability for equity and Te Tiriti implementation) - s 9(2)(b)(ii) 	<p>Martin Hefford</p> <p>Stephen McKernan</p> <p>Stephen McKernan</p> <p>Martin Hefford</p> <p>Martin Hefford</p>	TBC	
BD161121-03	<p>Working groups or subcommittees</p> <p>The Board will be provided with a revised committee proposal with suggested nominations for each. Joint groups to be discussed with iMHA.</p>	Martin Hefford		In progress
BD171121-01	<p>COVID-19 briefing</p>	Martin Hefford		Scheduled for 2 Dec 2021

No.	Action	Responsible owner	Due date	Comments
	A briefing to be sought from the Director General and/or Russell Simpson of Ministry of Health for the Board(s) and subsequently establish a regular reporting mechanism			
BD031121-04	Health NZ workplan / Board workplan: Identify aspects that can be delegated to management and those that Board must own. Reframe in terms of reform agenda. Establish Board workstreams subsequently.	Interim CE and Secretariat	29 Nov 2021	In progress
BD031121-06	The Secretariat to continue working to resolve Diligent functionality issues (links / timing out), and work with Vanessa and Cassandra on a preferred resource centre structure	Secretariat	16 Nov 2021	Ongoing
BD031121-07	Finance Day One Presentation: Future presentation requested on discretionary vs non-discretionary aspects of budget and ability to influence. Establish interim Finance/Audit Committee. Draw up draft Terms of Reference. Consider whether Risk should be included or stay at full Board level. Elect Chair. Seek Board endorsement.	Martin Hefford / Rosalie Percival Martin Hefford, Secretariat, Vui Mark, Vanessa, Cassandra		Formation of joint working groups in progress (see BD161121-03)
BD031121-09	Employment Relations environment: Formulate a set of principles/policy position sooner rather than later, particularly in relation to pay parity in commissioned services. Form people/culture /workforce committee.	Martin Hefford Vanessa Stoddart / Secretariat	Can be circulated out-of-cycle or discussed in weekly Chair meetings	Formation of joint working groups in progress (see BD161121-03)

Actions closed at this meeting

No.	Action	Responsible owner	Due date	Comments
BD161121-04	Resolution regarding senior regional appointments Board members to provide any further feedback outside the meeting	Board		
BD161121-02	Annual plan workshop session A copy of the Health NZ draft annual plan to be included for the iMHA Board meeting on Wednesday 17 November, particularly to seek feedback on the values and proposed interim leadership roles. Annual workplan to be revised and circulated in order to try and achieve agreement within original November timeframe. The risk regarding leadership and capability to deliver on workstreams be logged in risk register (to be developed)	Secretariat Sharon Shea Martin Hefford Secretariat	17 Nov 2021	Completed following meeting
BD031121-08	Health Charter: Board interested to see examples of Charters rated highly. (e.g. Kaiser Permanente Employee Compass). Board invited to sit in on consultation/engagements. Consumer voice - Background paper or update for upcoming meeting. Include DHB Consumer Council Chairs in engagement.	Andrew Norton (via Secretariat) Stephen McKernan / Claire Braatvedt Andrew Norton	16/17 November	Completed with upload of briefing on 25 November Briefing paper included in the meeting agenda

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Agenda

Thursday, 2 December. 1.00pm – 5.00pm. Online via [Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Transition Unit / iHNZ: Martin Hefford – Acting CE, Stephen McKernan – Director, TU; Rachel Cunningham – Head of Board Secretariat; Sarah Simpson – Senior Advisor; Philippa Shierlaw – Executive Assistant, Deborah Roche- Interim Lead Government Relations and Partnerships, Emily Mailes – Principal Advisor, Data and Digital</p> <p>Māori Health Authority: Tipa Mahuta, Dr Chris Tooley, Fiona Pimm (others still TBC)</p> <p>Hospital and specialist services working group: Peter Huskinson – Chief Executive He Hononga o te Raki Northern Regional Alliance Limited, Mel Dooney – Chief People Officer, ADHB</p> <p>Ministry of Health: Dr Ashley Bloomfield, Robyn Shearer, Shayne Hunter, Darren Douglass, Maree Roberts, Doug Craig, Sarah Turner</p>
Apologies / Ngā tamōnga	

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
1.00pm	Karakia	All	
	Mihimihi	Chair	
1.05pm	Board-only session		
	<ul style="list-style-type: none"> Update on Chief Executive appointment Update from the Māori Health Authority 	Chair Sharon Shea	Verbal updates
1.25pm	<ul style="list-style-type: none"> General Business / Board Administration Apologies Declaration of potential conflicts Living Wage discussion (requested item) Public Health Advisory Committee Terms of Reference (new item – 1 Dec 2021) 	Chair	For noting
1.45pm	Approach for Health NZ operating model design	Martin Hefford	For endorsement

1.50pm	Advice to inform the Operating Model for commissioning and delivery of hospital and specialist care during transition <ul style="list-style-type: none"> • Introduction paper • Presentation slides • Advice paper • Appendices 	Peter Huskinson, Mel Dooney	For noting and consideration
Session including Ministry of Health and available Māori Health Authority members			
2.30pm	Welcome and introductions	Ministry team	
2.40pm	HDSR: the landscape	Dr Ashley Bloomfield	
3.00pm	COVID-19 response	Dr Ashley Bloomfield, Robyn Shearer	
3.40pm	Data and Digital	Shayne Hunter, Darren Douglass, Emily Mailes (TU)	
4.20pm	Functions transfer	Dr Ashley Bloomfield, Maree Roberts, Sarah Turner, Doug Craig	
4.55pm	Whakamutunga	Chairs	
5.00pm	Karakia	All	

Next Health New Zealand meetings:

- Tuesday 14 December, 10am – 2pm
- Monday 20 December, 1pm – 5pm
- Friday 14 January 2022, 11am – 4pm
- Friday 28 January 2022, 11am – 4pm

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi
Tuuria, tuuria te mata hau noo Papa
Paiheretia te tangata ki te kawa tupua, ki te kawa tawhito
He kawa ora! He kawa ora!
He kawa ora ki te tangata
He kawa ora ki te whaanau
He kawa ora ki te iti, ki te rahi
He kawa taataki ki au mau ai
Tuuturu o whiti, whakamaua kia tiina
Hui e! Taaiki e!

Elevate and celebrate the gifts of the Sky Father
Elevate and celebrate the gifts of the Earth Mother
People are bound by the spiritual forces of ancestry
Uplift the spirit! Support the spirit!
Raise up the health of people, of family, of all.
A spirit that guides me
Hold fast! Uphold the essence.
Bring it together! It is complete!

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Thursday, 2 December. 1.00pm – 5.00pm. Online via [Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Transition Unit / iHNZ: Martin Hefford – Acting CE, Stephen McKernan – Director, TU; Rachel Cunningham – Head of Board Secretariat; Sarah Simpson – Senior Advisor; Philippa Shierlaw – Executive Assistant, Deborah Roche- Interim Lead Government Relations and Partnerships, Rachel Hyde – Chief Advisor, Emily Mailes – Principal Advisor, Data and Digital</p> <p>Māori Health Authority (from 2.30pm): Tipa Mahuta, Dr Chris Tooley, Fiona Pimm, Lady Tureiti Moxon</p> <p>Hospital and specialist services working group (1.45pm – 2.30pm): Peter Huskinson – Chief Executive He Hononga o te Raki Northern Regional Alliance Limited, Mel Dooney – Chief People Officer, ADHB, Keriana Brooking, CE Hawke's Bay DHB</p> <p>Ministry of Health: Dr Ashley Bloomfield, Robyn Shearer, Shayne Hunter, Darren Douglass, Maree Roberts, Doug Craig, Sarah Turner, John Whaanga</p>
Apologies Ngā tamōnga	None

Karakia and Board-only session

The Board commenced the meeting with karakia Hauora and then met in committee with no management present to discuss the recruitment of the substantive Chief Executive and any updates from the Māori Health Authority Board meeting of 1 December. This concluded at 1.35pm.

General Business and Board Administration

The Chair welcomed management to the meeting and introduced Deborah Roche and Rachel Hyde in their new roles within interim Health New Zealand.

No apologies or conflicts declared.

s 9(2)(g)(i)

Public Health Advisory Committee Terms of Reference – Martin Hefford noted this item had been added at short notice; following a request from the Minister of Health that the Boards be engaged on this draft advice. He further outlined the process to date and relayed some initial advice from the Transition Unit that may be incorporated alongside additional comment and feedback from the Boards. The Board noted that this will be the first engagement on public health and should therefore be thorough, and provided some comments on aspects such as composition, lifespan / review date, interface with the role of iHNZ/iMHA, stakeholder engagement, scope and how these will help achieve equity aims and build strong Te Tiriti foundations consistent with the Pae Ora reforms. The Board requested that a joint position with Māori Health Authority be established and brought back to the Chairs. Please see actions.

Approach for Health NZ operating model design

Martin Hefford introduced the guests, outlined the work underway to develop the Health NZ operating model and his intention to further engage with the Board as per the suggested timetable:

- Thursday 2 December: discussion on the report of the Hospital and Specialist Services working group

- Tuesday 14 December: discussion on overall operating model blueprint developed by the TU, including draft Day One structure
- Monday 20 December: revised Day One structure incorporating Board comments from the previous meetings for endorsement and consultation in January 2022.

The Board endorsed the proposed timetable outlined.

Advice to inform the operating model for commissioning and delivery of hospital and specialist care transition

The paper, presentation document and appendices were taken as read and questions and answers followed. Feedback was provided on various aspects of the presentation, funding flows, the need to retain flexibility and choice in the overall system and a desire noted to understand the wider health system view (not just the hospital and specialist perspective). It was also requested that some wording noted as 'regional governance' be updated to 'regional organisational management' in the recommendations (please see * below).

The Board:

- a) noted the findings and recommendations, but are yet to consider them alongside further advice from b(2)(b)(i) and the Transition Unit on the broader operating model (to come at later meeting dates)
- b) noted the early decisions to be made on strategic options for regional organisational management* and the recommended clinical service organisation
- c) noted this paper will be shared with the interim Māori Health Authority Board for the members' information
- d) noted the areas set out for further detailed work including more detailed organisational structures and clinical governance

The Board requested that Board feedback in this session be incorporated and reflected in any next discussions and thanked the attendees for their participation and significant work undertaken to date.

Session with Ministry of Health and available Māori Health Authority members

The Ministry team joined the session at 2.40pm, along with several members of the Māori Health Authority. The Chair welcomed attendees joining the meeting, before Dr Bloomfield introduced the Ministry of Health attendees and provided some introductory comments regarding the future stewardship role of the Ministry, governance arrangements for ensuring successful change, the shared work programme and outlined key areas for early discussion.

COVID-19 response and forward planning

Dr Bloomfield then gave an overview of cross-government efforts underway and the existing governance groups and their areas of responsibility, before outlining what is involved in leading the health response (including testing, access to PPE and critical medical supplies, contact tracing and case management), the Health System Preparedness Response and priorities and an overview of the vaccination programme. A lengthy discussion and question and answer session followed on how the new entities will play a role and share this work in future, planning underway for larger outbreaks over summer and challenges in keeping systems stable and dealing with resulting backlogs created by the COVID disruption.

Data and digital update

Shayne Hunter introduced his background and role; Emily Mailes also joined the meeting. Shayne gave a presentation outlining the desired shift and scope of change required to achieve the reform outcomes (five system shifts), what will be transferring, the immediate priorities for both the *Day 1* critical path and to set the new system up for success and the key opportunities. A question and answer session followed with particular interest being shown in the risks relating to workforce availability and capability, what work has been done to define the most significant risks (cyber and otherwise), how systems are or can be integrated, the need for a balanced portfolio approach to investment and the view of the Boards that innovation enabled by data and digital will support achievement of the desired outcomes. Board members requested further information regarding risks. (Please see actions).



The presentation slides were provided subsequently, and uploaded to the meeting pack in Diligent following the meeting and also included a list of key risks relating to the data and digital function transfer, an overview of stakeholders, engagement and governance, and a summary of work underway at the Ministry.

Ministry of Health functions transfer

Maree Roberts outlined MoH's focus for three key areas: to maintain a stable system, the process for transfers and how decisions will be made and oversight provided. Ms Roberts also introduced Doug Craig who is providing assurance and provided comment on the due diligence work underway. The inclusions for Tranche 1 were discussed, along with the obligation to report back to the Minister before Christmas on this. The Board raised questions about how recommendations are put forward, what will be left within the Ministry and what will transfer to the Māori Health Authority (please see actions). Sarah Turner then gave an overview of how the remaining MOH functions are being designed and explained how a significant proportion of regulatory functions will be retained. Further discussion followed on the cross-agency work and capability required to set-up the Māori Health Authority for success in a reformed system, in partnership with many other agencies across portfolios such as housing, social development and welfare, legislation and Māori wellbeing and development.

The Board thanked the Ministry and wider attendees for their participation and mahi, and ended the meeting at 5.32pm following a further in-committee session.

Open actions

No.	Action	Responsible owner	Due date	Comments
BD021221-01	General Business s 9(2)(g)(i)  PHAC Terms of Reference – a joint response with Māori Health Authority is to be prepared; for endorsement with the Chairs	Martin Hefford Martin Hefford / Deborah Roche	9 Dec 2021	Being discussed at MHA Board on 8 Dec 2021
BD021221-02	Ministry of Health session Data and digital update – any risk appetite statements from DHB's / MOH to be provided if available to understand the major system risks; along with the data and digital strategy and investment framework to help understand current state and future focus. Functions transfer – a summary to be provided (ideally on a page) of what remains with MOH and what transfers into MHA (and HNZ), along with information on locations and FTE's included in each tranche.	Martin Hefford / Secretariat Martin Hefford / MoH		Please note this will be incorporated in the HNZ workplan updates
BD291121-01	Update from the Chief Executive <ul style="list-style-type: none"> s 9(2)(b)(ii)  	Martin Hefford	TBC	

No.	Action	Responsible owner	Due date	Comments
BD291121-02	Interim Health NZ annual plan Feedback is to be incorporated and the revised version agreed with the Chair. Management to investigate scheduling a two day session around the existing meeting on 28 Jan 2022 and look at including a session on communications and engagement strategy.	Martin Hefford Secretariat		
BD291121-03	Banking and Insurance Arrangements – Day 1 Further information on levels and options to insure for cyber-risk, and alternative risk financing to be provided once available (pending MBIE review).	Rosalie Percival		
BD291121-04	Consumer / whānau voice An overview to be provided of how consumer / whānau voice and feedback is being factored into each of the workstreams; or incorporated into individual papers / updates.	Martin Hefford / Claire Braatvedt		In progress; a written summary will be provided out-of-cycle
BD291121-05	General Business Papers to clearly identify whether and how they relate to a transition matter, or a health reform matter. Opportunities to hear about lessons learnt from transformation of other agencies or parts of the system to be considered for future agendas.	Secretariat / Martin Hefford		Ongoing
BD161121-01	Acting CE update - An accommodation options paper is to be provided to the Board for decision	Martin Hefford	January 2022	In progress

No.	Action	Responsible owner	Due date	Comments
	<ul style="list-style-type: none"> - A copy of the Minister's Letter of Expectations (or similar document) for Ministry of Health in the new system to be shared with the Board - Analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Boards (when ready) - iMHA Board feedback on the iMHA LOE to be noted and considered before response provided to the Minister (including reciprocal statements that share system accountability for equity and Te Tiriti implementation) - s 9(2)(b)(ii) 	Stephen McKernan Stephen McKernan Martin Hefford Martin Hefford		Complete - Letter uploaded to Diligent 25 Nov Complete - LoE finalised and uploaded to Diligent 7 Dec
BD161121-03	Working groups or subcommittees The Board will be provided with a revised committee proposal with suggested nominations for each. Joint groups to be discussed with iMHA.	Martin Hefford		In progress
BD031121-04	Health NZ workplan / Board workplan: Identify aspects that can be delegated to management and those that Board must own. Reframe in terms of reform agenda. Establish Board workstreams subsequently.	Interim CE and Secretariat	29 Nov 2021	In progress
BD031121-06	The Secretariat to continue working to resolve Diligent functionality issues (links / timing out), and work with Vanessa and Cassandra on a preferred resource centre structure	Secretariat	16 Nov 2021	Ongoing
BD031121-07	Finance Day One Presentation: Future presentation requested on discretionary vs non-discretionary aspects of budget and ability to influence.	Martin Hefford / Rosalie Percival		Will be in early 2022

No.	Action	Responsible owner	Due date	Comments
	Establish interim Finance/Audit Committee. Draw up draft Terms of Reference. Consider whether Risk should be included or stay at full Board level. Elect Chair. Seek Board endorsement.	Martin Hefford, Secretariat, Vui Mark, Vanessa, Cassandra		Formation of joint working groups in progress (see BD161121-03)
BD031121-09	Employment Relations environment: Formulate a set of principles/policy position sooner rather than later, particularly in relation to pay parity in commissioned services. Form people/culture /workforce committee.	Martin Hefford Vanessa Stoddart / Secretariat	Can be circulated out-of-cycle or discussed in weekly Chair meetings	Item on pay parity scheduled for 14 Dec 2021 Formation of joint working groups in progress (see BD161121-03)

Actions closed at this meeting

No.	Action	Responsible owner	Due date	Comments
BD171121-01	COVID-19 briefing A briefing to be sought from the Director General and/or Russell Simpson of Ministry of Health for the Board(s) and subsequently establish a regular reporting mechanism	Martin Hefford		Scheduled for 2 Dec 2021

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Tuesday, 14 December. 10.00am – 2.00pm. Online via Teams

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Dr Curtis Walker
In Attendance Ngā manuhiri	Interim Health NZ / Transition Unit: Martin Hefford – Acting CE; Stephen McKernan – Director; Rachel Cunningham – Head of Board Secretariat; Sarah Simpson – Senior Advisor; Philippa Shierlaw – Secretariat; Claudia Gerdes – Senior Manager; Helene Carbonatto – Manager, Commissioning; Jackie Tsao, Mara Andrews – Sector Expert; Tom O'Brien – Policy Manager; Corina Grey – Sector Expert
Apologies / Ngā tamōnga	Cassandra Crowley (until 11am), Vanessa Stoddart

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
10.00am	Karakia	All	
10.05am	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
10.10am	Update from the Acting Chief Executive <ul style="list-style-type: none"> CE Report Recruitment, personnel and transfers 	Martin Hefford	For information
10.30am	Update from the Māori Health Authority <ul style="list-style-type: none"> Verbal update 	Sharon Shea	For information
10.35am	HNZ Operating Model – Day 1 Organisation Structure for Consultation	Martin Hefford Claudia Gerdes (EY)	For discussion and feedback
11.50am	Joint Board paper: National agreements (contracts) for primary and community services	Helene Carbonatto, Mara Andrews	For noting / endorsing
12.25pm	Joint Board paper: Approach to transfer of contracts for health services to entities	Helene Carbonatto, Jackie Tsao	For noting
12.30pm	Kai o te rānui/ Lunch break		
12.50pm	Joint Board paper: Pay Parity	Helene Carbonatto, Tom O'Brien	For noting
1.20pm	Interim Pacific Health Plan	Corina Grey	To endorse

1.40pm	General Business <ul style="list-style-type: none"> Joint working groups – progress and next steps 	Board members	For discussion/ noting
1.35pm	Board administration <ul style="list-style-type: none"> Register of interests Minutes of the 29 November and 2 December 2021 meetings Actions register Meeting and engagements schedule Copy of Ministers Letter of Expectations 	Secretariat	
1.50pm	Whakamutunga	Chairs	
2.00pm	Karakia	All	

Next Health New Zealand meetings:

- Monday 20 December, 1pm – 5pm
- Friday 14 January 2022, 11am – 4pm
- Friday 28 January 2022, 11am – 4pm [including possible joint 1-2 day workshop/session with iMHA]

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Tuesday, 14 December. 10.00am – 2.00pm. Online via [Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Dr Curtis Walker, Cassandra Crowley (from 11am)
In Attendance Ngā manuhiri	Transition Unit / iHNZ: Martin Hefford – Acting CE, Stephen McKernan – Director, TU; Rachel Cunningham – Head of Board Secretariat; Sarah Simpson – Senior Advisor; Philippa Shierlaw – Secretariat, Deborah Roche- Interim Lead Government Relations and Partnerships, Rachel Hyde – Chief Advisor, Rosalie Percival, Finance Sector Expert, Claudia Gerdes (EY), Helene Carbonatto Ministry of Health: Dr Ashley Bloomfield, Fiona Allen
Apologies Ngā tamōnga	Vanessa Stoddart

Karakia and mihi

The Chair opened the meeting and noted Cassandra Crowley would be joining at 11am and Vanessa Stoddart as an apology. Dr Curtis Walker led the Karakia Hauora. Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, and Dr Curtis Walker noted their respective DHB's are on locality shortlists. There were no other conflicts to declare.

The Chair provided an update on the ongoing Chief Executive appointment process for both Health NZ and Māori Health Authority. An announcement (involving Ministers) is being planned for Thursday 16th December, contingent on resolving some final contractual matters today. The members discussed how best to ensure appropriate communications were undertaken to inform stakeholders. Dr Curtis Walker noted the positive achievement of making these appointments within this timeframe.

Update from the Acting Chief Executive

The report was taken as read. Martin Hefford elaborated on the key focus areas, noting:

- Final drafts of HNZ and MHA Annual Plans has gone to the Minister and initial feedback is positive. It has been requested these be published in some form and Martin noted this document will remain iterative. Please see actions.
- Transition Unit transfers from DPMC into the iHNZ departmental agency have been progressing. 23 people have now transitioned with up to 40 expected by next week.

Martin and Stephen McKernan addressed questions raised by the Board regarding:

- The genesis of the Pacific Health Plans and the Māori Health Improvement Plan noted within the final Health NZ annual plan. It was noted MHA will be monitoring the Māori Health Improvement Plan and be involved in the design.
- Feedback from various stakeholders on locality prototype and Health Charter / NZ Health Plan engagements. It was noted a meeting is being set up with Ngāi Tahu to address some concerns, and opportunities exist to improve engagement more generally on these elements. Although not due for decision until March 2022, Martin proposed to bring forward a planned NZ Health Plan workshop for the Board to late January. The Board agreed and requested this be held jointly where possible with the MHA, and ideally with the new Chief Executives in attendance.
- The progress and complexity of moving approximately 700 staff and certain contracts from MoH. Negotiation of an agreement with MoH on transfers is in the final stages, with risks related to funding and appropriations and the need to agree quickly noted.
- Input into the broader streams of work on consumer voice information – it was noted this is being fed through to be included in early design work in partnership with HQSC.

Rosalie Percival updated the meeting regarding an All-of-Government power contract renewal, outlining the difficulty of gaining a sector view (and therefore options) which highlights the need to approach this on a sector-wide basis in future. Rosalie outlined options put forward to date and some of the inherent trade-offs. The Board gave feedback on the options outlined, noting that, given the limited timeframe, the Board was happy for the team to work with MBIE to finalise negotiations.

In answer to a question regarding DHB budgeting, Rosalie advised that a communication was sent to DHBs last week, clearly outlining what is considered BAU for the indicative 2022-23 budgets. There will be a review in February to ensure consistency.

Rosalie answered further questions regarding the DHB budgeting process, including separation of COVID funding vs Vote Health funding, changes in assumptions, additional investment being led by TPK, challenges regarding planned care deferred by COVID, CCDM and how FTEs (and vacancies) are accounted for.

Rosalie advised that positive progress has been made with the FPIM implementation and how that is improving the financial data set which will be available for future decision making. The first draft of the 2022/23 budget is scheduled to come back to the Board in March.

Health NZ Operating Model

The paper was taken as read. Martin Hefford reiterated the importance of having the design in place in order to safely transfer functions and provide certainty to the sector.

The Board provided feedback and guidance on the organisational design principles and other considerations (as per the recommendations), noting their comfort subject to the view and advice of the incoming Chief Executive.

Feedback included:

- Concerns around regional governance language used, and expectations this may create.
- The need to consider linkages to the localities work underway separately.
- Strengthening language around Te Tiriti component.
- The need to be clear what decision rights sit at what level, as well as how budgets and funding flows will influence the model.
- Inclusion of other groups that traditionally have not been well served by the health system e.g. LGBTQI+, rural, aged communities.

Board members s 9(2)(g)(i) but with governance remaining at a national level. Claudia Gerdes thanked the Board for their feedback, responding to some of the matters raised.

Although the paper requested endorsement on timelines, the Board requested a one-day session, ideally in January, with the new Chief Executives invited, on transformation, leadership and goal-setting in relation to this work.

Update from the Māori Health Authority

Sharon Shea updated the meeting regarding iMHA activity including:

- Engagements with IMPB's.
- commissioning framework
- MHA operating model, and
- CE appointment process.

Joint Board paper: National agreements (contracts) for primary and community services

Martin Hefford outlined the importance of the four national agreements (the PHO service agreement, the aged residential care agreement, the community pharmacy agreement and the community dental agreement) noted in the paper; the current situation and value, challenges and opportunities/options to address long-standing issues and signal HNZ's future intentions.

The members discussed the recommendations and provided feedback, including the need to balance delivering a stable transition on Day One with achieving the desired reform. Management responded to questions from Board members.

Whilst several Board members noted their comfort with the recommendations to assist the transition or provide continuity, these were not endorsed when considering the overall reform aspirations. It was also noted this paper is yet to be considered by the MHA. They therefore requested management provide a paper with updated recommendations at the next meeting, reflecting their desire to preserve as much flexibility and to introduce more innovation as early as possible (prior to 2024). Please see actions.

Joint Board paper: Approach to transfer of contracts for health services

Martin Hefford noted the transition focus of this paper, which aims to provide information on the work underway to safely transfer the 18,000+ contracts to the new entities on Day One. Helene Carbonatto noted the large volume of relatively low value contracts, and the significant due diligence process underway.

Board members provided feedback on the paper, including the importance of ensuring a smooth transition while retaining flexibility to achieve the reform outcomes in future. Sharon Shea noted a potential conflict of interest regarding Accenture (already on register of interests) whom she has been advising.

The Board resolved to:

- a) Note the contents of this paper including the limitations and restrictions associated with the information and analysis presented.
- b) Note the ongoing stocktake and attestation process underway with DHBs and the Ministry to identify and catalogue the full extent of funder arm agreements currently commissioned.
- c) Note joint work with the Hauora Māori team to determine the set of Kaupapa Māori contracts that will transfer to the MHA based on the policy work currently underway to determine the commissioning remits of both entities.
- d) Note the issues raised and ongoing work being performed to enable a successful transfer of contracts on 1 July 2022, and successful ongoing management of these contracts.
- e) Note that the actual spend figures presented in this paper should be considered as an indication only of the associated funding. The figures are based solely on cash payment transaction data from the Ministry's Oracle ERP system. Final quantum associated with contracts will be determined by the budgeting process conducted by the Finance team

The meeting broke for lunch at 12.20pm and reconvened at 12.50pm.

Joint Board paper: Pay Parity

Dr Ashley Bloomfield and Fiona Allen joined the meeting for this item. Helene Carbonatto introduced the topic, noting it's significance in relation to implementation of the sector reforms - particularly in achieving pay parity within primary and community care. An estimate was given that if the costs of achieving pay equity and pay parity between the clinical workforce and the NGO/primary sector were combined, it could be as much as s 9(2)(b)(ii)

Dr Bloomfield provided context on wider Government work underway and reiterated the importance of this issue relative to certain areas such as aged care and in achieving the reform aims. It was also noted there could be impacts to contracts being negotiated for 2022-23. Fiona provided further information on the issues and challenges in various health sector areas, progress with achieving equity settlements (distinctly defined compared to pay parity) and noted there may be additional MECA information which could further increase the estimates outlined in the paper. A general discussion followed on how to prioritise, likely costs and how it will impact on the entities' ability to drive reforms. It was also noted that current Budget decisions will not include pay parity.

The Board resolved to:

- a) **Note** there are significant and variable disparities between funded workforces and DHB-employed workforces where people are in similar roles and carrying out similar functions.
- b) **Note** these disparities drive workforce and service sustainability challenges for the primary and community sector, are likely to impede the implementation of reforms, and intersect with and exacerbate gender and ethnic pay disparities.
- c) **Note** that funding will be required to address pay disparities, which have been estimated in excess of \$450m per year.
- d) **Note** the MHA could consider early steps towards pay parity for nurses employed via Hauora providers in 2021/22 (through MHA commissioning approaches), but at a total cost of \$9(2)(i), it may be preferable to address through a more deliberate joined up approach and future bids.
- e) **Note** that we propose commencing work in 2022 to support future bids for funding to address pay disparities, including:
 - i. undertaking further modelling of the extent of pay disparities across key workforces, to identify areas of greatest pressure for prioritisation through future NZ Health Plans
 - ii. modelling role sizing as localities are rolled out, and new models of primary and community care are developed, to build a more sophisticated picture of the comparative sizing of roles across the primary and community and hospital and specialist sectors
 - iii. identifying key professions affected by pay disparities for retention initiatives and / or early investment.
- f) **Note** this paper will be shared with the interim Māori Health Authority.

Additionally, the Chair noted that due to the significance of these issues Health NZ should prioritise the appointment of a very senior ER person or team to provide thought leadership and inform a strategic approach to address these issues (not just within BAU in existing workstreams). Please see actions.

Interim Pacific Health Plan

Corina Grey joined the meeting and provided an overview on key points, tabled a slide outlining the engagement approach and the intention to address challenges and harness the resourcefulness and innovation seen through the COVID response by Pacific providers.

The Board indicated their support for the approach, and their collective desire to strengthen the Pacific voice within the NZ Health Plan development. The Chair suggested involving academics from Pacific health area also, and the Board commended the team on the work done to date.

The Board accepted the recommendations to:

- a) **note** that the Health Transition Unit is developing the interim Pacific Health Plan, which describes how health entities will respond to Pacific peoples' health and well-being needs and address Pacific health inequities across the health and disability system.
- b) **note** the role of the Board in endorsing the interim Pacific Health Plan.

- c) endorse the proposed approach to the development of the interim Pacific Health Plan.
- d) note that staff of the Health Transition Unit and interim Health New Zealand will collaborate to ensure alignment between the interim New Zealand Health Plan and the interim Pacific Health Plan
- e) note the update on the work of the Pacific health work programme in support of the reforms.
- f) agree that this paper will be shared with the interim Māori Health Authority Board for the members' endorsement.
- g) consider holding a workshop focused on Pacific health jointly with the interim Māori Health Authority Board
- h) agree that this paper will be shared with Minister Sio's Pacific Sector Transition Working Group.

Joint Working Groups

Rachel Cunningham explained the process and work underway to progress the formation of these joint working groups as defined in the accompanying table (endorsed by the Māori Health Authority this week). Terms of reference are being drafted which will be shared with each group, and it is hoped to start scheduling these early in the new year.

Board Administration

Register of Interests: no changes to the interest register.

Minutes of the 29 November and 2 December 2021 meetings were accepted with no changes. Ongoing actions were noted, Sarah Simpson advised that there may be further briefings uploaded to Diligent for the Board's information prior to Christmas.

Meeting and engagements schedule: Noted

Copy of Minister's Letter of Expectations: Noted

General Business

Official Information Act requests

A brief discussion was held on OIA requests in relation to Board information or minutes. Deborah Roche gave a brief overview and explained that work will be undertaken in the new year to look at any proactive release requirements for the Boards once they take their eventual Crown and Statutory Entity forms. However, advice will be provided to both Boards on appropriate policy and notification thresholds before this is required. The difference between a Section 11 advisory committee and Crown Entity status was also noted, including that the Section 11 committee may have to consult the Minister ahead of any release.


Gender Equity /Women's health

Board members discussed their support for including gender equity and womens' health more explicitly in development of the NZ Health Plan, alongside other groups not well served by the system historically. It was noted that in terms of strategy this would likely be the responsibility of Ministry of Health to lead, but Health New Zealand to implement.

The meeting closed with Karakia Hauora.

Open actions

No.	Action	Responsible owner	Due date	Comments
BD141221-01	Report from the Acting Chief Executive Board members to provide any further comment on Annual Plan language or content direct to Martin Hefford. A joint workshop with MHA is to be scheduled for early 2022 which will cover NZ Health Plan, Health Charter, locality and engagement matters	Board members Secretariat	23 Dec 2021	
BD141221-02	Health NZ Operating Model A one-day session to be scheduled (in early 2022) with the new Chief Executives invited on structure, transformation, leadership and goal setting (may be combined with the above if needed). Further detailed feedback on the proposed Operating model should be sent direct via the Chief Executive	Martin Hefford Board members		

No.	Action	Responsible owner	Due date	Comments
BD141221-03	Joint Board paper: National agreements (contracts) for primary and community services A paper with updated recommendations is to be brought to the Board meeting of 20 December 2021	Martin Hefford	20 Dec 2021	To take note of feedback provided on 14 Dec 2021
BD141221-04	Joint Board paper: Pay Parity Any next updates to the Board should include the plan for appointing an appropriate person or team to strategically address these issues, and provide appropriate advice to the Board	Martin Hefford		
BD021221-01	General Business s 9(2)(g)(i) 	Martin Hefford		
	PHAC Terms of Reference – a joint response with Māori Health Authority is to be prepared; for endorsement with the Chairs	Martin Hefford / Deborah Roche	9 Dec 2021	Response sent 17 Dec 2021
BD021221-02	Ministry of Health session Data and digital update – any risk appetite statements from DHB's / MOH to be provided if available to understand the major system risks; along with the data and digital strategy and investment framework to help understand current state and future focus. Functions transfer – a summary to be provided (ideally on a page) of what remains with MOH and what transfers into MHA (and HNZ), along with information on locations and FTE's included in each tranche.	Martin Hefford / Secretariat Martin Hefford / MoH		Please note this will be incorporated in the HNZ workplan updates

No.	Action	Responsible owner	Due date	Comments
BD291121-01	Update from the Chief Executive <ul style="list-style-type: none"> s 9(2)(b)(ii) 	Martin Hefford	TBC	
BD291121-03	Banking and Insurance Arrangements – Day 1 Further information on levels and options to insure for cyber-risk, and alternative risk financing to be provided once available (pending MBIE review).	Rosalie Percival		
BD291121-04	Consumer / whānau voice An overview to be provided of how consumer / whānau voice and feedback is being factored into each of the workstreams; or incorporated into individual papers / updates.	Martin Hefford / Claire Braatvedt		This has been uploaded with the meeting papers for 20 Dec 2021
BD291121-05	General Business Papers to clearly identify whether and how they relate to a transition matter, or a health reform matter. Opportunities to hear about lessons learnt from transformation of other agencies or parts of the system to be considered for future agendas.	Secretariat / Martin Hefford		Ongoing
BD161121-01	Acting CE update <ul style="list-style-type: none"> An accommodation options paper is to be provided to the Board for decision 	Martin Hefford	January 2022	In progress

No.	Action	Responsible owner	Due date	Comments
	<ul style="list-style-type: none"> - A copy of the Minister's Letter of Expectations (or similar document) for Ministry of Health in the new system to be shared with the Board - Analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Boards (when ready) - iMHA Board feedback on the iMHA LOE to be noted and considered before response provided to the Minister (including reciprocal statements that share system accountability for equity and Te Tiriti implementation) - s 9(2)(b)(ii) 	Stephen McKernan Stephen McKernan Martin Hefford Martin Hefford		Complete - Letter uploaded to Diligent 25 Nov Complete - LoE finalised and uploaded to Diligent 7 Dec
BD161121-03	Working groups or subcommittees The Board will be provided with a revised committee proposal with suggested nominations for each. Joint groups to be discussed with iMHA.	Martin Hefford		In progress
BD031121-04	Health NZ workplan / Board workplan: Identify aspects that can be delegated to management and those that Board must own. Reframe in terms of reform agenda. Establish Board workstreams subsequently.	Interim CE and Secretariat	29 Nov 2021	In progress
BD031121-06	The Secretariat to continue working to resolve Diligent functionality issues (links / timing out), and work with Vanessa and Cassandra on a preferred resource centre structure	Secretariat	16 Nov 2021	Ongoing
BD031121-07	Finance Day One Presentation: Future presentation requested on discretionary vs non-discretionary aspects of budget and ability to influence.	Martin Hefford / Rosalie Percival		Will be in early 2022

No.	Action	Responsible owner	Due date	Comments
	Establish interim Finance/Audit Committee. Draw up draft Terms of Reference. Consider whether Risk should be included or stay at full Board level. Elect Chair. Seek Board endorsement.	Martin Hefford, Secretariat, Vui Mark, Vanessa, Cassandra		Formation of joint working groups in progress (see BD161121-03)
BD031121-09	Employment Relations environment: Formulate a set of principles/policy position sooner rather than later, particularly in relation to pay parity in commissioned services. Form people/culture /workforce committee.	Martin Hefford Vanessa Stoddart / Secretariat	Can be circulated out-of-cycle or discussed in weekly Chair meetings	Item on pay parity scheduled for 14 Dec 2021 Formation of joint working groups in progress (see BD161121-03)

Actions closed at this meeting

No.	Action	Responsible owner	Due date	Comments
BD291121-02	Interim Health NZ annual plan Feedback is to be incorporated and the revised version agreed with the Chair. Management to investigate scheduling a two day session around the existing meeting on 28 Jan 2022 and look at including a session on communications and engagement strategy.	Martin Hefford Secretariat		Annual plan provided to Minister. Placeholders sent for 27/28 Jan and a session on comms on 20 Dec

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Monday, 20 December. 1.00pm – 2.20pm. Online via [Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Vanessa Stoddart
In Attendance Ngā manuhiri	Interim Health NZ and Transition Unit: Martin Hefford – Acting CE; Rachel Cunningham – Head of Board Secretariat; Sarah Simpson – Senior Advisor; Philippa Shierlaw – Secretariat; Karl Ferguson, Rosalie Percival
Apologies / Ngā tamōnga	Dr Curtis Walker, Sharon Shea (unavailable before 2pm), TBC Stephen McKernan – Director, TU;

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
1.00pm	Karakia	All	
1.05pm	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
1.10pm	Update from the Acting Chief Executive <ul style="list-style-type: none"> CE Report (verbal) Recruitment, personnel and transfers 	Martin Hefford	For information
1.15pm	Update from the Māori Health Authority <ul style="list-style-type: none"> Verbal update 	Sharon Shea	For information
1.20pm	Interim Health NZ Board transition / establishment communications plan <ul style="list-style-type: none"> Board paper and communications plan (including key messages) Update on roadshow feedback and example People Pānui 	Karl Ferguson	For discussion / endorsement
1.50pm	Due Diligence Framework – draft framework for Board endorsement	Rosalie Percival	For endorsement
2.00pm	General Business <ul style="list-style-type: none"> Update on national contracts discussion from 14 December Briefing on Public Health transformation (in response to request outside meeting) 	Martin Hefford	For noting and endorsement

	<ul style="list-style-type: none"> Summary of workstream incorporation of consumer / whanau voice (Board action 291121-04) 		
2.10pm	Board administration <ul style="list-style-type: none"> Register of interests Minutes of the 14 December 2021 meeting Meeting and engagements schedule 	Secretariat	
2.10pm	Whakamutunga and karakia	Chairs	
2.20pm	Chairs to join stakeholder event on Zoom		
2.30pm	Zoom stakeholder event to announce CE appointment (separate invitation to be issued)		
3.30pm	Conclusion		

Next Health New Zealand meetings:

- Friday 14 January 2022, 11am – 4pm
- TBC Thursday 27 and Friday 28 January 2022 – times being confirmed
- Friday 11 February 2022, 11am – 4pm

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi
 Tuuria, tuuria te mata hau noo Papa
 Paiheretia te tangata ki te kawa tupua, ki te kawa tawhito
 He kawa ora! He kawa ora!
 He kawa ora ki te tangata
 He kawa ora ki te whaanau
 He kawa ora ki te iti, ki te rahi
 He kawa taataki ki au mau ai
 Tuuturu o whiti, whakamaui kia tiina
 Hui e! Taaiki e!

Elevate and celebrate the gifts of the Sky Father
 Elevate and celebrate the gifts of the Earth Mother
 People are bound by the spiritual forces of ancestry
 Uplift the spirit! Support the spirit!
 Raise up the health of people, of family, of all.
 A spirit that guides me
 Hold fast! Uphold the essence.
 Bring it together! It is complete!

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Monday, 20 December. 1.00pm – 2.30pm. Online via [Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Vui Mark Gosche, Dame Dr Karen Poutasi, Cassandra Crowley and Vanessa Stoddart
In Attendance Ngā manuhiri	Transition Unit / iHNZ: Interim Health NZ and Transition Unit: Martin Hefford – Acting CE; Rachel Cunningham – Head of Board Secretariat; Sarah Simpson – Senior Advisor; Philippa Shierlaw – Secretariat; Karl Ferguson – Manager Communications and Engagement, Rosalie Percival – Finance Lead
Apologies Ngā tamōnga	Dr Curtis Walker, Sharon Shea (unavailable before 2pm), Stephen McKernan – Director, TU (left at 1.25pm)

Karakia and mihi mihi

The Chair opened the meeting with the Karakia Hauora and noted apologies for parts of the meeting from Dr Walker, Sharon Shea and Stephen McKernan. It was confirmed there were no conflicts to declare.

Update from the Acting Chief Executive

Martin Hefford provided a verbal update, noting work continues on preparing for the first tranche of functions transfers from Ministry of Health (approximately 650 FTE) with a strong focus on the corporate services support, particularly for the Māori Health Authority. Martin advised the next update will come to the 14 January 2022 Board meeting and will cover an appropriation update and the major aspects being transferred. The majority of Transition Unit transfers have been made, and whilst there is not much recruitment planned over the Christmas period there is an Expression of Interest underway for

the interim lead role for hospital services and interim clinical roles for hospital services and for commissioning, which will be reviewed in the new year with the new Chief Executive. Additionally, Health NZ is seeking a Private Secretary for Hon. Andrew Little's office from January, and Martin also updated the Board on feedback provided by the Māori Health Authority on criteria for the Public Health Service leadership role and potential candidates and considerations.

Martin noted late January looks very busy, with a heavy Board agenda being planned for 27 / 28 January. Part of this discussion will focus on the NZ Health Plan, supported by S 9(2)(i). Martin also noted conversations will be taking place with Ministry of Health to remind them of the no-surprises principle outlined in the Departmental Agency Agreement, particularly in relation to the agreement of significant contracts. Martin thanked the Board for their support and involvement through 2021.

Update from the Māori Health Authority

This was deferred as Sharon Shea was not available.

Dr Walker and Cassandra Crowley joined the meeting (1.15pm).

Interim Health NZ Board transition / establishment communications plan

Karl Ferguson and Denise MacKay introduced themselves and the purpose of the session before recapping the various aspects of the accompanying plan and potential outputs or products. Questions and answers followed on aspects such as the handling of stakeholder meeting requests and how to prioritise them, the messaging and plans for communicating with the public and frontline workforce and how the consumer voice is being incorporated within this work. It was noted inbound requests are / should all be logged through the Secretariat as a matter of record, that workforce has been a key focus until now and that the opportunity remains to engage further with the public as the reform moves into the next phase.

The discussion moved onto feedback from the recent roadshows, and Karl thanked the Board members for their input and participation in the sessions. The Board queried if it is possible to accurately track themes or sentiment in order to see whether these are resolved over time, either through aspects addressed in the reform or through the communications strategy. It was noted this is something still to be formally developed.

The Board thanked the team for the efforts on this and indicated a strong interest on being regularly kept up to date on communications and engagement (including a further dedicated session in early 2022), and with the strategy (previously provided on Diligent). Please see actions.

The Board resolved to:

- a) Note the draft communications plan.
- b) Endorse the phased implementation approach outlined in the plan.
- c) Endorse an interim board media handling approach.
- d) Endorse the key messages and frequently asked questions.
- e) Endorse the communications implementation plan.

Due Diligence Framework – draft framework for joint Board endorsement

Rosalie Percival joined the meeting at 1.35pm; the paper was taken as read. Rosalie noted the unique circumstances of undertaking due diligence after key decisions have been made (as part of the reform) but noted the intention is to provide a central repository to capture critical information and allow for reporting back to the Board on a risk and exception basis, or to the joint working group to be established. Rosalie then took and answered queries from the Board which included:

- Whether there is a standard process that can be adopted for this situation, and the levels of legal scrutiny and management sign off to be applied.
- Advice and assurance being sought from the Office of the Auditor-General and any independent experts / consultants
- Options and delegations for sign-off of DHB accounts to 30 June 2022. The Chair noted this as a particularly important matter upon which the joint Finance and Audit working group will need to examine and report back on, and that it may be necessary (although not attractive) for Health NZ to sign these off with the appropriate advice and caveats.
- The scope and availability of run-on liability insurance for existing DHB officers and staff, and Health NZ indemnities for Board members – the Chair requested this be included in the work programme and that Board approval be sought. Please see actions.
- Any risk or ranges associated with underfunding or under-provision in projections that may be carried forward in the account close-out, such as for infrastructure or leave carryover. Work is continuing to understand this with further updates (on insurance etc) due in May 2022.

Noting there is more work yet to do, the Board resolved to:

- a) Note the information in this paper and Appendix One with respect to the proposed Due Diligence Framework.
- b) Endorse the framework and approach outlined in this paper.

Martin Hefford noted this supplementary paper was intended to quickly document the feedback from both Boards and update the recommendations

Martin Hefford outlined that this was a briefing provided for early information, noting and questions, given the significant interest indicated by the Board. A general discussion followed on what aspects will move from the Ministry of Health and the timing for any future inclusion of COVID-19 ongoing management and response. It was noted the ongoing response strategy must be developed alongside the Māori Health Authority; Martin noted this is where some of the key interim leadership appointments will start to become involved. Board members expressed a desire for further briefing from Dr

Bloomfield on COVID and health system preparedness as well as for a formal expression to Ministry of Health that both new Boards will require input into key appointments in the new system (such as the leadership of the Public Health Service). Please see actions.

The Board resolved to:

- a) Note that the Minister of Health has agreed in principle to the target public health operating model and to the early appointment of interim public health leadership in Health New Zealand and the Māori Health Authority.
- b) Note that the Ministry of Health has sought feedback from the Boards on the Terms of Reference for the Public Health Advisory Committee.
- c) Note the progress on the design of the National Public Health Service.
- d) Note that management will update the interim Boards in the first quarter of 2022 regarding further development of the target operating model, progress on the detailed design of the National Public Health Service and the transition path to 1 July 2022.

Summary of workstream incorporation of consumer / whānau voice

Due to time constraints, this paper was not discussed but was noted. The provision of this summary closes off Board action 291121-04.

Board Administration

Register of Interests: Noted

Minutes of the 14 December 2021 meetings were accepted with no changes. Ongoing actions were noted.

Meeting and engagements schedule: Noted

The meeting closed with Karakia Hauora, and the Board joined the event to announce the appointment of the new Chief Executives for Health New Zealand and the Māori Health Authority.

Open actions

No.	Action	Responsible owner	Due date	Comments
BD201221-01	Board transition / establishment communications plan An item on communications and engagement is to be added as a standing item to each agenda (may not require a paper) and a further session to be scheduled in early 2022. The links / navigation to the Comms and Engagement strategy on Diligent to be recirculated.	Secretariat	14 Jan 2022	
BD201221-02	Due Diligence framework Confirmation of the scope and availability of run-on liability insurance for existing DHB officers and staff, and Health NZ Board indemnities to be sought (within the work programme) - will require Board approval.	Rosalie Percival		
BD201221-03	General Business Public Health transformation – the Board requested that their input (alongside MHA) be formally required for key leadership appointments (such as in this area) and for a further briefing from Dr Bloomfield on public health, COVID and health system preparedness	Martin Hefford		
BD141221-01	Report from the Acting Chief Executive Board members to provide any further comment on Annual Plan language or content direct to Martin Hefford. A joint workshop with MHA is to be scheduled for early 2022 which will cover NZ Health Plan, Health Charter, locality and engagement matters	Board members Secretariat	23 Dec 2021	
BD141221-02	Health NZ Operating Model	Martin Hefford		

No.	Action	Responsible owner	Due date	Comments
	<p>A one-day session to be scheduled (in early 2022) with the new Chief Executives invited on structure, transformation, leadership and goal setting (may be combined with the above if needed).</p> <p>Further detailed feedback on the proposed Operating model should be sent direct via the Chief Executive</p>	Board members		
BD141221-04	<p>Joint Board paper: Pay Parity</p> <p>Any next updates to the Board should include the plan for appointing an appropriate person or team to strategically address these issues, and provide appropriate advice to the Board</p>	Martin Hefford		
BD021221-01	<p>General Business</p> <p>s 9(2)(g)(i)</p> <p>PHAC Terms of Reference – a joint response with Māori Health Authority is to be prepared; for endorsement with the Chairs</p>	<p>Martin Hefford</p> <p>Martin Hefford / Deborah Roche</p>	<p>9 Dec 2021</p>	<p>Not yet scheduled.</p> <p>Response sent 17 Dec 2021</p>
BD021221-02	<p>Ministry of Health session</p> <p>Data and digital update – any risk appetite statements from DHB's / MOH to be provided if available to understand the major system risks; along with the data and digital strategy and investment framework to help understand current state and future focus. Functions transfer – a summary to be provided (ideally on a page) of what remains with MOH and what transfers into MHA (and HNZ), along with information on locations and FTE's included in each tranche.</p>	<p>Martin Hefford / Secretariat</p> <p>Martin Hefford / MoH</p>		<p>Please note this will be incorporated in the HNZ workplan updates</p>

No.	Action	Responsible owner	Due date	Comments
BD291121-01	Update from the Chief Executive <ul style="list-style-type: none"> s 9(2)(b)(ii) 	Martin Hefford	TBC	Awaiting update from MoH
BD291121-03	Banking and Insurance Arrangements – Day 1 Further information on levels and options to insure for cyber-risk, and alternative risk financing to be provided once available (pending MBIE review).	Rosalie Percival		
BD291121-05	General Business Papers to clearly identify whether and how they relate to a transition matter, or a health reform matter. Opportunities to hear about lessons learnt from transformation of other agencies or parts of the system to be considered for future agendas.	Secretariat / Martin Hefford		Ongoing
BD161121-01	Acting CE update <ul style="list-style-type: none"> An accommodation options paper is to be provided to the Board for decision A copy of the Minister's Letter of Expectations (or similar document) for Ministry of Health in the new system to be shared with the Board Analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Boards (when ready) 	Martin Hefford Stephen McKernan Stephen McKernan	January 2022	In progress Complete - Letter uploaded to Diligent 25 Nov

No.	Action	Responsible owner	Due date	Comments
	<ul style="list-style-type: none"> iMHA Board feedback on the iMHA LOE to be noted and considered before response provided to the Minister (including reciprocal statements that share system accountability for equity and Te Tiriti implementation) s 9(2)(b)(ii) [REDACTED] 	Martin Hefford		<p>Complete - LoE finalised and uploaded to Diligent 7 Dec</p> <p>Updated in CE report 14 Jan.</p>
BD031121-04	Health NZ workplan / Board workplan: Identify aspects that can be delegated to management and those that Board must own. Reframe in terms of reform agenda. Establish Board workstreams subsequently.	Interim CE and Secretariat	29 Nov 2021	In progress
BD031121-06	The Secretariat to continue working to resolve Diligent functionality issues (links / timing out), and work with Vanessa and Cassandra on a preferred resource centre structure	Secretariat	16 Nov 2021	Ongoing
BD031121-07	<p>Finance Day One Presentation:</p> <p>Future presentation requested on discretionary vs non-discretionary aspects of budget and ability to influence.</p> <p>Establish interim Finance/Audit Committee. Draw up draft Terms of Reference. Consider whether Risk should be included or stay at full Board level. Elect Chair. Seek Board endorsement.</p>	<p>Martin Hefford / Rosalie Percival</p> <p>Martin Hefford, Secretariat, Vui Mark, Vanessa, Cassandra</p>		<p>Will be in early 2022</p> <p>Formation of joint working groups in progress (see BD161121-03)</p>
BD031121-09	<p>Employment Relations environment:</p> <p>Formulate a set of principles/policy position sooner rather than later, particularly in relation to pay parity in commissioned services.</p>	Martin Hefford	Can be circulated out-of-cycle or discussed in	<p>Item on pay parity scheduled for 14 Dec 2021</p> <p>Formation of joint working groups in progress (see</p>

No.	Action	Responsible owner	Due date	Comments
	Form people/culture /workforce committee.	Vanessa Stoddart / Secretariat	weekly Chair meetings	BD161121-03). Paper presented in Dec.

Actions closed at this meeting

No.	Action	Responsible owner	Due date	Comments
BD141221-03	Joint Board paper: National agreements (contracts) for primary and community services A paper with updated recommendations is to be brought to the Board meeting of 20 December 2021	Martin Hefford	20 Dec 2021	Within this meeting
BD291121-04	Consumer / whānau voice An overview to be provided of how consumer / whānau voice and feedback is being factored into each of the workstreams; or incorporated into individual papers / updates.	Martin Hefford / Claire Braatvedt		This has been uploaded with the meeting papers for 20 Dec 2021
BD161121-03	Working groups or subcommittees The Board will be provided with a revised committee proposal with suggested nominations for each. Joint groups to be discussed with iMHA.	Martin Hefford		On the agenda of 14 Dec 2021

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Friday 14 January 2022. 11am-4pm. Online via [Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart
In Attendance Ngā manuhiri	<p>Interim Health NZ: Martin Hefford – Acting CE; Rachel Cunningham – Head of Board Secretariat; Sarah Simpson – Senior Advisor, Rachel Hyde – Interim Chief Advisor to the Acting CE; Deborah Roche – Interim Lead for Government & Partnerships, Margie Apa – CE appointee (observing 12pm – 3pm), Helene Carbonatto - Manager, Commissioning</p> <p>Transition Unit and Māori Health Authority: Riana Manuel, CE appointee (12.05pm), Tipa Mahuta, Co-Chair (12.05pm), Chad Paraone – Acting CE, Mara Andrews – Sector Expert, Karl Ferguson – Communications & Engagement Lead, Denise McKay – Strategic Communications Advisor</p> <p>Ministry of Health: Robyn Shearer - Acting Chief Executive, Maree Roberts, DDG System Strategy and Policy</p>
Apologies / Ngā tamōnga	Dr Curtis Walker, Stephen McKernan

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
11.00am	Karakia	All	
	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
11.05am	Update from the Acting Chief Executive <ul style="list-style-type: none"> CE Report including: <ul style="list-style-type: none"> Recruitment, personnel and transfers 9(2)(b)(ii) 	Martin Hefford	For information
11.25am	Briefing on MOH function transfers (Tranche 1)	Martin Hefford, Chad Paraone, Robyn Shearer	For noting
12.05pm	Introduction to incoming Chief Executives	Riana Manuel, Margie Apa	
12.35pm	Update from the Māori Health Authority <ul style="list-style-type: none"> Verbal update 	Sharon Shea	For information

12.40pm	Co-commissioning approach for Health NZ and Māori Health Authority	Helene Carbonatto / Mara Andrews	For noting / endorsement
1.20pm	Kai o te rānui/ Lunch break		
1.35pm	Proposal for wordmark (corporate identifier and visual identity) – interim Health NZ	Karl Ferguson / Denise McKay	For noting / endorsement
1.45pm	General Business <ul style="list-style-type: none"> Joint working groups update 	Chair / Secretariat	For discussion/ noting
1.55pm	Board administration <ul style="list-style-type: none"> Register of interests Minutes and actions of the 20 December 2021 meeting Meeting and engagements schedule Internal and external communications (standing verbal item) 	Secretariat	To note
2.05pm	Board discussion – strategy and change management	Vanessa Stoddart / Cassandra Crowley	No paper
2.35pm	Whakamutunga	Chair	
2.40pm	Board in-committee session	Chair and Board	
3.45pm	Karakia	Chair and Board	

Next Health New Zealand meetings:

- Thursday and Friday 27/28 January 2022 (including possible joint workshop/session with iMHA on NZ Health Plan)
- Friday 11 February 2022, 11am – 4pm
- Friday 25 February 2022, 11am – 4pm

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Friday 14 January 2022. 11am-4pm. Online via [Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart
In Attendance Ngā manuhiri	<p>Interim Health NZ: Martin Hefford – Acting CE; Rachel Cunningham – Head of Board Secretariat; Sarah Simpson – Senior Advisor, Rachel Hyde – Interim Chief Advisor to the Acting CE; Deborah Roche – Interim Lead for Government & Partnerships, Margie Apa – CE appointee (observing 12pm – 1.30pm), Helene Carbonatto – Manager, Commissioning</p> <p>Transition Unit and Māori Health Authority: Riana Manuel, CE appointee (12.10pm), Tipa Mahuta, Co-Chair (12.05pm), Chad Paraone – Acting CE, Mara Andrews – Sector Expert, Karl Ferguson – Communications & Engagement Lead, Denise McKay – Strategic Communications Advisor</p> <p>Ministry of Health: Robyn Shearer – Acting Chief Executive, Maree Roberts, DDG System Strategy and Policy</p>
Apologies Ngā tamōnga	Dr Curtis Walker, Stephen McKernan

Karakia and mihi mihi

The Chair opened the meeting with the Karakia Hauora and noted apologies from Dr Walker and Stephen McKernan. Hon. Amy Adams noted her position as a volunteer with St John Ambulance in relation to a reference to ambulance funding, but it was confirmed there were no conflicts to declare.

Update from the Acting Chief Executive

Martin Hefford noted three specific items from the Chief Executive's report before taking questions:

- Ministry of Health functions transfer (Tranche 1) – outlining the process that will follow the discussion in this meeting today
- s 9(2)(b)(ii) – providing an overview of prior arrangements with DPMC and the readiness and requirements to in-source ongoing replacement support from the health sector.
- Discussion with incoming Chief Executives on annual plans and priorities – outlining that early indications of CE priorities have been received and will be factored into the next Board discussions on 27 and 28 January in order to prioritise any necessary appointments.

Questions and feedback followed from various Board members on topics such as:

- Plans for a proactive communications strategy for Health NZ. It was noted this is also a priority for the incoming Chief Executive and will form part of upcoming updates.
- The availability of any baseline metrics that would allow the Board to understand service delivery and workforce pressure points or impacts in the system, as well as reporting or papers for future Board meeting packs. Martin advised metrics should be possible from March (following the Tranche 1 MOH function transfer) – please see actions.
- A suggestion that the Boards consider developing a memorandum of understanding or relationship agreement between the HNZ, MHA and MOH, articulating the meaning of partnership and recording expectations such as “no surprises”. Martin noted that similar principles are outlined in the Departmental Agency Agreement with the MOH currently. The Chair noted the regular meetings being held involving the Chairs, CEOs and the Director General, suggesting that this group discuss and bring a recommendation back to the Boards.
- Discussion regarding the recent instruction from the MOH to all DHBs to strengthen working relationships regionally. It was noted each DHB has been asked to provide a short report back – please see actions.
- Feedback on the proposal to adopt the existing MOH framework for DHB decisions with longer term impacts. Management were asked to clarify some of the summary criteria outlined in the paper, and requested to send a joint letter to DHBs from iHNZ/iMHA reiterating the Boards' position that if possible, DHBs don't enter into long term substantive commitments during the transition period through to 1 July. Please see actions.

Briefing on MOH function transfers (Tranche 1)

The Chair welcomed Robyn Shearer and Maree Roberts to the meeting. Martin Hefford introduced the paper before handing over to Maree and Robyn to comment. The Board were asked to note and provided feedback on the approach taken to date, and the process going forward.

Maree noted the pragmatic and partnership approach being taken to define the FTE and items to safely and effectively transfer, and the fact that MOH are undertaking a change programme internally at the same time. Robyn added that some areas, particularly in later tranches, will require a combined change process to mitigate risk before agreeing to transfer.

Board members noted the importance of understanding the implications of sequencing of the tranches, and the boundaries between functions so that roles and responsibilities are clearly understood by all parties. The Board invited further comment on culture and the shift in mindset required for success, and any areas of active discussion or particular risk that required further Board attention. Management responded to questions regarding the Data and Digital proposed transfers and the establishment of a joint data and digital governance group to oversee and advise on this. Board members noted the importance of transferring the COVID-19 response and vaccine programme at an appropriate time to maintain momentum and minimise disruption.

Deborah Roche noted that final signoff of the transfers will be for Ministers to enact. A copy of the Ministerial briefing being prepared for 25 January will be shared with the Board once finalised, together with an update on the four areas still under active discussion. Please see actions.

The Chair invited comment from Margie Apa, before inviting Chad Paraone and Riana Manuel to comment from an iMHA perspective.

The Board noted the accompanying summary and provided feedback on the approach taken to date, and the process to formalise the final agreements. Ministry of Health guests left the meeting. [12.25pm]

Introduction to incoming Chief Executives

The Chair welcomed the two substantive Chief Executive appointees to the meeting, inviting them to say a few words to introduce themselves, comment on their early impressions and offer perspectives on the work ahead.

The discussion focussed on the importance of continuing the positive relationship between the two entities and working closely together in partnership. Board members were encouraged to meet face to face with the new Chief Executives in the coming weeks as part of their onboarding.

Update from the Māori Health Authority

Sharon Shea updated the Board on progress, with the MHA Board due to provide advice to the Minister regarding IMPB powers and functions on Monday 19 January. Once finalised, a copy of this advice will be shared with the HNZ Board for information.


The Board discussed the idea of developing some form of relationship agreement between the two new entities to articulate what partnership means to each party and expectations of each other.

Co-commissioning approach for Health NZ and Māori Health Authority

The Chair welcomed Helene Carbonatto and Mara Andrews to the meeting. Helene introduced the paper, requesting feedback from the Board on the funding and decision-making principles outlined. The Board noted that the iMHA would be considering the paper at an upcoming meeting.

Questions and feedback followed from various Board members, including:

s 9(2)(g)(i)




Board members expressed a preference for this to be an iterative conversation and to discuss the commissioning principles in more detail face to face at the coming Board meetings on 27 and 28 January.

Helene offered to outline examples such as community radiology at a future meeting, and to add a further decision-making principle regarding what services to commission vs what services HNZ would deliver itself, and inter-sectoral commissioning to support health outcomes.

Subject to the discussion noted above and to further feedback from the iMHA Board, the iHNZ Board noted the recommendations set out in the paper to:

s 9(2)(f)(iv)



s 9(2)(f)(iv)

Proposal for wordmark (corporate identifier and visual identity) – interim Health NZ

Karl Ferguson introduced the paper, outlining the purpose of an interim visual identity and recommending a wordmark to be used by interim Health NZ until a permanent visual identity and brand can be developed mid-2022.

Board members discussed the process undertaken and the options presented, emphasising the importance of managing cost in relation to developing branding and visual identity for HNZ.

The Board resolved to:

- a) **note** the background to the development of the proposed wordmarks
- b) **note** how this work can continue alongside work to develop a broader health system brand
- c) **endorse** the recommended proposed wordmark for use by interim Health New Zealand (Option 1)

Karl Ferguson went on to discuss the regular communications and engagement updates being implemented, proposing that this include a sentiment tracker currently being developed for both entities. Board members supported development of a sentiment tracker, with a focus on how well the reform story is being told rather than just the corporate reputation of HNZ.

The Board requested a follow up meeting jointly with the interim MHA Board to discuss development of aligned communications strategies for each entity, following consultation with the new substantive Chief Executive appointees.

General Business

Joint working groups update

Board members noted the updated joint working groups schedule, including the proposed meeting cadence for each. The scope of each of these working groups will be discussed at their first meetings, with a recommendation to come back to the full Board for endorsement.

The Secretariat were asked to reconfirm that all members had been polled for their availability, and to avoid clashes with other Board/working group commitments.

Board Administration

Register of Interests: Noted. Sharon Shea advised that she would shortly provide updated interests to the Secretariat.

Minutes of the 20 December meeting were accepted with no changes. It was noted that a number of the ongoing actions will now be assigned to the joint working groups being formed.

Meeting and engagements schedule: Noted

Board discussion – strategy and change management

The Chair explained his intention to ensure time is available for the Board to discuss and build their shared understanding of important and strategic matters, before asking Vanessa Stoddart and Cassandra Crowley to lead the Board discussion. This focused on definitions of change management and transformation, how to gain a clearer understanding of risk and ensure the new Chief Executives can successfully deliver the reform intentions, what change management structure is being planned to support the operational performance structure and how to ensure the necessary focus, culture and resources are prioritised to achieve the change aspect of the reform (rather than only the transition).

Martin Hefford provided a brief overview of work undertaken by the Transition Unit noting this is yet to be shared or discussed with the incoming Chief Executives but that a summary is likely to come to an upcoming Board meeting. A discussion then followed on how and when the Board may set aside time for strategic issues; Sharon Shea noted this was a topic for the iMHA at a strategy hui on 19 January. The Chair concluded that the Board would return to this conversation following discussion with the incoming Chief Executives and receiving feedback from iMHA after 19 January. Te Tiriti matters and the links with the leadership wānanga were also noted as points to return to in coming meetings.

The Board concluded with an in-committee session. Management left the meeting.

The meeting closed with Karakia Hauora.

Open actions

No.	Action	Responsible owner	Due date	Comments
BD140122-01	Update from the Acting Chief Executive <ul style="list-style-type: none"> Management to develop and provide baseline metrics / Board reporting to highlight system issues/pressure points (post MOH functions transfer Tranche 1) s 9(2)(f)(iv) Copies of the MOH request to strengthen relationships regionally and DHB responses to be provided to the Board (for info) 	Martin Hefford	March 2022	
		Martin Hefford	27 January 2022	
		Martin Hefford	TBC	
BD140122-02	MOH functions transfer (Tranche 1) A copy of the final briefing to the Minister on the MOH functions transfer (late January) to be provided to the Board(s) at the appropriate time (will require consultation with the Minister)	Deborah Roche	31 Jan 2022	
BD140122-03	Update from the Māori Health Authority A copy of the iMHA Board advice to Ministers on Iwi Māori Partnership Boards is to be shared with the iHNZ Board once finalised	Secretariat	27 Jan 2022	
BD140122-03	Proposal for wordmark (corporate identifier and visual identity) – interim Health NZ A follow up discussion to be scheduled jointly with the interim MHA Board on development of aligned communications strategies for each entity, following consultation with the new substantive Chief Executive appointees	Secretariat and Karl Ferguson	TBC	

No.	Action	Responsible owner	Due date	Comments
BD201221-02	Due Diligence framework Confirmation of the scope and availability of run-on liability insurance for existing DHB officers and staff, and Health NZ Board indemnities to be sought (within the work programme) - will require Board approval.	Rosalie Percival		
BD201221-03	General Business Public Health transformation – the Board requested that their input (alongside MHA) be formally required for key leadership appointments (such as in this area) and for a further briefing from Dr Bloomfield on public health, COVID and health system preparedness	Martin Hefford		
BD141221-02	Health NZ Operating Model A one-day session to be scheduled (in early 2022) with the new Chief Executives invited on structure, transformation, leadership and goal setting (may be combined with the action in BD141221-01 if needed). Further detailed feedback on the proposed Operating model should be sent direct via the Chief Executive	Martin Hefford Board members		
BD141221-04	Joint Board paper: Pay Parity Any next updates to the Board should include the plan for appointing an appropriate person or team to strategically address these issues, and provide appropriate advice to the Board	Martin Hefford		
BD021221-01	General Business s 9(2)(g)(i) [REDACTED]	Martin Hefford		Not yet scheduled.

No.	Action	Responsible owner	Due date	Comments
	PHAC Terms of Reference – a joint response with Māori Health Authority is to be prepared; for endorsement with the Chairs	Martin Hefford / Deborah Roche	9 Dec 2021	Response sent 17 Dec 2021
BD021221-02	Ministry of Health session Data and digital update – any risk appetite statements from DHB's / MOH to be provided if available to understand the major system risks; along with the data and digital strategy and investment framework to help understand current state and future focus. Functions transfer – a summary to be provided (ideally on a page) of what remains with MOH and what transfers into MHA (and HNZ), along with information on locations and FTE's included in each tranche.	Martin Hefford / Secretariat Martin Hefford / MoH		Please note this will be incorporated in the HNZ workplan updates
BD291121-03	Banking and Insurance Arrangements – Day 1 Further information on levels and options to insure for cyber-risk, and alternative risk financing to be provided once available (pending MBIE review).	Rosalie Percival		
BD291121-05	General Business Papers to clearly identify whether and how they relate to a transition matter, or a health reform matter. Opportunities to hear about lessons learnt from transformation of other agencies or parts of the system to be considered for future agendas.	Secretariat / Martin Hefford		Ongoing
BD161121-01	Acting CE update - An accommodation options paper is to be provided to the Board for decision	Martin Hefford	January 2022	In progress

No.	Action	Responsible owner	Due date	Comments
	<ul style="list-style-type: none"> - A copy of the Minister's Letter of Expectations (or similar document) for Ministry of Health in the new system to be shared with the Board - Analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Boards (when ready) - iMHA Board feedback on the iMHA LOE to be noted and considered before response provided to the Minister (including reciprocal statements that share system accountability for equity and Te Tiriti implementation) - s 9(2)(b)(ii) [REDACTED] 	<p>Stephen McKernan</p> <p>Stephen McKernan</p> <p>Martin Hefford</p>		<p>Complete - LoE finalised and uploaded to Diligent 7 Dec</p> <p>Updated in CE report 14 Jan.</p>
BD031121-04	Health NZ workplan / Board workplan: Identify aspects that can be delegated to management and those that Board must own. Reframe in terms of reform agenda. Establish Board workstreams subsequently.	Interim CE and Secretariat	29 Nov 2021	In progress
BD031121-06	The Secretariat to continue working to resolve Diligent functionality issues (links / timing out), and work with Vanessa and Cassandra on a preferred resource centre structure	Secretariat	16 Nov 2021	Ongoing
BD031121-07	<p>Finance Day One Presentation:</p> <p>Future presentation requested on discretionary vs non-discretionary aspects of budget and ability to influence.</p> <p>Establish interim Finance/Audit Committee. Draw up draft Terms of Reference. Consider whether Risk should be included or stay at full Board level. Elect Chair. Seek Board endorsement.</p>	<p>Martin Hefford / Rosalie Percival</p> <p>Martin Hefford, Secretariat, Vui Mark, Vanessa, Cassandra</p>		<p>Will be in early 2022</p> <p>Formation of joint working groups in progress (see BD161121-03)</p>

No.	Action	Responsible owner	Due date	Comments
BD031121-09	Employment Relations environment: Formulate a set of principles/policy position sooner rather than later, particularly in relation to pay parity in commissioned services. Form people/culture /workforce committee.	Martin Hefford Vanessa Stoddart / Secretariat	Can be circulated out- of-cycle or discussed in weekly Chair meetings	Item on pay parity scheduled for 14 Dec 2021 Formation of joint working groups in progress (see BD161121-03). Paper presented in Dec.

Actions closed at this meeting

No.	Action	Responsible owner	Due date	Comments
BD291121-01	Update from the Chief Executive s 9(2)(b)(ii) <div style="background-color: black; width: 300px; height: 80px; margin-top: 5px;"></div>	Martin Hefford	TBC	Referenced within the CE report of 14 Jan 2022 – replaced by a new action
BD141221-01	Report from the Acting Chief Executive Board members to provide any further comment on Annual Plan language or content direct to Martin Hefford. A joint workshop with MHA is to be scheduled for early 2022 which will cover NZ Health Plan, Health Charter, locality and engagement matters	Board members Secretariat	23 Dec 2021	Scheduled for 14 Jan 2022; ongoing joint meetings being investigated
BD201221-01	Board transition / establishment communications plan An item on communications and engagement is to be added as a standing item to each agenda (may not require a paper) and a further session to be scheduled in early 2022. The links / navigation to the Comms and Engagement strategy on Diligent to be recirculated.	Secretariat	14 Jan 2022	Standing item has been included in each agenda; and Diligent links recirculated. Further session yet to be scheduled but has been included in new action BD140122-03 .

Te rārangi take mō te hui kotahi a ngā Poari Mana Hauora o Aotearoa

Interim Health New Zealand and Māori Health Authority Joint Agenda

Thursday, 27 January 2022. 10.30am – 3.00pm (workshop) followed by Health NZ Board meeting
[Microsoft Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Tipa Mahuta, Rob Campbell, Sharon Shea**
Board attendees Ngā mema o te Poari	Awerangi Tamihere, Dr Sue Crengle, Dr Chris Tooley**, Mataroria Lyndon, Lady Tureiti Moxon, Fiona Pimm**, Hon. Amy Adams, Dr Curtis Walker, Cassandra Crowley, Vui Mark Gosche, Vanessa Stoddart, Dame Dr Karen Poutasi
In Attendance Ngā manuhiri	Margie Apa, Riana Manuel, Chief Executive appointees Māori Health Authority: Chad Paraone, Acting Chief Executive, Nigel Chee Health NZ: Martin Hefford - Acting Chief Executive, Rachel Haggerty – Interim Planning Lead, Corina Grey, Helene Carbonatto, Rosalie Percival
Apologies Ngā tamōnga	Stephen McKernan ** joining from 11.00am

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
10.30am	Karakia and mihi mihi	Chairs	
10.35am	Introductions and context	Acting CEs (Martin, Chad)	
10.45am	NZ Health Plan workshop	iHNZ and iMHA leads	
12.30pm	Kai o te rānui/ Lunch break		
1.00pm	NZ Health Plan workshop continued	iHNZ and iMHA leads	
2.30pm (approx.)	General Business / open kōrero <ul style="list-style-type: none"> Pōwhiri planning for incoming Chief Executives Any other business 	All	
3.00pm	Whakamutunga <i>iMHA Board and iMHA/iHNZ management depart</i>	Chairs	
3.05pm	Health NZ Board meeting (in-committee) Priorities and early insights from the incoming Chief Executive (<i>iMHA Co-Chair and CE in attendance</i>)	Margie Apa, Martin Hefford	
4.55pm	Karakia Hauora	All	

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi
Tuuria, tuuria te mata hau noo Papa
Paiheretia te tangata ki te kawa tupua, ki te kawa
tawhito

He kawa ora! He kawa ora!
He kawa ora ki te tangata
He kawa ora ki te whaanau
He kawa ora ki te iti, ki te rahi
He kawa taataki ki au mau ai
Tuuturu o whiti, whakamaua kia tiina
Hui e! Taaiki e!

Elevate and celebrate the gifts of the Sky Father
Elevate and celebrate the gifts of the Earth Mother
People are bound by the spiritual forces of ancestry
Uplift the spirit! Support the spirit!
Raise up the health of people, of family, of all.
A spirit that guides me
Hold fast! Uphold the essence.
Bring it together! It is complete!

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Friday 28 January 2022. 9am-4pm. [Microsoft Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi (after 9.30am), Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Interim Health NZ: Martin Hefford – Acting CE; Rachel Cunningham – Head of Board Secretariat; Sarah Simpson – Senior Advisor, Margie Apa – CE appointee, Rachel Hyde – Interim Chief Advisor to the Acting CE; Jo Gibbs, Interim Lead, National Public Health Service, Lucy Hickman – Corporate Services, Deborah Roche – Interim Lead for Government & Partnerships, Rosalie Percival- Sector Expert Finance, Andrew Norton, Nikki Canter-Burgoyne</p> <p>Transition Unit and Māori Health Authority: Stephen McKernan, Director – TU, Ramon Pink - Clinical Lead NPHS; Public Health Lead MHA, Claire Braatvedt - Consumer Voice, Peter Brown – Director, TAS Transition Support</p> <p>HQSC: Dale Bramley – Chair, Janice Wilson – Chief Executive</p> <p>Te Hiringa Hauora Health Promotion Agency: Tane Cassidy - Chief Executive, Jenny Black - Chair</p>
Apologies / Ngā tamōnga	DHB Chairs will step out between 9.30am and 10.15am.

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
9.00am	Karakia	All	
	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
9.05am	Update from the Acting Chief Executive <ul style="list-style-type: none"> CE Report including: <ul style="list-style-type: none"> Recruitment, personnel and transfers 	Martin Hefford	For information
9.25am	Update from the Māori Health Authority <ul style="list-style-type: none"> Feedback on co-commissioning framework 	Sharon Shea	For noting
9.35am	Introduction to Health Quality and Safety Commission	Dale Bramley, Janice Wilson, Claire Braatvedt	For noting

10.05am	Introduction to the National Public Health Service	Jo Gibbs, Tane Cassidy, Ramon Pink	Verbal introduction
10.20am	Mergers and transfers: Te Huringa Hauora Health Promotion Agency	Martin Hefford, Lucy Hickman, Tane Cassidy, Jenny Black	For endorsement
10.50am	Paramanawa / break		
11.00am	Mergers and transfers continued: <ul style="list-style-type: none"> Update on MOH transfer Tranche 1 Shared Services Agency transfer 	Martin Hefford, Deborah Roche, Lucy Hickman	
12.00pm	General Business <ul style="list-style-type: none"> Update on joint working groups Draft TOR for People & Culture 	Chair / Secretariat Vanessa Stoddart	For discussion/ noting
12.05pm	Board administration <ul style="list-style-type: none"> Register of interests Minutes and actions of the 14 January 2022 meeting Meeting and engagements schedule Internal and external communications (standing verbal item) 	Secretariat	To note
12.15pm	Kai o te rānui/ Lunch break		
12.45pm	Strategy session; to include: <ul style="list-style-type: none"> Update on localities Update on ER and bargaining 	Martin Hefford and iHNZ Leads (Nikki Canter-Burgoyne, Peter Brown - TAS)	
2.45pm	Wrap up and reflections	All	
2.55pm	Whakamutunga	Chair	
3.00pm	Karakia	Chair and Board	

Next Health New Zealand meetings:

- Friday 11 February 2022, 11am – 4pm
- Friday 25 February 2022, 11am – 4pm
- Friday 11 March 2022, 11am – 4pm
- Friday 25 March 2022, 11am – 4pm

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Friday 28 January 2022. 9am-4pm. Online via [Microsoft Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi (after 9.30am), Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Interim Health NZ: Martin Hefford – Acting CE; Rachel Cunningham – Head of Board Secretariat; Sarah Simpson – Senior Advisor, Margie Apa – CE appointee, Rachel Hyde – Interim Chief Advisor to the Acting CE; Jo Gibbs, Interim Lead, National Public Health Service, Lucy Hickman – Corporate Services, Deborah Roche – Interim Lead for Government & Partnerships, Rosalie Percival - Sector Expert Finance, Nikki Canter-Burgoyne</p> <p>Transition Unit and Māori Health Authority: Stephen McKernan, Director – TU, Ramon Pink - Clinical Lead NPHS; Public Health Lead MHA, Claire Braatvedt - Consumer Voice, Peter Brown – Director, TAS Transition Support</p> <p>HQSC: Dale Bramley – Chair, Janice Wilson – Chief Executive</p> <p>Te Hīringa Hauora Health Promotion Agency: Tane Cassidy - Chief Executive, Jenny Black – Chair, Debra Jensen and David Dundon-Smith</p>
Apologies Ngā tamōnga	DHB Chairs stepped out between 9.30am and 10.15am.

Karakia and mihi mihi

The Chair welcomed the group and Dr Walker opened the meeting with Karakia Hauora. It was confirmed there were no conflicts to declare.

Update from the Acting Chief Executive

Martin Hefford acknowledged the lateness of papers provided for this meeting, noting the pace of the past weeks' activity before giving a verbal update on the Ministerial Oversight Group meeting of 26 January 2021, where approval was given to transfer the first tranche of Ministry of Health (MOH) functions to interim Health NZ (iHNZ) on 1 March 2022. Martin recapped the transfer inclusions and implications and explained key linkages with the second tranche (planned for 1 May 2022) - particularly noting the importance of the ER team transfer. Martin also noted that from 1 March 2022 weekly reporting to the

Minister will commence. Margie Apa confirmed her support for the process and satisfaction with the pace; reiterating the importance of bringing together national and DHB level capability in order to work through the key leadership structure and requirements for the new entity. Comments and questions followed on aspects of the CE report including:

- s 9(2)(g)(i)

■

■

- Martin also noted the likely ongoing impact of Omicron in coming months; a further update will follow later in this meeting.

Update from the Māori Health Authority

Sharon Shea updated the group on:

- Interim Māori Health Authority (iMHA) advice to the Minister on Iwi Māori Partnership Boards and some initial feedback.
- A meeting for the three Chairs with the Minister next week regarding the Pae Ora Bill, and the intentions for this.
- The iMHA Board strategy session on 19 January. Sharon committed to sharing the output relating to purpose and values with the iHNZ Board and gave a brief verbal overview.
- Other activity such as the consideration of and approach towards iMHA commissioning budget, working together on the MOH transfers and Tier 2 appointments.

Board members also acknowledged the value of the joint session held the previous day (27 January) and recommended these take place more regularly.

Introduction to Health Quality and Safety Commission (HQSC)

The Chair welcomed Dale Bramley, Janice Wilson and Claire Braatvedt to the meeting, noting some iHNZ Board members had briefly stepped out. Dale provided an overview of the Commission and its purpose, before Janice gave an overview of key HQSC activity and involvement in the reform. Discussion and questions followed on the progress seen with the consumer councils over the past 10 years (and the continuation of these) and work underway specifically with Māori. Sharon Shea noted discussions being had by iMHA in relation to strengthening whānau voice (as direction-setters for the system) and how that may differ to iwi voice. Curtis Walker also queried how the two entities can work together particularly relating to data and quality; Janice and Dale outlined that as holders of clinical performance indicators and markers (and not the monitor) HQSC aims for improvement over compliance. The Board indicated a specific interest in this point for further discussion, and as there was further HQSC activity not covered due to time constraints the Board agreed to further regular engagement. Please see actions.

In relation to the supplied briefing, the Board noted:

- a) the development of the centre of excellence for consumer and whānau engagement, the code of expectations, and the consumer health forum Aotearoa as three key components of the consumer voice framework
- b) the opportunity to provide commentary and feedback on the draft code of expectations for consumer and whānau engagement by 31 March 2022
- c) the advice for iHNZ's internal capability in consumer and whānau engagement to be developed with support from the HQSC
- d) the information contained in this briefing will be shared and a meeting will be planned between the HQSC and the iMHA.

Introduction to National Public Health Service

The Chair welcomed Tane Cassidy, Ramon Pink and Jo Gibbs to the meeting and DHB Chairs returned to the meeting. The group introduced themselves, outlined the appointments already in place and some initial views about criteria for a successful public health system and what the critical workplan looks like for the next five months. The Board encouraged the group to be ambitious to harness the opportunity that exists with taking a national approach to public health (rather than segmented by DHB or region). A discussion followed on some of the key challenges likely to be faced in the short term, such as workforce availability and demographic impacts on demand. Board members reiterated the importance of putting population and public health at the forefront of the new system and requested a further discussion (potentially in February) on agreeing the settings, integrating better into the system and getting more (or early visibility) of the operational plan between NPHS and PHA. Please see actions.

Mergers and transfers: Te Hiringa Hauora | Health Promotion Agency

Tane Cassidy introduced Jenny Black (THH/HPA Chair), and members of his leadership team Debra Jensen and David Dundon-Smith and Martin Hefford introduced Lucy Hickman (iHNZ). ^{s 9(2)(f)(iv)}

[REDACTED]

[REDACTED]

[REDACTED]

The Board thanked the guests for their leadership and commitment to community wellbeing, before they left the meeting. A further brief discussion followed on how to jointly harness further opportunities for behavioural insight and change in the system, and leadership or key personnel risks associated generally with transfer changes.

Mergers and transfers continued

Update on MoH transfer Tranche 1

No further discussion was required at this point, given the earlier update from the Acting Chief Executive.

Shared Services Agency (SSA) transfer

^{s 9(2)(f)(iv)}

[REDACTED]

s 9(2)(f)(iv)

[REDACTED]

[REDACTED]

General Business

Joint working groups update

A brief update was given on the scheduling of initial working group meetings, noting these would commence with the joint Finance and Audit working group on Thursday 3 February. It was noted in the chat that the first meeting of each working group will include the opportunity to consider and agree draft terms of reference or how the groups will work together. Board members were reminded to respond to any outstanding meeting polls to facilitate the scheduling.

Draft Terms of Reference for People Development & Remuneration Committee Charter

Vanessa Stoddart introduced a draft Terms of Reference for initial comment and feedback and led a brief discussion on what may be included in the scope of this committee at this point or in future (such as Health and Safety and change management). Board members gave feedback on the draft. The Chair noted this should continue to be an iterative process in consultation with iMHA and thanked for Vanessa for her work.

The Board took a short break at 12.25pm.

Board Administration

The Board reconvened at 12.45pm and received a verbal update from Margie Apa on the COVID situation and plans of the DHB National CEO group to test risks in the system preparedness plans. A discussion followed on capacity pressure points in the system, and how best to support the workforce, primary

care cover and the ongoing vaccination programme. The Chair requested Martin Hefford follow up the existing requests to share regular official COVID reporting with the iHNZ Board.

Register of Interests: Noted; no changes to advise.

Minutes of the 14 January 2022 meeting were confirmed, subject to the following; changes were requested to reflect that the Board noted but did not endorse the recommendations set out in the co-commissioning framework paper. Sharon Shea also requested that further detail on topics discussed in relation to this item be added and will email directly to the Secretariat for inclusion.

Additionally, as there are no formal minutes from the in-committee session of 27 January 2021; an action has been recorded with these minutes.


Meeting and engagements schedule: Noted; along with the volume of inbound requests. Margie Apa advised she has asked management to review which stakeholders should be proactively approached or contacted to meet with herself and Riana Manuel following their commencement. Martin Hefford noted that a list of deep dive topics or background briefings (some relating to service areas) is also being prepared for the CE induction / future Board engagement and may be combined with this.

Internal and external communications: No update provided today; the first sentiment reporting will be available for the 11 February 2022 meeting.

Strategy session

Update on localities

s 9(2)(f)(iv)



Update on employment relations (ER)

s 9(2)(f)(iv)

[REDACTED]

Closing

The Chair sought comment on the two background documents provided with the meeting pack.

Transfer of Functions from MOH to New Entities: Vanessa Stoddart reiterated earlier comments (captured for the minutes) in relation to understanding the future design, role and scope of the Ministry of Health and that it was helpful to have the Transition Unit view and update on this aspect ongoing.

Governance expectations for regional work: Martin Hefford advised he had raised the s 9(2)(g)(i) [REDACTED] in relation to the December 2021 letter to DHBs (included with the meeting pack) as discussed previously.

Board members also provided comment on preferences for future Board meetings, including in-committee time with the Chief Executive at the start of each meeting; to allow for more focus on risks and issues in relation to management presentations, and for emphasis on governance value when considering guest speakers (such as from those agencies critical to the success of the reform). Additionally, a request was repeated for a visual map of all the different health system entities and how they fit together (including links to related agencies such as ACC, MBIE, private providers etc). Please see actions.

The meeting concluded with an in-committee session and closed with Karakia Hauora.

Open actions

No.	Action	Responsible owner	Due date	Comments
BD280122-01	Update from the Māori Health Authority Outputs from the iMHA Board strategy sessions to be shared with the Health NZ Board	Sharon Shea / Secretariat	11 Feb 2022	
BD280122-02	Introduction to Health Quality and Safety Commission Draft code on consumer expectations to be shared with the Board (feedback due by 31 March 2022). Regular (likely quarterly) engagements to be planned between the Board and HQSC	Martin Hefford Secretariat	11 Feb 2022 TBC	Shared via meeting chat on 28 Jan but will come for formal comment to future meeting
BD280122-03	Introduction to National Public Health Service A further discussion or session to be scheduled with the Board for their input into the NPHS operating model	Martin Hefford / Jo Gibbs	March 2022	
BD280122-04	Mergers and transfers: Te Hīringa Hauora Health Promotion Agency The options paper is to be shared with the iMHA Board for input and comment (not information). Paper to be slightly revised on that basis and provided to the MHA Secretariat.	Secretariat	31 Jan 2022	Completed 2 Feb 2022

No.	Action	Responsible owner	Due date	Comments
BD280122-05	Shared Services Agency transfer Management to return with a revised paper in late February; reflecting and addressing the Board discussion of 28 Jan 2022	Margie Apa / Martin Hefford	28 Feb 2022	
BD280122-06	Strategy session The desire to include ER / workforce matters on each agenda to be explored with the Chair, CE and potentially with the People & Culture working group to ensure effective scheduling and use of time	Secretariat	11 Feb 2022	
BD280122-07	Closing session Future Board agendas to include an in-committee session with the CE. Feedback on topics and future guest speakers to be noted. A visual map of all the different entities in the health system who serve the system, will partner or be aligned with NZ to be provided (may be combined with action BD270122-01).	Martin Hefford / Secretariat		
BD270122-01	Board in-committee session with incoming Chief Executive The Board requested a list or briefing of the many health Boards and forums that exist; with a description of their role (eg HQSC / CCA)	Martin Hefford / Secretariat	11 Feb 2022	
BD140122-01	Update from the Acting Chief Executive Management to develop and provide baseline metrics / Board reporting to highlight system issues/pressure points (post MOH functions transfer Tranche 1) <ul style="list-style-type: none"> A joint letter (iMHA/iHNZ) to be prepared and distributed to DHBs regarding the request / position to defer entering into long term commitments or contracts during the transition period Copies of the MOH request to strengthen relationships regionally and DHB responses to be provided to the Board (for info) 	Martin Hefford Martin Hefford Martin Hefford	March 2022 27 January 2022 28 January 22	 In progress Uploaded with 28 Jan pack

No.	Action	Responsible owner	Due date	Comments
BD140122-03	Update from the Māori Health Authority A copy of the iMHA Board advice to Ministers on Iwi Māori Partnership Boards is to be shared with the iHNZ Board once finalised	Secretariat	27 Jan 2022	
BD140122-03	Proposal for wordmark (corporate identifier and visual identity) – interim Health NZ A follow up discussion to be scheduled jointly with the interim MHA Board on development of aligned communications strategies for each entity, following consultation with the new substantive Chief Executive appointees	Secretariat and Karl Ferguson	TBC	
BD201221-02	Due Diligence framework Confirmation of the scope and availability of run-on liability insurance for existing DHB officers and staff, and Health NZ Board indemnities to be sought (within the work programme) - will require Board approval.	Rosalie Percival		
BD141221-02	Health NZ Operating Model A one-day session to be scheduled (in early 2022) with the new Chief Executives invited on structure, transformation, leadership and goal setting (may be combined with the action in BD141221-01 if needed). Further detailed feedback on the proposed Operating model should be sent direct via the Chief Executive	Martin Hefford Board members		Secretariat to canvas Feb opportunities
BD021221-01	General Business s 9(2)(g)(i) [REDACTED] PHAC Terms of Reference – a joint response with Māori Health Authority is to be prepared; for endorsement with the Chairs	Martin Hefford Martin Hefford / Deborah Roche	 9 Dec 2021	Not yet scheduled. Response sent 17 Dec 2021

No.	Action	Responsible owner	Due date	Comments
BD021221-02	Ministry of Health session Data and digital update – any risk appetite statements from DHB's / MOH to be provided if available to understand the major system risks; along with the data and digital strategy and investment framework to help understand current state and future focus. Functions transfer – a summary to be provided (ideally on a page) of what remains with MOH and what transfers into MHA (and HNZ), along with information on locations and FTE's included in each tranche.	Martin Hefford / Secretariat Martin Hefford / MoH		Please note this will be incorporated in the HNZ workplan updates
BD291121-03	Banking and Insurance Arrangements – Day 1 Further information on levels and options to insure for cyber-risk, and alternative risk financing to be provided once available (pending MBIE review).	Rosalie Percival		
BD291121-05	General Business Papers to clearly identify whether and how they relate to a transition matter, or a health reform matter. Opportunities to hear about lessons learnt from transformation of other agencies or parts of the system to be considered for future agendas.	Secretariat / Martin Hefford		Ongoing
BD161121-01	Acting CE update <ul style="list-style-type: none"> - An accommodation options paper is to be provided to the Board for decision - A copy of the Minister's Letter of Expectations (or similar document) for Ministry of Health in the new system to be shared with the Board - Analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Boards (when ready) - iMHA Board feedback on the iMHA LOE to be noted and considered before response provided to the Minister (including 	Martin Hefford Stephen McKernan Stephen McKernan	January 2022	In progress

No.	Action	Responsible owner	Due date	Comments
	reciprocal statements that share system accountability for equity and Te Tiriti implementation) s 9(2)(b)(ii)	Martin Hefford		Complete - LoE finalised and uploaded to Diligent 7 Dec Updated in CE report 14 Jan.
BD031121-06	The Secretariat to continue working to resolve Diligent functionality issues (links / timing out), and work with Vanessa and Cassandra on a preferred resource centre structure	Secretariat	16 Nov 2021	Ongoing
BD031121-07	Finance Day One Presentation: Future presentation requested on discretionary vs non-discretionary aspects of budget and ability to influence. Establish interim Finance/Audit Committee. Draw up draft Terms of Reference. Consider whether Risk should be included or stay at full Board level. Elect Chair. Seek Board endorsement.	Martin Hefford / Rosalie Percival Martin Hefford, Secretariat, Vui Mark, Vanessa, Cassandra		Will be in early 2022 Formation of joint working groups in progress (see BD161121-03)
BD031121-09	Employment Relations environment: Formulate a set of principles/policy position sooner rather than later, particularly in relation to pay parity in commissioned services. Form people/culture /workforce committee.	Martin Hefford Secretariat	Can be circulated out-of-cycle or discussed in weekly Chair meetings	Item on pay parity scheduled for 14 Dec 2021 Formation of joint working groups in progress (see BD161121-03). Paper presented in Dec.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Actions closed at this meeting

No.	Action	Responsible owner	Due date	Comments
BD140122-02	MOH functions transfer (Tranche 1) A copy of the final briefing to the Minister on the MOH functions transfer (late January) to be provided to the Board(s) at the appropriate time (will require consultation with the Minister)	Deborah Roche	31 Jan 2022	Uploaded with 28 Jan 22 meeting pack
BD031121-04	Health NZ workplan / Board workplan: Identify aspects that can be delegated to management and those that Board must own. Reframe in terms of reform agenda. Establish Board workstreams subsequently.	Interim CE and Secretariat	29 Nov 2021	Ongoing and superceded by approved annual plan
BD201221-03	General Business Public Health transformation – the Board requested that their input (alongside MHA) be formally required for key leadership appointments (such as in this area) and for a further briefing from Dr Bloomfield on public health, COVID and health system preparedness	Martin Hefford		Confirmed closed by Martin Hefford and has been discussed with incoming CE
BD141221-04	Joint Board paper: Pay Parity Any next updates to the Board should include the plan for appointing an appropriate person or team to strategically address these issues, and provide appropriate advice to the Board	Martin Hefford		Confirmed closed by Martin Hefford; MOH ER function transfer provides this resource

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Friday 11 February 2022. 11.30am-4pm. Online via [Microsoft Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	Interim Health NZ: Martin Hefford – Acting CE; Rachel Cunningham – Head of Board Secretariat; Sarah Simpson – Senior Advisor; Rachel Hyde – Interim Chief Advisor to the Acting CE; Deborah Roche, Rosalie Percival, Emily Mailes, Shayne Tong, Lucy Hickman Transition Unit: Stephen McKernan – Director, Simon Medcalf, Tom O’Brien, Will Tait Ministry of Health: Maree Roberts, Pamela Cohen, Shayne Hunter
Apologies / Ngā tamōnga	Margie Apa, Stephen McKernan (between 11.30am and 2pm)

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
11.30am	Karakia	All	
	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
11.35am	Update from the Acting Chief Executive <ul style="list-style-type: none"> In-committee time (if required) Chief Executive Report 	Martin Hefford	For information
11.55am	Update from the Māori Health Authority <ul style="list-style-type: none"> Verbal update 	Sharon Shea	For information
12.00pm	Updates from joint working groups <ul style="list-style-type: none"> Verbal update 	Martin Hefford / Secretariat	For information
12.10pm	Data and Digital current state analysis	Shayne Hunter, Emily Mailes, Shayne Tong	
12.55pm	Kai o te rānui/ Lunch break		
1.15pm	Day 1 Corporate ICT establishment <ul style="list-style-type: none"> Board paper Overview presentation 	Shayne Tong / Lucy Hickman	
2.00pm	Commissioning of health services: Commissioning budget allocations for future health entities	Martin Hefford / Chad Paraone Tom O’Brien/Will Tait	For noting and feedback
2.15pm	Update from Transition Unit <ul style="list-style-type: none"> Pae Ora Bill/Select Committee feedback Introduction to accountability arrangements and framework 	Stephen McKernan Simon Medcalf Maree Roberts and Pamela Cohen	For information and feedback

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

	<ul style="list-style-type: none"> Introduction to Government Policy Statement (GPS) Any other matters 		
3.05pm	Board administration <ul style="list-style-type: none"> Register of interests Minutes and actions of the 28 January 2022 meeting Revised minutes of 14 January 2022 Meeting and engagements schedule 	Secretariat	For noting
3.10pm	General Business <ul style="list-style-type: none"> Board action: HQSC Code of consumer expectations Board action: Overview of existing health entities Any other matters 	Martin Hefford	For information
3.15pm	Whakamutunga	Chair	
3.20pm	Board in-committee session (if required)	Chair and Board	
	Karakia	Chair and Board	

Next Health New Zealand meetings:

- Friday 25 February 2022, 11am – 4pm
- Friday 11 March 2022, 11am – 4pm
- Friday 25 March 2022, 11am – 4pm

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi

Tuuria, tuuria te mata hau noo Papa

Paiheretia te tangata ki te kawa tupua, ki te kawa tawhito

He kawa ora! He kawa ora!

He kawa ora ki te tangata

He kawa ora ki te whaanau

He kawa ora ki te iti, ki te rahi

He kawa taataki ki au mau ai

Tuuturu o whiti, whakamaua kia tiina

Hui e! Taaiki e!

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Friday 11 February 2022. 11.30am-4pm. Online via [Microsoft Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	Interim Health NZ: Martin Hefford – Acting CE; Rachel Cunningham; Sarah Simpson; Rachel Hyde; Deborah Roche, Rosalie Percival, Emily Mailes, Shayne Tong, Lucy Hickman Transition Unit: Stephen McKernan – Director, Simon Medcalf, Tom O'Brien Ministry of Health: Maree Roberts, Pamela Cohen, Robyn Shearer
Apologies Ngā tamōnga	Margie Apa, Stephen McKernan (between 11.30am and 2pm), Shayne Hunter

Karakia and mihi mihi

Dr Curtis Walker opened the meeting with karakia hauora. The Chair welcomed the group and congratulated Cassandra Crowley s 9(2)(a) [REDACTED], and for winning the Board and Management category in the 2021 Westpac Women of Influence Awards (event held 10 February 2022). Apologies were noted, and Dr Walker noted a minor amendment to his interests. There were no conflicts to declare for the meeting.

Update from the Acting Chief Executive

In-Committee (Secretariat in attendance)

The Chair noted this was Martin Hefford's last meeting as Acting Chief Executive, and the interim Health NZ (iHNZ) Board formally acknowledged and thanked him for undertaking the role and maintaining progress during the interim period. Sharon Shea also passed on formal thanks from the interim Māori Health Authority (iMHA) to Martin for his commitment to the principles of Te Tiriti and championing of equity in this mahi. Chad Paraone was also thanked and acknowledged, with the Board hoping to formally mihi to him later in the meeting.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Martin thanked the Board for the opportunity, their ongoing support and challenge. A discussion followed on the interim Government Policy Statement (iGPS) and Martin recapped the importance of the iGPS as a foundational (interim) document for the transition period, noting the Minister is required to consult with the Boards of iMHA and iHNZ under the Pae Ora (Healthy Futures) Bill, and that this document has never previously existed within the health system. As management comment was not available due to the short timeframe between provision and this meeting, Martin suggested an initial discussion take place today and the Board then consider delegating to several Board members to work with management to formally provide feedback (by the requested date of 25 February 2022). Questions and feedback followed on matters including:

- How all the accountability documents fit together (Minister's LOE, Charter, iGPS, NZ Health Plan, Statement of Performance Expectations), whether the relationships can be represented visually and how they integrate or provide opportunities within any overall communications or change management strategy
- The level of aspiration vs achievability for this document (or whether this sits in other accountability documents)
- Comparisons available with other similar documents across different sectors, the appropriateness of including measures within a policy statement, the appropriateness of the measures to be outlined and opportunities to clearly set system expectations

Several Board members noted they had further detailed feedback to provide which would be sent to Martin and Margie Apa directly. The Board also noted their desire to workshop this jointly with iMHA, who are also considering this. Martin also provided further clarification on points relating to Ministerial reform commitments. See actions.

Management attendees joined the session, along with Tipa Mahuta (iMHA Co-Chair).

Deborah Roche gave an overview of the Therapeutic Products Bill matter referenced in the report, 9(2)(g)(i)

and requested a formal 'kawenata' or agreement between iHNZ and MOH be added to the iHNZ work programme to achieve before June. It was also suggested to use one of the joint working groups (or subsequent Board committees) to monitor this specific issue alongside colleagues from iMHA, and for Deborah to commence regular updates to the Board on policy or legislative matters affecting iHNZ.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Further questions on the Acting Chief Executive report were taken and answered; relating to the NZ Health Plan and stakeholder expectations, District Health Board (DHB) budget setting and the three priorities outlined in the report. Board members expressed their desire to support the incoming Chief Executive, particularly in relation to these priorities and specifically regarding the organisational structure and design.

Update from the Māori Health Authority

Sharon Shea provided an in-confidence update on recent engagements with Hon. Andrew Little in relation to the Pae Ora Bill and advised that regular ongoing engagements are being set up with various Ministers. Sharon noted the matters considered by the iMHA Board at their meeting the day prior, which also included the iGPS and commissioning budget allocation papers being discussed by iHNZ today. Sharon also advised that work is being undertaken to draft a Waka Hourua Kawenata (agreement) between the Boards, and this will be shared for a future discussion. Tipa thanked the Chair for the open invitation to the meeting.

Updates from joint working groups

The Chair noted that these groups are still forming with several groups meeting for the first time next week and thanked the Board members for their input.

Data and Digital current state analysis

Emily Mailes and Shayne Tong joined the meeting; Emily briefly noted Shayne Hunter's late apologies and recapped the due diligence work undertaken to inform the material before covering what will be transferring, the key takeaway points, the national Data and Digital strategy and overall findings relating to opportunities and challenges.

Questions and discussion followed on priorities for the Board, including points such as:

- How to ensure the right spending is sourced and allocated, and the challenges associated with opex vs capex spending (in a deficit environment) in achieving innovation. It was noted the incoming Chief Executive will be briefed on this latter point in order to discuss with Treasury officials in coming weeks.
- How to ensure that (anonymised) data can be appropriately shared with other innovators or community groups for enhancing agility in innovation
- How to embed mātauranga Māori insights within the system, and a request for more explicit focus to be placed on Te Tiriti principles in all areas (e.g. back-office systems) and alignment with equity of access and health outcomes. Board members suggested a focus on ensuring key appointments have demonstrated or lived experience in order to build this into the system from the start

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- The unknown risks that may be inherent or embedded given the variation in capability across the system, even in risk definition during the due diligence exercise. Board members expressed a desire to highlight this point to the incoming Chief Executive, as it may exist across other workstreams and reinforces the criticality of good prioritisation and change management (capacity and capability) to achieving success in the reforms. This was noted as a priority area for the Board to address with management.
- The speed of innovation or technology changes that may lead to poor investment decisions, and how to keep existing innovation happening during a period of change. It was noted this 'leapfrogging' issue will be addressed with the joint working group over time
- The desire from clinical staff for a nationally consistent clinical user interface (CUI) that will help them understand what has happened for their patient when not under their direct care

The Board were asked to:

- a) endorse the opportunities outlined in principle
- b) note a report back to iHNZ in April
- c) advise key points from the briefing to share/present to the iMHA Board
- d) note the establishment of the Data, Digital and Innovation joint working group.

Whilst generally comfortable to endorse these recommendations, the Board asked that the CUI point be noted as a specific and additional opportunity of interest and noted iMHA will extend an invite to share the briefing at an upcoming iMHA Board meeting in due course.

Day 1 Corporate ICT establishment

Shayne Tong introduced himself and his involvement in this work before taking the Board through the presentation (included on Diligent). Questions and feedback followed including:

- A desire to see the role of the joint working groups included in the governance framework, further information on how procurement matters will be addressed in future and the inclusion and valuing of kaupapa Māori approaches. It was noted the accompanying paper did not specifically address equity (which is a mandatory requirement)
- The need to highlight true priorities – for example, payroll vs. a learning management system and the governance over how these are determined
- An interest in business continuity or the likely impacts of the Omicron outbreak, and how the working group can keep abreast of risk (particularly cyber risk). Other Board members also noted cyber risk as the highest risk and priority throughout the later discussion. It was also noted there may be some interdependencies between working groups; for example IT / payroll systems impacting on any future ability to simplify collective pay agreements.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- An interest in how change will be managed; particularly where system changes may impact on clinical staff or service delivery, or where there are interdependencies with legacy systems.

Shayne further explained current governance over the initial budget and spend allocation, some of the risk mitigations over the risks queried here and how transformation opportunities are being addressed. The Board noted this paper has not been shared or discussed with iMHA and, given the inability to influence or suggest changes to the framework, sought to note the paper (rather than endorse).

The Board therefore:

- a) noted the corporate ICT governance framework for system design and implementation (subject to the joint working group being included)
- b) noted the information provided in the paper and supplementary presentation titled **HNZ Board - Corporate ICT Overview Presentation - Final v3.0 020222** that includes the approach and progress to date in determining Day 1 corporate ICT requirements and system options
- c) noted the scope for the current phase deliverables and the product selection process taken in selecting Day 1 corporate systems.

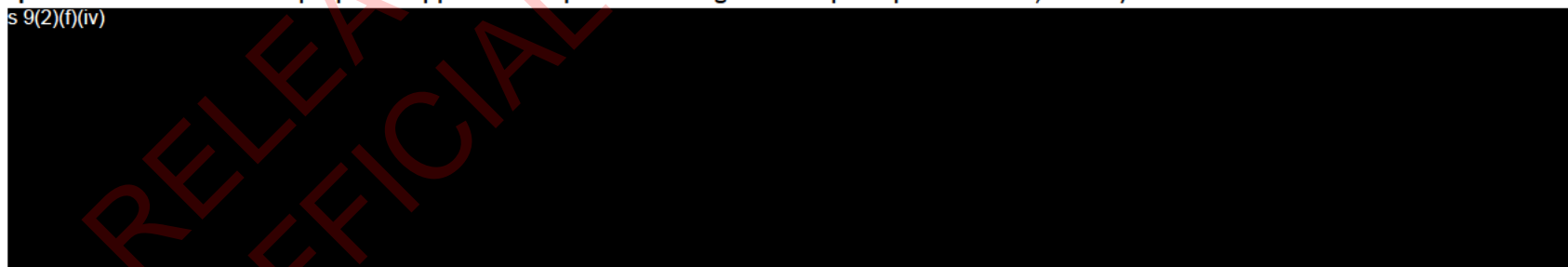
Allocation of commissioning budgets across future health entities

Stephen McKernan, Simon Medcalf, Chad Paraone and Tom O'Brien joined the meeting. Martin Hefford introduced the paper and explained some of the risks associated with the options and explained the joint appropriation approach, which seeks to use these principles to set the initial responsibilities and enable funding to be moved around (as agreed by the two agencies over time). Sharon noted iMHA were supportive, but eager to hear iHNZ Board members' feedback.

The Board were asked to:

- a) note that Cabinet has taken in-principle decisions about how the allocation of budgets for the commissioning of health services in the future system should align to the direction of reforms
- b) provide feedback on the proposed approach to operationalising those in-principle decisions, namely that:

s 9(2)(f)(iv)




Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- c) note that subject to feedback on the proposed approach, the Minister of Health anticipates seeking Cabinet's agreement to the allocation of commissioning budgets ahead of Budget 22 to inform the overall appropriation structure for Vote Health
- d) note that a paper has been prepared in parallel for the interim MHA Board to endorse the proposed approach, in accordance with Cabinet's in-principle decisions.

The paper was noted and feedback provided for incorporating within any next advice to Ministers, including:

s 9(2)(f)(iv), s 9(2)(g)(i)



Board members requested management to develop further principles and guidelines to guide the co-commissioning relationship between the two entities.

Update from Transition Unit

Introduction to interim Government Policy Statement (GPS), accountability arrangements and framework

Robyn Shearer, Maree Roberts and Pamela Cohen joined the meeting. Stephen McKernan recapped the links between the Pae Ora (Healthy Futures) Bill and accountability framework, and how the interim GPS will set the overarching three-year priorities and objectives for the health system (to align with a multi-year budget for longer term investment), whilst the NZ Health Plan will set out the service requirements alongside MOH's monitoring role.

Pamela reiterated the material provided is the draft emerging content for the interim GPS, reflecting the Minister's priorities to date and does not yet include the high-level strategic context or detailed technical appendices.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Some initial feedback was provided, particularly in relation to the priorities. Several Board members wished to see more reference to remote or rural communities (specifically in relation to equity), how people and communities will be at the heart of the system (priority 3), and made suggestions relating to access and workforce. It was also noted that the workforce development priority (priority 5) will be specifically explored by the People and Culture joint working group next week.

Overall, the Board expressed the view it may be too early to provide significant feedback and a desire to jointly discuss this topic with their iMHA colleagues and incoming Chief Executives. Concerns were expressed regarding the timeframes to feedback and to agree accountability measures when the available funding and budget has not yet been advised to or discussed by the Board. Simon Medcalf again noted this document is not being finalised for some months, so the provision of any feedback by 25 February will not be taken as final. He also suggested aligning the feedback process for this document with the NZ Health Plan development so they're designed and finalised in parallel.

Pae Ora Bill/Select Committee feedback

Due to time constraints, this item was not discussed in detail. Stephen noted the Transition Unit would be providing their departmental response to the Bill at a Select Committee hearing next Wednesday (16 February 2022).

Board administration

Register of interests: Noted.

Minutes and actions of the 28 January 2022 meeting were accepted without changes or comment.

Revised minutes of 14 January 2022 were accepted without changes or comment.

Meeting and engagements schedule: Noted.

General Business

Board action: HQSC Code of consumer expectations

The Board were asked to:

- a) note and provide feedback on HQSC's draft health and disability code of expectations for engaging with consumers/whānau, to enable management to respond on the Board's behalf to the current submission process.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

A discussion took place on all the various assurance activities, groups or forums within the health system and reform work, and how this Code plays a role within that. Martin reminded the Board this Code is a specific requirement of the Pae Ora (Healthy Futures) Bill, therefore the opportunity to provide feedback on content is only available until the end of March. Some initial feedback was provided regarding the content and language, and it was suggested management provide a draft response that can be circulated for Board member comment or added to. It was also suggested that the outputs of existing consumer councils may be useful background information for Board members. See actions.

Board action: Overview of existing health entities

The Board noted the document and requested this go into the Diligent Resource Centre for further reference. Please see actions.

A general query followed on the Cancer Control Agency and whether this should be transferred into Health NZ in due course. A briefing on the role of this agency will be added to the list of deep dive topics for discussion with the Board by the incoming Chief Executive.

Any other matters

Board members discussed the likelihood an in-person meeting in coming months; it was noted some will be constrained by their clinical work or personal circumstances from travelling during the Omicron outbreak. The Chair advised that, subject to discussion with the incoming Chief Executive, the meetings are proposed to stay online for the foreseeable future. He encouraged Board members to meet in person on a one-to-one basis where safe and appropriate to do so. The meeting concluded and closed with Karakia Hauora.

Open actions

No.	Action	Responsible owner	Due date	Comments
BD110222-01	Update from the Acting Chief Executive Management to provide visual information on accountability documents; and best practice examples from other sectors. Board members to send detailed feedback on iGPS direct to Martin Hefford and Margie Apa and opportunities to workshop with iMHA to be explored.	Martin Hefford	25 Feb 2022	Also to be discussed at Strategic Health Planning working group meeting 15 Feb 22
		Board / Secretariat	18 Feb 2022	
		Martin Hefford / Deborah Roche	June 2022	

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
	Drafting of MOH/iHNZ kawenata to be added to the iHNZ work programme and consideration given to the best working group to monitor the Therapeutic Products Bill matter			
BD110222-02	Introduction to interim Government Policy Statement (GPS), accountability arrangements and framework Further Board engagement on the iGPS to be aligned with the NZ Health Plan development	Martin Hefford / Margie Apa		Next discussion at working group on 15 Feb 22
BD110222-03	General Business: HQSC Code of Consumer Expectations Board members should email any specific feedback for incorporation into a draft response; which will be collated by management so the Board may consider if appropriate to formally respond. Management to see if it's possible to source Consumer Council minutes or outputs as regular background reading Regular (likely quarterly or six-monthly) engagements to be planned between the Board /CEs and HQSC (transferred from 28 Jan 22 meeting action) Health entities overview Document to be updated and loaded within the Diligent Resource Centre; with an expanded list of all PHO's included	Martin Hefford / Helene Carbonatto / Secretariat CE Office and Secretariat	25 February 2022 25 February 2022	
BD280122-01	Update from the Māori Health Authority Outputs from the iMHA Board strategy sessions to be shared with the Health NZ Board	Sharon Shea / Secretariat	11 Feb 2022	
BD280122-06	Strategy session The desire to include ER / workforce matters on each agenda to be explored with the Chair, CE and potentially with the People & Culture working group to ensure effective scheduling and use of time	Secretariat	11 Feb 2022	

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD140122-01	Update from the Acting Chief Executive Management to develop and provide baseline metrics / Board reporting to highlight system issues/pressure points (post MOH functions transfer Tranche 1)	Martin Hefford	March 2022	
	<ul style="list-style-type: none"> s 9(2)(f)(iv) [REDACTED] 	Martin Hefford	27 January 2022	In progress; with Chair and incoming CE
	<ul style="list-style-type: none"> Copies of the MOH request to strengthen relationships regionally and DHB responses to be provided to the Board (for info) 	Martin Hefford	28 January 22	Uploaded with 28 Jan pack
BD140122-03	Proposal for wordmark (corporate identifier and visual identity) – interim Health NZ A follow up discussion to be scheduled jointly with the interim MHA Board on development of aligned communications strategies for each entity, following consultation with the new substantive Chief Executive appointees	Secretariat and Karl Ferguson	TBC	
BD201221-02	Due Diligence framework Confirmation of the scope and availability of run-on liability insurance for existing DHB officers and staff, and Health NZ Board indemnities to be sought (within the work programme) - will require Board approval.	Rosalie Percival		
BD141221-02	Health NZ Operating Model A one-day session to be scheduled (in early 2022) with the new Chief Executives invited on structure, transformation, leadership and goal setting (may be combined with the action in BD141221-01 if needed). Further detailed feedback on the proposed Operating model should be sent direct via the Chief Executive	Martin Hefford Board members		Secretariat to canvas Mar and Apr opportunities

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD021221-01	General Business s 9(2)(g)(i) [REDACTED] PHAC Terms of Reference – a joint response with Māori Health Authority is to be prepared; for endorsement with the Chairs	Martin Hefford Martin Hefford / Deborah Roche	9 Dec 2021	Not yet scheduled. Response sent 17 Dec 2021
BD291121-03	Banking and Insurance Arrangements – Day 1 Further information on levels and options to insure for cyber-risk, and alternative risk financing to be provided once available (pending MBIE review).	Rosalie Percival		
BD161121-01	Acting CE update <ul style="list-style-type: none"> - An accommodation options paper is to be provided to the Board for decision - A copy of the Minister's Letter of Expectations (or similar document) for Ministry of Health in the new system to be shared with the Board - Analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Boards (when ready) - iMHA Board feedback on the iMHA LOE to be noted and considered before response provided to the Minister (including reciprocal statements that share system accountability for equity and Te Tiriti implementation) - s 9(2)(b)(ii) [REDACTED] 	Martin Hefford Stephen McKernan Stephen McKernan Martin Hefford	January 2022	In progress Complete - LoE finalised and uploaded to Diligent 7 Dec Updated in CE report 14 Jan.
BD031121-07	Finance Day One Presentation:	Martin Hefford / Rosalie Percival		Will be in early 2022

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
	<p>Future presentation requested on discretionary vs non-discretionary aspects of budget and ability to influence.</p> <p>Establish interim Finance/Audit Committee. Draw up draft Terms of Reference. Consider whether Risk should be included or stay at full Board level. Elect Chair. Seek Board endorsement.</p>	<p>Martin Hefford, Secretariat, Vui Mark, Vanessa, Cassandra</p>		<p>Formation of joint working groups in progress (see BD161121-03)</p>

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Actions closed at this meeting

No.	Action	Responsible owner	Due date	Comments
BD280122-02	Introduction to Health Quality and Safety Commission Draft code on consumer expectations to be shared with the Board (feedback due by 31 March 2022). Regular (likely quarterly) engagements to be planned between the Board and HQSC	Martin Hefford Secretariat	11 Feb 2022 TBC	Shared at 11 Feb meeting; note re regular engagements transferred to new meeting action
BD280122-03	Introduction to National Public Health Service A further discussion or session to be scheduled with the Board for their input into the NPHS operating model	Martin Hefford / Jo Gibbs	March 2022	On HNZ work programme for March meeting; and within working group
BD280122-04	Mergers and transfers: Te Hiringa Hauora Health Promotion Agency The options paper is to be shared with the iMHA Board for input and comment (not information). Paper to be slightly revised on that basis and provided to the MHA Secretariat.	Secretariat	31 Jan 2022	Completed 2 Feb 2022
BD280122-05	Shared Services Agency transfer Management to return with a revised paper in late February; reflecting and addressing the Board discussion of 28 Jan 2022	Margie Apa / Martin Hefford	25 Feb 2022	Scheduled for 25 Feb 22 meeting
BD280122-07	Closing session Future Board agendas to include an in-committee session with the CE. Feedback on topics and future guest speakers to be noted. A visual map of all the different entities in the health system who serve the system, will partner or be aligned with NZ to be provided (may be combined with action BD270122-01).	Martin Hefford / Secretariat		Provided with meeting papers on 11 Feb 2022

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD270122-01	Board in-committee session with incoming Chief Executive The Board requested a list or briefing of the many health Boards and forums that exist; with a description of their role (eg HQSC / CCA)	Martin Hefford / Secretariat	11 Feb 2022	Provided with meeting papers on 11 Feb 2022
BD140122-03	Update from the Māori Health Authority A copy of the iMHA Board advice to Ministers on Iwi Māori Partnership Boards is to be shared with the iHNZ Board once finalised	Secretariat	27 Jan 2022	Provided with meeting papers on 11 Feb 2022
BD021221-02	Ministry of Health session Data and digital update – any risk appetite statements from DHB's / MOH to be provided if available to understand the major system risks; along with the data and digital strategy and investment framework to help understand current state and future focus. Functions transfer – a summary to be provided (ideally on a page) of what remains with MOH and what transfers into MHA (and HNZ), along with information on locations and FTE's included in each tranche.	Martin Hefford / Secretariat Martin Hefford / MoH		Update given 11 Feb 2022
BD291121-05	General Business Papers to clearly identify whether and how they relate to a transition matter, or a health reform matter. Opportunities to hear about lessons learnt from transformation of other agencies or parts of the system to be considered for future agendas.	Secretariat / Martin Hefford		Completed in Board paper templates; requests for lessons learnt to be added to deep dive topics to be put forward by incoming CE
BD031121-06	The Secretariat to continue working to resolve Diligent functionality issues (links / timing out), and work with Vanessa and Cassandra on a preferred resource centre structure	Secretariat	16 Nov 2021	Ongoing; included in handover and desk file documents

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD031121-09	Employment Relations environment: Formulate a set of principles/policy position sooner rather than later, particularly in relation to pay parity in commissioned services. Form people/culture /workforce committee.	Martin Hefford Secretariat	Can be circulated out-of-cycle or discussed in weekly Chair meetings	Item on pay parity scheduled for 14 Dec 2021 First joint working group scheduled for 18 Feb

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Friday 25 February 2022. 11am-4pm. Online via [Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	Interim Health NZ: Margie Apa – Chief Executive; Martin Hefford, Rachel Cunningham; Sarah Simpson; Rachel Hyde; Deborah Roche; Rosalie Percival, Lucy Hickman, Roger Jarrold, Rachel Haggerty Māori Health Authority: Nigel Chee Transition Unit: Stephen McKernan, Director
Apologies / Ngā tamōnga	Hon. Amy Adams

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
11.00am	Karakia	All	
	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
11.05am	Update from the Chief Executive <ul style="list-style-type: none"> In-Committee update - priorities Chief Executive report 	Margie Apa	For information
11.50am	Update from the Māori Health Authority <ul style="list-style-type: none"> Verbal update 	Sharon Shea	For information
12.00pm	Government, Legal and Policy update <ul style="list-style-type: none"> Health Capital settings Update on Therapeutic Products Bill 	Deborah Roche	For information and feedback
12.20pm	Update from Transition Unit	Stephen McKernan	For information
12.40pm	Kai o te rānui/ Lunch break		
1.00pm	Operating Model and Entity Establishment: <ul style="list-style-type: none"> Day 1 Organisational design Shared Services Agencies transfers (update) Proposed Procurement and Supply Chain operating model and Day 1 structure 	Margie Apa Lucy Hickman / Rosalie Percival Roger Jarrold	
2.30pm	NZ Health Plan: Approach and strategic framework for interim NZ Health Plan	Rachel Haggerty, Nigel Chee	For endorsement

2.50pm	Updates from joint working groups <ul style="list-style-type: none">• Verbal updates	Members	For information
3.00pm	Board administration <ul style="list-style-type: none">• Register of interests• Minutes and actions of the 11 February 2022 meeting• Board meeting and stakeholder engagements schedule	Secretariat	For noting For confirmation For noting
3.10pm	Whakamutunga	Chair	
	Board in-committee session (if required)	Chair and Board	
	Karakia	Chair and Board	

Next Health New Zealand meetings:

- TBC - Thursday 10 March 2022, joint meeting with MHA Board
- Friday 11 March 2022, 11am – 4pm
- Friday 25 March 2022, 11am – 4pm
- Friday 8 April 2022, 11am – 4pm

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Friday 25 February 2022. 11.00am-4pm. Online via [Microsoft Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Interim Health NZ: Fepulea'i Margie Apa – Chief Executive; Rachel Cunningham; Sarah Simpson; Deborah Roche; Rosalie Percival, Lucy Hickman, Roger Jarrold, Rachel Haggerty</p> <p>Māori Health Authority: Tipa Mahuta, Co-Chair (observer), Nigel Chee</p> <p>Transition Unit: Stephen McKernan, Director</p> <p>Guests: Peter Bramley, Chief Executive – Canterbury DHB; Wendy McEwan, Operations Manager – Sector Support and Infrastructure (MoH), Andrew Connolly, Chief Medical Officer – CMDHB</p>
Apologies Ngā tamōnga	Hon. Amy Adams

Karakia and mihihihi

Cassandra Crowley opened the meeting with karakia hauora. Apologies were noted. There were no conflicts to declare for the meeting, however interests were noted for Cassandra Crowley and Fepulea'i Margie Apa in relation to the Therapeutic Products Bill update. Vui Mark Gosche also noted his Board role with Counties Manukau District Health Board (CMDHB) as a shareholder entity relating to several of the Shared Services Agencies being discussed today. This applied for other DHB Chairs in the meeting also.

Update from the Chief Executive

In-Committee update – priorities

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Deborah Roche and Sarah Simpson remained in the meeting; Sharon Shea joined. Fepulea'i Margie provided an overview of her first two weeks in the role, commending the quality, pace and volume of work already underway or that has been completed. Margie also noted that priorities in coming weeks include appropriately welcoming and onboarding transferring people and functions from Ministry of Health (MoH), organisational design, finalising accountability frameworks and documents, establishing a change team and addressing some short-term risks to service delivery or planned care in some parts of the sector (where opportunity exists to provide some early national direction). Margie also highlighted the initial findings of the interim report provided by the Transition Programme Assurance Group; noting the intention to have Sue Suckling come to the next Board meeting to discuss this further.

Chief Executive report

A discussion followed on aspects of the report; including:

- Plans for sector and public communications and messages from Margie, Riana and the new entities. Margie noted she is reviewing an initial action plan and key messages, highlighting her key intentions and were laid down to the team to create genuine two-way communication channels and utilise existing DHB channels and expertise. The Chair noted the Chief Executives have the confidence of the Board to work at pace and not be constrained by needing to seek endorsement. A further discussion followed on the need to have a public presence, in order to create a societal kōrero about health/wellbeing in Aotearoa NZ. It was noted this would be approached in a purposeful and apolitical manner, preparing key stakeholders to support along the way and with thought as to how to best represent the clinical frontline in this discussion.
- The challenges and complexity of the work of the Health Infrastructure Unit and its transfer into interim Health New Zealand (iHNZ), and how this is affected by capital policy settings. It was noted that across many topics being discussed today, capital is a recurring issue that should be viewed as an enabler of service delivery. Although the Capital Investment Committee will continue to play an important interim role there is more work to be done to manage funding and implementation more strategically in the future system.
- Responsibility/accountability for capital and workforce supply in the system – it was generally supported that iHNZ would need to take as much as possible in order to avoid externally-imposed constraints to achieving the key system shifts
- Reiterating the importance of urgently resourcing change management roles and capability to successfully achieve both transition and transformation
- MoH transfers and future stewardship role – questions were answered about the numbers transferring from certain areas (over others), how to ensure expectations regarding cultural partnership are set early and how to ensure MoH can define their new role and move with the new system particularly in relation to capital, policy and strategy. Margie reiterated her priorities outlined earlier regarding change management and organisational design to support the transferring people and outlined her early work with MoH to build a strong relationship and collaborate on their future role. Board members noted a desire to discuss the MoH role definition again in coming weeks.
- Board members requested more visibility of service delivery performance in future reporting; and gave an example seen at CMDHB which provides a view of delays to other services as a result of COVID-19. Please see Board action **BD140122-01** (from an earlier meeting).

Update from the Māori Health Authority

Tipa Mahuta joined the meeting. Sharon Shea advised of work being undertaken to develop a waka hourua concept and associated kawenata for interim Māori Health Authority (iMHA) and iHNZ and explained the intention to define relationships and express success and symbolism, and the practical translation into plans and strategies. The Chair noted he had seen this briefly but was keen to find a symbolic representation of the entities' shared aspirations, before requesting this be shared as soon as possible so this can be finalised and agreed in partnership. Sharon noted Riana Manuel had shared a similar update to Margie with the MHA Board, and that the iMHA Board are discussing how to ensure constructive tension can be maintained in these relationships, how and where strategy sits between the entities and onboarding of staff transferring from MoH.

Government, Legal and Policy update

Rosalie Percival, Rachel Cunningham and Stephen McKernan joined the meeting.

Health Capital settings

Deborah Roche noted Treasury's request to provide an advance heads-up to the Board on the upcoming Health Capital settings advice and Cabinet considerations and reiterated the key points from the accompanying paper. The Board noted the requirement to deliver certainty and confidence to Ministers but signalled the desire to strongly define its own organisational strategies and plans to deliver appropriately from Day 1. It was noted this is an opportunity to build the settings around achieving equity and best models of care, and to address frustrations relating to lag times for delivery of capital funding projects. The Board acknowledged some additional Board input may be required as suggested in the paper and asked that the Chief Executive suggest a subset of the Boards (including iMHA representation) to work with Deborah Roche on this. Please see actions. The discussion then moved directly to the Transition Unit update.

Update on Therapeutic Products Bill

Following the update from the Transition Unit, this paper was noted due to time constraints.

Deborah went on to outline a number of other policy matters she is working on with stakeholders including the Transition Unit, Ministry of Health, and MBIE.

The Board queried their inclusion as a consultation or mandatory sign-off point for any policy advice to Ministers or Cabinet relating to the health reforms or entities, given their role as an appointed advisory Committee to the Minister. It was noted there are some constraints while operating as a Departmental Agency, but the Board requested further advice ahead of the next meeting. Please see actions.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Update from Transition Unit

Stephen McKernan updated the Board on several topical items, including:

- The Transition Unit's departmental report presentation on the Pae Ora Bill to the Health Select Committee on 16 February 2022, and a brief overview on the overall feedback received ahead of the Committee report-back in April. It was suggested an update be given on the submissions at a future Board meeting (see actions).
- Ongoing work to determine appropriate accountability settings and framework for the new system, and on the Public Health Services operating model design. It was noted the next transfers of staff within public health will be more complex than the first tranche of MoH transfers; this is being explored by one of the working groups convened by Dame Dr Karen Poutasi.
- Plans for an upcoming public information campaign in April / May; which will initially be led as a reform-specific campaign but will then allow each entity to take forward their joint and individual communications strategies and plans. (It was noted an update is tentatively scheduled for the next Board meeting)
- Briefly covered the purpose and outcomes of the work carried out by Sue Suckling, Cathy Scott and the Transition Programme Assurance group

A brief discussion also followed on the future monitoring role of MoH and how the Transition Unit will remain involved in these discussions.

The Chair thanked Stephen for the update and for the ongoing work of the Transition Unit in preparation for Day 1.

Operating Model and Entity Establishment

The Board adjourned for lunch at 1.10pm, reconvening at 1.25pm with a slight re-ordering of the agenda. Tipa Mahuta left the meeting and Rosalie Percival joined.

Proposed Procurement and Supply Chain operating model and Day 1 structure

Peter Bramley, Roger Jarrold, Wendy McEwen and Andrew Connolly joined the meeting, introducing themselves before giving a brief overview of the paper and presentation; outlining key challenges, opportunities, the clinical and equity perspectives informing the proposed approach and the consultation process and collective desire for a unified system within the sector. It was noted there are some remaining decisions and issues to be addressed, including the ongoing management of medical devices and role of PHARMAC in relation to these.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Questions followed, and feedback was provided including:

- Support for the national approach and thanks and congratulations for the collaborative work undertaken
- The need for sophisticated change management in order to embed equity in what is otherwise often an 'efficiency-focussed' area, yet still remove bureaucracy or duplication and remain 'lean' in the structure
- A desire for sustainability to be emphasised in the model, structure and any future updates – particularly to outline how the model will assist in achieving mandatory responsibilities (e.g. carbon emission reduction and the Living Wage achievement for third-party or outsourced suppliers)
- The importance of the relationship between procurement and commissioning was noted
- It was suggested the proposed implementation group (recommendation (d)) be renamed as a Steering Group to provide the necessary level of operational oversight and be differentiated from Board governance
- Enquiries about underpinning IT systems and availability of data / insights that can provide evidence to support the equity aims, tangible outcomes and enhance strategic decision-making, and a desire to see further information about other partners (public and private sector) that could work together in a cooperative model
- Comment also followed on the need to better articulate savings and efficiency benefits in Board papers generally

Management responded to a number of the points raised. The Chair suggested that the Chief Executive ensure this feedback is incorporated into the next phase of this work, and therefore the recommendations outlined in the paper were changed where appropriate from *approve* to *note*.

The interim Board therefore:

- a) **Noted** the direction of the procurement and supply chain strategy (in development), proposed policy framework, operating model and Day 1 national structure as developed by a group of sector subject matter experts, drawn from DHBs, Shared Services, MoH and external.
- b) **Noted** the agreement s 9(2)(f)(iv) [REDACTED]
- c) **Noted** the intent to align procurement and supply chain to the other enablers (Data & Digital, Health Infrastructure Unit) in transition via the establishment of selected positions within the proposed Day 1 national structure.
- d) **Noted** next steps (*subject to Board feedback and further endorsement of the Chief Executive*) being:
 - i. the establishment of a dedicated project team for phase II of the project to undertake detailed operating model development (Annex A)
 - ii. establishment of the identified key positions within the proposed Day 1 national structure – inclusive of the Executive Director Procurement and Supply Chain
 - iii. establishment of a P&SC Operating Model Implementation Steering Group.

e) s 9(2)(b)(ii)

f) Noted this paper will also be shared with the interim Māori Health Authority Board.

Shared Services Agencies (SSAs) transfers (update)

Lucy Hickman joined Rosalie for this brief discussion, and Tipa Mahuta re-joined the meeting. s 9(2)(f)(iv)

Lucy and Rosalie left the meeting.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Day 1 organisational design

Fepulea'i Margie Apa introduced the Health NZ Future Design Blueprint work carried out by the Transition Unit in late 2021, explaining their process, recommendations (including span of control and best practice theories) and her recent additions and thoughts on the initial advice (in partnership with Riana Manuel who is undertaking parallel work for iMHA). Margie also noted she has an initial discussion scheduled with the Minister but would be keen that any discussion reflect feedback and thoughts from the Board whilst the design work is ongoing.

The Board were generally supportive of the direction outlined, s 9(2)(g)(i)

The Board indicated a desire to discuss this in further detail and suggested the next People Development and Culture working group as an opportunity to do so. Sharon Shea also noted that iMHA are yet to define any supply and support agreement between the two entities, and a way to maintain constructive tension will need to be factored into the design.

NZ Health Plan

Approach and strategic framework for interim NZ Health Plan

Rachel Haggerty and Nigel Chee joined the meeting. The Board noted the report provided, before the initial / draft visual concept of te waka hourua was shared on screen (uploaded to the meeting pack on Diligent subsequently). Sharon Shea noted some feedback has been provided which is yet to be incorporated; other Board members provided minor comment. It was noted this is being shared with the Strategic Health Planning working group on 2 March 2022, and Waha Consulting will join that in order to expedite the next iteration. This is also being linked with the work being done on the accountability framework in order to create a whole system narrative.

The Board supported the general direction and approach and look forward to being involved further.

Updates from joint working groups

A general discussion followed on the first joint meetings held, ahead of the second round taking place next week, on the roles Board members should play and how the meetings should be organised. Margie reiterated the intention these be informal sessions to receive early advice, challenge and critique on important matters (not decision-making bodies). Sharon Shea noted iMHA were discussing how they may be better enabled to support the convening or co-

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

convening of each group but would report back after further discussion on this. Other members noted that each group had assumed varying levels of formality, appropriate to their differing needs.

Vanessa Stoddart then provided an overview on the initial People Development, Culture and Remuneration joint group meeting.

Board administration

Register of interests: Noted.

Minutes and actions of the 11 February 2022 meeting were accepted without changes or comment.

Meeting and engagements schedule: Noted. A discussion followed on a few outstanding stakeholder requests, and whether there should be any change in approach now that Margie is in role. The Chair suggested that requests continue to go via the Secretariat for advice or scheduling support. Margie also noted that there will be many approaches in the short term, and work is underway to prioritise a list of stakeholders for proactive engagement but others can be considered on a case by case basis via the Chief Executive.

The meeting concluded and closed with Karakia Hauora.

Open actions

No.	Action	Responsible owner	Due date	Comments
BD250222-01	Government, Legal and Policy update The CE to recommend a subset of Board members to work with management on the Health Capital settings policy advice. Management to provide advice on how the Board can sign off or be consulted on advice to Ministers	Fepulea'i Margie Apa and Deborah Roche	11 Mar 2022	
BD250222-02	Update from the Transition Unit An overview update on the Pae Ora bill submissions and Select Committee hearing process to be scheduled for an upcoming meeting	Stephen McKernan / Secretariat	Before late April	

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD110222-01	Update from the Acting Chief Executive Management to provide visual information on accountability documents; and best practice examples from other sectors. Board members to send detailed feedback on iGPS direct to Martin Hefford and Margie Apa and opportunities to workshop with iMHA to be explored. Drafting of MOH/iHNZ kawenata to be added to the iHNZ work programme and consideration given to the best working group to monitor the Therapeutic Products Bill matter	Martin Hefford	25 Feb 2022	Also to be discussed at Strategic Health Planning working group meeting 15 Feb 22
		Board / Secretariat	18 Feb 2022	
		Martin Hefford / Deborah Roche	June 2022	
BD110222-03	General Business: HQSC Code of Consumer Expectations Board members should email any specific feedback for incorporation into a draft response; which will be collated by management so the Board may consider if appropriate to formally respond. Management to see if it's possible to source Consumer Council minutes or outputs as regular background reading Regular (likely quarterly or six-monthly) engagements to be planned between the Board /CEs and HQSC (transferred from 28 Jan 22 meeting action) Health entities overview Document to be updated and loaded within the Diligent Resource Centre; with an expanded list of all PHO's included	Martin Hefford / Helene Carbonatto / Secretariat	25 February 2022	Response from CEs being drafted; will be shared
		CE Office and Secretariat	25 February 2022	Completed
BD280122-01	Update from the Māori Health Authority Outputs from the iMHA Board strategy sessions to be shared with the Health NZ Board	Sharon Shea / Secretariat	11 Feb 2022	
BD280122-06	Strategy session	Secretariat	11 Feb 2022	

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
	The desire to include ER / workforce matters on each agenda to be explored with the Chair, CE and potentially with the People & Culture working group to ensure effective scheduling and use of time			
BD140122-01	Update from the Acting Chief Executive Management to develop and provide baseline metrics / Board reporting to highlight system issues/pressure points (post MOH functions transfer Tranche 1) <ul style="list-style-type: none"> • s 9(2)(f)(iv) • Copies of the MOH request to strengthen relationships regionally and DHB responses to be provided to the Board (for info) 	Martin Hefford Martin Hefford Martin Hefford	March 2022 27 January 2022 28 January 22	In progress; with Chair and incoming CE Uploaded with 28 Jan pack
BD140122-03	Proposal for wordmark (corporate identifier and visual identity) – interim Health NZ A follow up discussion to be scheduled jointly with the interim MHA Board on development of aligned communications strategies for each entity, following consultation with the new substantive Chief Executive appointees	Secretariat and Karl Ferguson	TBC	
BD201221-02	Due Diligence framework Confirmation of the scope and availability of run-on liability insurance for existing DHB officers and staff, and Health NZ Board indemnities to be sought (within the work programme) - will require Board approval.	Rosalie Percival		
BD141221-02	Health NZ Operating Model A one-day session to be scheduled (in early 2022) with the new Chief Executives invited on structure, transformation, leadership and goal setting (may be combined with the action in BD141221-01 if needed).	Martin Hefford		Secretariat to canvas Mar and Apr opportunities

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
	Further detailed feedback on the proposed Operating model should be sent direct via the Chief Executive	Board members		
BD021221-01	General Business s 9(2)(g)(i) [REDACTED]	Martin Hefford		Not yet scheduled.
	PHAC Terms of Reference – a joint response with Māori Health Authority is to be prepared; for endorsement with the Chairs	Martin Hefford / Deborah Roche	9 Dec 2021	Response sent 17 Dec 2021
BD291121-03	Banking and Insurance Arrangements – Day 1 Further information on levels and options to insure for cyber-risk, and alternative risk financing to be provided once available (pending MBIE review).	Rosalie Percival		
BD161121-01	Acting CE update			
	- An accommodation options paper is to be provided to the Board for decision	Martin Hefford	January 2022	In progress
	- A copy of the Minister's Letter of Expectations (or similar document) for Ministry of Health in the new system to be shared with the Board	Stephen McKernan		
	- Analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Boards (when ready)	Stephen McKernan		
	- iMHA Board feedback on the iMHA LOE to be noted and considered before response provided to the Minister (including reciprocal statements that share system accountability for equity and Te Tiriti implementation)	Martin Hefford		
	- s 9(2)(b)(ii) [REDACTED]			Complete - LoE finalised and uploaded to Diligent 7 Dec

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
				Updated in CE report 14 Jan.
BD031121-07	Finance Day One Presentation: Future presentation requested on discretionary vs non-discretionary aspects of budget and ability to influence. Establish interim Finance/Audit Committee. Draw up draft Terms of Reference. Consider whether Risk should be included or stay at full Board level. Elect Chair. Seek Board endorsement.	Martin Hefford / Rosalie Percival Martin Hefford, Secretariat, Vui Mark, Vanessa, Cassandra		Will be in early 2022 Formation of joint working groups in progress (see BD161121-03)

Actions closed at this meeting

No.	Action	Responsible owner	Due date	Comments
BD110222-02	Introduction to interim Government Policy Statement (GPS), accountability arrangements and framework Further Board engagement on the iGPS to be aligned with the NZ Health Plan development	Martin Hefford / Margie Apa		Next discussion at working group on 15 Feb 22; and ongoing

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Friday 11 March 2022. 11am-4pm. Online via Teams

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Interim Health NZ: Margie Apa – Chief Executive; Rachel Cunningham; Sarah Simpson; Deborah Roche; Rosalie Percival, Helen Parker</p> <p>Māori Health Authority: Tipa Mahuta (observer), Nikki Canter-Burgoyne</p> <p>Transition Unit: Stephen McKernan, Director; Sue Suckling, Cathy Scott, Karl Ferguson, Matt Gifford, Sarah Crysell</p>
Apologies / Ngā tamōnga	

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
11.00am	Karakia	All	
	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
11.05am	Update from the Chief Executive <ul style="list-style-type: none"> In-Committee update Chief Executive report 	Margie Apa	For information
11.45am	Update from the Māori Health Authority <ul style="list-style-type: none"> Verbal update 	Sharon Shea	For information
11.55am	Government, Legal and Policy update <ul style="list-style-type: none"> Policy and transfers update 	Deborah Roche	For information
12.10pm	Update from Transition Unit <ul style="list-style-type: none"> Interim report - <i>Overview of Current Readiness for Health Reforms</i> (refer to meeting pack of 25 February 2022) 	Stephen McKernan Sue Suckling Cathy Scott	For discussion
12.40pm	<ul style="list-style-type: none"> Website update Public information campaign update 	Karl Ferguson Matt Gifford Sarah Crysell	For noting and endorsement
1.10pm	Kai o te rānui/ Lunch break		
1.30pm	Localities: <ul style="list-style-type: none"> Recommendations for establishing initial locality prototypes 	Helen Parker Nikki Canter-Burgoyne	For noting

1.50pm	Budget 22/23: Overview of first draft budget development 2022/23	Rosalie Percival	For noting
2.20pm	Updates from joint working groups • Verbal updates on recent meetings	Any group members	For information
2.40pm	Board administration • S11 Committee Terms of Reference (final) • Register of interests • Minutes and actions of the 25 February 2022 meeting • Board meeting and stakeholder engagements schedule	Secretariat	For noting For confirmation For noting
2.50pm	Whakamutunga	Chair	
3.00pm	Board in-committee session (if required)	Chair and Board	
	Karakia	Chair and Board	

Next Health New Zealand meetings:

- Friday 25 March 2022, 11am – 4pm
- Friday 8 April 2022, 11am – 4pm
- TBC: Joint Board hui – Thursday 14 April
- Friday 29 April 2022, 11am – 4pm

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi

Tuuria, tuuria te mata hau noo Papa

Paiheretia te tangata ki te kawa tupua, ki te kawa tawhito

He kawa ora! He kawa ora!

He kawa ora ki te tangata

He kawa ora ki te whaanau

He kawa ora ki te iti, ki te rahi

He kawa taataki ki au mau ai

Tuuturu o whiti, whakamaua kia tiina

Hui e! Taaiki e!

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Friday 11 March 2022. 11.00am-3.30pm. Online via [Microsoft Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	Interim Health NZ: Fepulea'i Margie Apa – Chief Executive; Rachel Cunningham; Sarah Simpson; Deborah Roche; Rosalie Percival, Helen Parker Māori Health Authority: Nikki Canter-Burgoyne Transition Unit: Stephen McKernan, Director; Sue Suckling, Karl Ferguson, Matt Gifford, Sarah Crysell
Apologies Ngā tamōnga	

Karakia and mihihihi

The Chair opened the meeting with karakia hauora. No apologies to note. Hon. Amy Adams disclosed that a close relative works for one of the organisations discussed in the locality prototypes item, however this is not deemed a conflict. No conflicts were declared for the meeting.

Update from the Chief Executive

The Chief Executive noted highlights from the previous fortnight, including engagements with the growing staff numbers of interim Health NZ (iHNZ), Waitematā and MidCentral District Health Boards (DHBs) before discussing matters noted in the report. Margie also noted her intention to revise future agendas and reporting to better reflect certain areas of focus (such as hospital and specialist services), clarify where decisions are required and capture and report on the innovations and insights already being seen in the system (such as in the DHBs visited). A discussion followed on the ability to receive health system performance reporting as soon as possible (not just from 1 July) and how this may be structured to best report on the entire health system from a wellbeing and equity perspective (including primary care); noting this will start to become possible now the relevant Ministry of Health (MoH) team has transferred into iHNZ. Please see actions.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Margie also queried Board preferences regarding a strategy session and all agreed to participate face-to-face (circumstances permitting). This will be investigated for April 2022. The ongoing impacts of COVID-19 were also discussed, and Margie noted additional effort is going into ensuring the health workforce know how much their work is valued.

Update from the interim Māori Health Authority (iMHA)

Sharon Shea provided highlights from the iMHA Board meeting of 10 March 2022; noting the iMHA Board also received the update on the *Interim report - Overview of Current Readiness for Health Reforms* being discussed today. These highlights included:

- The design work underway on common language and definitions for the new system (particularly in relation to Māori health) and the *waka hourua* concept and principles
- A discussion with the PHARMAC review committee; noting some upcoming engagement with the PHARMAC Board at their Board strategy day

The Chair then raised that in order to truly build the *waka hourua* concept in partnership, the iHNZ Board may require further engagement with the development process. The Board agreed and noted are willing to commit to additional sessions where required. Please see actions.

Government, Legal and Policy update

Deborah Roche joined the meeting; the paper was taken as read in which the interim Board were asked to:

- a) note that Tranche 1 of transfer was completed on 1 March with the shift of functions from Ministry of Health to the iHNZ and iMHA
- b) note an update on the following policy workstreams:
 - Capital Settings
 - Shared Services Agencies
 - Quality and improvement
 - Health Workforce Regulatory Reform
 - Extension of the Support Workers (Pay Equity) Settlements Act 2017
 - Research and Innovation in the transformed health system
- c) invite the Transition Unit leads for the research and innovation workstream.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Point c) was not discussed, however questions and answers followed in relation to capital settings, capital charge handling, the quality / improvement review, MoH Tranche 1 transfer lessons learned, and the pace of the Health Workforce Regulatory Reform. It was noted the interim Chairs and Chief Executives are attending a bi-lateral Budget meeting with the Ministers of Finance and Health on 16 March, where the Ministers will likely be interested in transitional arrangements. The eventual formation of Health NZ Board subcommittees will inform future governance arrangements, including advice on capital investments. The Board were interested in hearing further updates as the Chief Executive and team define the investment management framework.

Update from Transition Unit

Stephen McKernan and Sue Suckling attended and gave a presentation on the role of the Transition Programme Assurance Group, an overview of reform accountabilities, structure and the assurance framework. Sue also explained the work undertaken to-date and next steps taking place at the end of March 2022. It was noted members of the Board have not been engaged to date, but the next review steps (with Deloitte) will include interviews with Board members. Please see actions.

A discussion followed on matters including:

- The usefulness of the report in assisting the incoming Chief Executives with insight on areas of risk or for prioritisation
- Ministry of Health transition preparedness and any interdependencies or risks

Sharon Shea advised the iMHA Board had provided similar feedback, including a desire to be involved in the next stage.

Website update

Karl Ferguson joined the meeting; Margie Apa provided some context about the overall work being done to build the respective identities for the entities. In the accompanying paper, the interim Board were asked to:

- a) note the proposed approach to interim (from 18 March 2022) and permanent (from 1 July 2022) websites for HNZ, MHA, MoH, FoH (Future of Health) and the DHB websites
- b) note that the interim Māori Health Authority (iMHA) Board are also being consulted on this matter, with the support and endorsement of iMHA management

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- c) endorse the approach and allocated budget; subject to final review and approval by the Health NZ Chief Executive.

The Board provided some feedback relating to costs, preferred criteria for selecting any external agency or support and a desire to understand how the branding of both entities will fit together. The approach was endorsed, with a specific request to note that the wording of recommendation b) does not reflect the Board's expectations regarding co-designing in partnership with the iMHA. It was clarified that this work is being undertaken in partnership and the comments will be noted for future paper recommendations / wording.

Public information campaign update

Karl Ferguson introduced the paper, including further detail on consultation with the advisory group, the various phases proposed, and priority populations.

The interim Board were asked to:

- a) endorse the plan to deliver a three-phased national information campaign
- b) note the interim Māori Health Authority Board (via the co-chairs) are also being consulted to provide feedback and endorsement
- c) endorse that the Health New Zealand Chief Executive will review and approve planned expenditure for phase two.

Significant feedback was provided, and Margie suggested further work be undertaken to address the queries and feedback points before her endorsement is provided on behalf of the entity. It was noted there may be Ministerial or reform commitments which need to be met, and this will be clarified as part of this work and reported back to the Board in due course.

Localities - recommendations for establishing initial locality prototypes

Martin Hefford, Helen Parker and Nikki Canter-Burgoyne joined the meeting. Martin recapped the reform commitments and expectations associated with localities, along with the opportunities, design process, consultation undertaken and next steps. It was noted that whilst the Chief Executives can approve the establishment, the Board are being asked to endorse ahead of that.

The interim Board were asked to:

- a) note that a draft of this paper was discussed by the Public Health, Primary and Community Care Implementation joint Board working group and the feedback received has been integrated into the final paper

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- b) **note** the change in approach to locality prototype establishment to accept all prototype proposals, noting the varying levels of support that will be required for implementation based on their relative readiness and maturity level
- c) **note** the communications plan to communicate the prototypes and locality concept
- d) **note** the next steps in standing up the prototypes and the intention to develop a locality partnership agreement
- e) **note** operational decisions relating to resourcing and launching prototypes will be made by the Health NZ and Māori Health Authority CEs jointly.

Whilst the recommendations were to note only, significant feedback was provided on several key areas. It was suggested these be worked through, and if needed an out of cycle consultation take place with the Board again ahead of any final approval.

The feedback areas or queries included:

- The number of prototypes and timing of tranches
- Clarity on funding arrangements
- Clarity of locality functions including decision making powers
- How Health NZ will support, manage, monitor and govern localities
- Clarity on how national frameworks and standards will be incorporated and what guidance will be provided to ensure consistency
- The proposed strategy for 'rest of NZ' (i.e. areas not covered by a locality) – key requirements, approach, timing
- Outcomes framework - key indicators set, insights programme
- Communications, in particular to cover existing initiatives and the 'rest of NZ' approach.

The Board acknowledged and thanked the team for the work on this initiative to date; noting the difficulty associated with transformation and designing new services and reaffirming their commitment to supporting the team to deliver on the reform commitments.

Budget 22/23: Overview of first draft budget development 2022/23

Rosalie Percival joined the meeting to provide a briefing on the Budget development progress to 11 March 2022. The presentation was noted, and questions followed on the key components, risks and opportunities including trends within DHB expenditure, Care Capacity Demand Management (CCDM) / safe staffing costs and issues with IT costs moving from opex to capex. Rosalie noted modelling is underway and explained the process to provide feedback scenarios to Treasury to help inform appropriate budget setting. The Board reiterated their views regarding CCDM and that safe staffing must be a priority

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

and accounted for (regardless of vacancies) for the whole system and discussed ways to achieve this. Margie acknowledged the work by Rosalie and her team to collate all the DHB budget information in one repository, and the value and insights already gained.

Updates from joint working groups

It was noted all working group papers are available to all Board members via Diligent, and verbal updates were provided on recent meetings as follows:

- *People, Development, Culture and Remuneration* – Vanessa Stoddart noted that recent discussion had focused on the development of the Health NZ leadership structure and organisational design, priorities for future meetings and the plethora of reports on workforce issues and how they may be addressed. It was also noted that Tipa Mahuta will now co-convene this group alongside Vanessa Stoddart.
- *Finance and Audit* – Cassandra Crowley noted that Sharon Shea will now also co-convene this group. A recent meeting discussed the upcoming focus areas, explored some of the strategic financial issues and received a demonstration of the FPIM system. Cassandra again acknowledged the work of Rosalie and her team.
- *Public Health, Primary and Community Care* – Dame Dr Karen Poutasi noted Dr Sue Crengle is now co-convenor, and that a recent meeting covered the draft report-back on the public health operating model and locality prototypes (where the feedback themes were the same and should be reflected in any planned communications). It was also noted the focus of the next meeting will be on commissioning, exploring national contracts and the capitation review (relating to general practice care).
- *Data, Digital and Innovation* – Hon. Amy Adams noted she and Dr Mataroria Lyndon co-convene this group, which has recently discussed the Corporate ICT Day 1 plans (noting the Boards' low risk threshold on this). The next meeting will likely focus on data use, governance, ownership and analytics which will be ongoing. An open invitation was extended for any member to attend given the topics.
- *Strategic Health Planning* – it was noted that most iHZN members were unfortunately late apologies on the day of the last meeting; however the overall narrative approach being designed by Waha Consulting was discussed. It was also noted the convenor (Chris Tooley) had requested the scope and Terms of Reference for this group be amended to include oversight of the accountability framework and various associated documents. Once these are adopted, all Terms of Reference will be collated and published in one place for the Boards to note.

The Chair thanked the members for their input and commitment to these sessions.

Board administration

Section 11 Committee Terms of Reference (final version incorporating cross-agency feedback): Noted for adoption.

Register of interests: Noted.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Minutes and actions of the 25 February 2022 meeting were accepted without changes or comment.

Meeting and engagements schedule: Noted.

The meeting concluded at 3.20pm and closed with karakia hauora.

Open actions

No.	Action	Responsible owner	Due date	Comments
BD110322-10	Update from the Chief Executive Board members with particular interest or expertise in health sector performance reporting to send feedback through to the CE; or volunteer to test formats as the new reporting is developed	Board members	25 March 2021	
BD110322-02	Update from the Māori Health Authority Board members to receive an invite to the iHNZ LT session on <i>waka hourua</i> ; or a dedicated session to be facilitated either out-of-cycle or during any future strategy session	Margie Apa	25 March 2021	
BD110322-03	Update from the Transition Unit Assurance interviews to be scheduled with individual Board members; along with a dedicated session for the full Board. Day 1 readiness is to be added as a standing item to Board agendas.	Margie Apa / Secretariat	25 March 2021	
BD250222-02	Update from the Transition Unit An overview update on the Pae Ora bill submissions and Select Committee hearing process to be scheduled for an upcoming meeting	Stephen McKernan / Secretariat	Before late April	
BD110222-03	General Business: HQSC Code of Consumer Expectations		25 February 2022	Response from CEs being drafted; will be shared

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
	<p>Board members should email any specific feedback for incorporation into a draft response; which will be collated by management so the Board may consider if appropriate to formally respond.</p> <p>Management to see if it's possible to source Consumer Council minutes or outputs as regular background reading</p> <p>Regular (likely quarterly or six-monthly) engagements to be planned between the Board /CEs and HQSC (transferred from 28 Jan 22 meeting action)</p> <p>Health entities overview</p> <p>Document to be updated and loaded within the Diligent Resource Centre; with an expanded list of all PHO's included</p>	<p>Martin Hefford / Helene Carbonatto / Secretariat</p> <p>CE Office and Secretariat</p>	25 February 2022	Completed
BD280122-01	<p>Update from the Māori Health Authority</p> <p>Outputs from the iMHA Board strategy sessions to be shared with the Health NZ Board</p>	Sharon Shea / Secretariat	11 Feb 2022	
BD280122-06	<p>Strategy session</p> <p>The desire to include ER / workforce matters on each agenda to be explored with the Chair, CE and potentially with the People & Culture working group to ensure effective scheduling and use of time</p>	Secretariat	11 Feb 2022	
BD140122-03	<p>Proposal for wordmark (corporate identifier and visual identity) – interim Health NZ</p> <p>A follow up discussion to be scheduled jointly with the interim MHA Board on development of aligned communications strategies for each entity, following consultation with the new substantive Chief Executive appointees</p>	Secretariat and Karl Ferguson	TBC	
BD201221-02	Due Diligence framework	Rosalie Percival		

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
	Confirmation of the scope and availability of run-on liability insurance for existing DHB officers and staff, and Health NZ Board indemnities to be sought (within the work programme) - will require Board approval.			
BD021221-01	General Business s 9(2)(g)(i) [REDACTED] PHAC Terms of Reference – a joint response with Māori Health Authority is to be prepared; for endorsement with the Chairs	Martin Hefford Martin Hefford / Deborah Roche	9 Dec 2021	Not yet scheduled. Response sent 17 Dec 2021
BD291121-03	Banking and Insurance Arrangements – Day 1 Further information on levels and options to insure for cyber-risk, and alternative risk financing to be provided once available (pending MBIE review).	Rosalie Percival		
BD161121-01	Acting CE update <ul style="list-style-type: none"> - An accommodation options paper is to be provided to the Board for decision - A copy of the Minister's Letter of Expectations (or similar document) for Ministry of Health in the new system to be shared with the Board - Analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Boards (when ready) - iMHA Board feedback on the iMHA LOE to be noted and considered before response provided to the Minister (including reciprocal statements that share system accountability for equity and Te Tiriti implementation) - s 9(2)(b)(ii) [REDACTED] 	Martin Hefford Stephen McKernan Stephen McKernan Martin Hefford	January 2022	In progress In development Complete - LoE finalised and uploaded to Diligent 7 Dec Updated in CE report 14 Jan.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD031121-07	Finance Day One Presentation: Future presentation requested on discretionary vs non-discretionary aspects of budget and ability to influence.	Martin Hefford / Rosalie Percival		Will be in early 2022
	Establish interim Finance/Audit Committee. Draw up draft Terms of Reference. Consider whether Risk should be included or stay at full Board level. Elect Chair. Seek Board endorsement.	Martin Hefford, Secretariat, Vui Mark, Vanessa, Cassandra		Formation of joint working groups in progress (see BD161121-03)

Actions closed at this meeting

No.	Action	Responsible owner	Due date	Comments
BD140122-01	Update from the Acting Chief Executive Management to develop and provide baseline metrics / Board reporting to highlight system issues/pressure points (post MOH functions transfer Tranche 1)	Martin Hefford	March 2022	Closed 11 March; combined with new Board action BD110322-01
	<ul style="list-style-type: none"> s 9(2)(f)(iv) [REDACTED] 	Martin Hefford	27 January 2022	In progress; with incoming CE for finalisation
	Copies of the MOH request to strengthen relationships regionally and DHB responses to be provided to the Board (for info)	Martin Hefford	28 January 22	Uploaded with 28 Jan pack
BD141221-02	Health NZ Operating Model A one-day session to be scheduled (in early 2022) with the new Chief Executives invited on structure, transformation, leadership and goal setting (may be combined with the action in BD141221-01 if needed).	Martin Hefford		April opportunity being canvassed by CE Office 11 March 2022

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
	Further detailed feedback on the proposed Operating model should be sent direct via the Chief Executive	Board members		
BD250222-01	Government, Legal and Policy update The CE to recommend a subset of Board members to work with management on the Health Capital settings policy advice. Management to provide advice on how the Board can sign off or be consulted on advice to Ministers	Fepulea'i Margie Apa and Deborah Roche	11 Mar 2022	Feedback received on Capital settings from Chairs. Further advice re Board sign-off discussed between Chair and CE
BD110222-01	Update from the Acting Chief Executive Management to provide visual information on accountability documents; and best practice examples from other sectors. Board members to send detailed feedback on iGPS direct to Martin Hefford and Margie Apa and opportunities to workshop with iMHA to be explored. Drafting of MOH/iHNZ kawenata to be added to the iHNZ work programme and consideration given to the best working group to monitor the Therapeutic Products Bill matter	Martin Hefford Board / Secretariat Martin Hefford / Deborah Roche	25 Feb 2022 18 Feb 2022 June 2022	This is being provided via the Strategic Health Planning working group (15 Feb). A standing item on the kawenata has been added to future Board agendas.

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Friday 25 March 2022. 11am-4pm. Online via [Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Interim Health NZ: Margie Apa – Chief Executive; Rachel Cunningham; Elizabeth Scrivener (Secretariat); Deborah Roche, Rosalie Percival, John Hazeldine, Mark Woodard, Rachel Haggerty, Martin Hefford, Helen Parker, Jess Smaling, Kevin Sharkey (TAS)</p> <p>Interim Māori Health Authority: Tipa Mahuta (observer), Nigel Chee, Nikki Canter-Burgoyne</p> <p>Transition Unit: Stephen McKernan – Director, Oliver Poppelwell</p>
Apologies / Ngā tamōnga	

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
11.00am	Karakia	All	
	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
11.05am	Update from the Chief Executive <ul style="list-style-type: none"> Chief Executive report 	Margie Apa	For information
11.35am	Update from the Māori Health Authority <ul style="list-style-type: none"> Board discussions (verbal update) Update on kawenata development 	Sharon Shea	For information
11.45am	Government, Legal and Policy Update	Deborah Roche	For information
	TRANSITION AND DAY 1 MATTERS		
11.55am	Day 1 Readiness (standing item) <ul style="list-style-type: none"> Transition Programme Assurance update – JLG report 	Margie Apa	For information
12.05pm	Budget 22/23: First draft 22/23 budget	Rosalie Percival	For information
12.25pm	Kai o te rānui/ Lunch break		
12.45pm	Update from the Transition Unit <ul style="list-style-type: none"> Overview of Pae Ora bill submissions and Select Committee process 	Stephen McKernan Oliver Poppelwell	For information

OPERATING MODEL AND STRATEGY (CLINICAL, DELIVERY, ENABLING)			
1.05pm	Operating Model and Entity Establishment: Update on recommended operating model	Margie Apa	For information
1.25pm	DEEP DIVE SESSION: Capital – current state analysis, risks and opportunities <ul style="list-style-type: none"> Draft Health infrastructure report Health Infrastructure Unit briefing 	Margie Apa, John Hazeldine, Rosalie Percival, Mark Woodard	For information
2.10pm	New Zealand Health Plan: <ul style="list-style-type: none"> Proposed focus areas 	Rachel Haggerty, Nigel Chee	For discussion / endorsement
2.40pm	Localities: <ul style="list-style-type: none"> Update on establishing prototypes 	Martin Hefford, Helen Parker, Nikki Canter-Burgoyne	For noting and endorsement
FOR DECISION			
-			
SYSTEM PERFORMANCE			
3.10pm	<ul style="list-style-type: none"> Early performance reporting development Metrics that Matter – example dashboard 	Jess Smaling / Margie Apa	For information
3.25pm	<ul style="list-style-type: none"> COVID-19 – Omicron update and sector impacts 	Kevin Sharkey, TAS	For information
GOVERNANCE / ADMINISTRATION			
3.40pm	Updates from joint working groups <ul style="list-style-type: none"> Verbal updates Final Terms of Reference 	Any group members	For information / noting
3.50pm	Board administration <ul style="list-style-type: none"> Register of interests Minutes and actions of the 11 March 2022 meeting Meeting and engagements schedule 	Secretariat	For noting
4.00pm	Whakamutunga	Chair	
	Karakia	Chair and Board	

Next Health New Zealand meetings:

- Friday 8 April 2022, 11am – 4pm
- TBC: Friday 22 April – proposed strategy day
- TBC: Friday 29 April – 11am – 4pm (may be cancelled)
- Friday 13 May, 11am – 4pm
- Friday 27 May, 11am – 4pm

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi
Tuuria, tuuria te mata hau noo Papa
Paiheretia te tangata ki te kawa tupua, ki te kawa tawhito
He kawa ora! He kawa ora!
He kawa ora ki te tangata
He kawa ora ki te whaanau
He kawa ora ki te iti, ki te rahi
He kawa taataki ki au mau ai
Tuuturu o whiti, whakamaui kia tiina
Hui e! Taaiki e!

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Friday 25 March 2022. 11.00am-4.00pm. Online via [Microsoft Teams](#)

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	Interim Health NZ: Margie Apa – Chief Executive; Rachel Cunningham; Elizabeth Scrivener (Secretariat); Deborah Roche, Rosalie Percival, John Hazeldine, Mark Woodard, Rachel Haggerty, Martin Hefford, Helen Parker, Jess Smaling, Kevin Sharkey (TAS), Michele McCreadie (TAS) Interim Māori Health Authority: Tipa Mahuta (observer), Nigel Chee, Nikki Canter-Burgoynne Transition Unit: Stephen McKernan – Director, Oliver Poppelwell
Apologies Ngā tamōnga	

Karakia and mihihihi

Hon. Amy Adams opened the meeting with karakia hauora. No apologies to note. No conflicts were declared for the meeting.

In response to a question Margie Apa confirmed that an interests register is being developed for the leadership team as appointments are being made.

Update from the Chief Executive

The Chief Executive's report was taken as read. Margie Apa provided a verbal update on highlights since the report was submitted, including the workshop held with DHB Chief Executives, applications for the role of Change Director, Ministers' joint bilateral budget meeting, and her recent meeting with Iona Holsted, Chief Executive of the Ministry of Education.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Board members complimented Margie on her recent sector and media engagements with Riana Manuel (iMHA), suggesting Margie may also benefit from meeting with Stephen Town, inaugural Chief Executive of the New Zealand Institute of Skills and Technology. Board members went on to discuss the work programme overview (“RAG”) report, Margie’s meeting with the Pharmac Board, transfers from the Ministry of Health (MoH) and the further delineation of respective roles and responsibilities between stewardship and operations.

Update from the interim Māori Health Authority (iMHA)

Sharon Shea provided a verbal update from the iMHA, noting that the iMHA Board are intending to meet in person on 7-8 April in Auckland.

Sharon went on to discuss recent presentations undertaken, and the positive progress of Iwi-Māori partnership boards (IMPB). Board members discussed the importance of community engagement and of highlighting the positive relationship between iMHA and iHNZ publicly, including the opportunity to address misinformation and demonstrate new ways of working together through localities and IMPBs.

Government, Legal and Policy update

Deborah Roche joined the meeting and provided a verbal update on several Ministry of Health and/or Transition Unit (TU) policy workstreams including capital settings, reconfiguration of the air ambulance service, meeting with the Privacy Commissioner and Board Secretariat and Private Secretary recruitment. Board members discussed the challenges and opportunities in relation to reconfiguration of air ambulance services, privacy and Māori data sovereignty.

Deborah advised that regular Chair/CE meetings are being scheduled with the Minister from 4 April, and that a significant Official Information Act (OIA) request for all iHNZ and iMHA Board agendas, minutes and papers had been received from Dr Shane Reti’s office.

Deborah signalled her intention to bring the following papers to a future meeting: Privacy, OIA, and Proactive Release policies, and Day 1 HNZ Board subcommittees. The Chair noted his intention to talk to current joint working group convenors regarding the role of joint working groups and/or subcommittees beyond 1 July. Sharon Shea will represent iMHA in this process.

The interim Board **noted** the updates on the following policy workstreams outlined in the paper, and the verbal updates given at the meeting:

- Capital Settings
- Quarterly update to Cabinet on the health reforms
- Air ambulance reconfiguration

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- Meeting with the Office of the Privacy Commissioner
- Public Accountability settings

Deborah Roche left the meeting.

TRANSITION AND DAY 1 MATTERS

Day 1 Readiness: Transition Programme Assurance update – JLG report

Margie introduced the Transition Programme Assurance update before recapping the Deloitte process commencing shortly, and noting that she has engaged ^{9(2)(b)(iii)} to support building a risk management framework for HNZ, to be workshopped with the Board at a future meeting.

Budget 22/23: First draft of 22/23 budget

Rosalie Percival joined the meeting. The draft Budget 22/23 was taken as read (slides at pages 146-154). Board members discussed the assumptions, opportunities and risks underlying the draft budget, including FTE figures, sector cost increases including MECAs and National contracts, holiday pay, planned care deferred by Covid19, and opportunities to find future efficiencies.

Rosalie Percival left the meeting.

Update from Transition Unit: Overview of Pae Ora Bill submissions and Select Committee process

Stephen McKernan and Oliver Poppelwell joined the meeting. After a brief introduction from Stephen, Oliver outlined the process and anticipated timing for finalising the Bill before outlining the key themes from Select Committee submissions. A copy of the Departmental Report to the Committee will be made available to the Board once the Committee reports back to Parliament in late April. Please see actions.

Stephen McKernan and Oliver Poppelwell left the meeting.

The meeting adjourned for lunch at 1.10pm, reconvening at 1.30pm.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

OPERATING MODEL AND STRATEGY (CLINICAL, DELIVERY, ENABLING)

Operating Model and Entity Establishment: Update on recommended operating model

Margie updated the Board briefly on feedback received from the Minister on her recommended operating model. An updated version will be circulated to the Board once amended. Recruitment of tier two positions would commence shortly. Board members noted the distinction between the skillsets required for transition and transformation.

DEEP DIVE SESSION: Capital – current state analysis, risks and opportunities

Draft Health infrastructure report

Rosalie Percival, John Hazeldine and Mark Woodard joined the meeting. Margie introduced the paper before handing to the team to introduce themselves and inviting questions and feedback from the Board.

Board members expressed an interest in better understanding the filters for decision-making and prioritisation in the new HNZ entity, including the interaction between capital decisions and the New Zealand Health Plan, taking a longer term service-oriented view to enable equity objectives and support new models of care. The meeting also discussed the importance of understanding the pipeline of future capital work, the current pressures on construction sector capacity, and the interaction with other Government agencies' capital plans.

Board members noted the supplementary health infrastructure unit (HIU) reading materials provided, commenting on the transition of the current HIU team, work currently in development, and the importance of building capability in this area to support the future success of HNZ.

Rosalie Percival, John Hazeldine, and Mark Woodard left the meeting. Please see actions.

New Zealand Health Plan: Proposed focus areas

Rachel Haggerty and Nigel Chee joined the meeting. Rachel introduced the paper, inviting feedback from the Board on the proposed areas for health gain and service delivery transformation. Nigel advised that iMHA are comfortable with the direction outlined in the paper.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

The Board discussed the interaction between the four key health gain areas (paragraph 16) and the five areas of focus for health gain and service delivery (paragraph 17), requesting further clarification. Further feedback included ensuring emphasis on rural populations, wellness, working with social sector partners and communities, not limiting long term conditions to metabolic disorders, taking an evidence-based return on investment approach to demonstrate potential health gains, and encouragement to be more aspirational.

The paper asked the interim Board to:

- a) **note** that the Board paper provided advice on focus areas for health gain and service delivery transformation which will inform the final paper being completed for late April. This work will be used to engage with Iwi Māori Partnership Boards, and with stakeholders
- b) **note** that we are in the learning stages of weaving together the experiences, aspirations, and expertise of many – including whānau, consumers, health professionals, non-government organisations, whānau Māori, fono Pacific, Tāngata Whaikaha, policymakers, and the many expert working groups across the health sector. This is the first endeavour to synthesise these inputs
- c) **note** that the joint NZ Health Plan is being developed under the guidance of Tō Tātou Waka Hourua | Our Double-Hulled Waka as approved by the Boards of Health NZ and the Māori Health Authority. This waka hourua seeks to drive transformational change
- d) **note** that this paper also requires endorsement by the interim Māori Health Authority Board as it is a joint NZ Health Plan
- e) **endorse** the proposed areas of focus for health gain and service delivery transformation.

Following discussion, the Board endorsed the direction in principle, before asking that the paper be updated to reflect the Board's feedback and brought back to a future Board meeting.

Rachel Haggerty and Nigel Chee left the meeting.

Localities – Update on establishing prototypes

Martin Hefford, Helen Parker and Nikki Canter-Burgoynne joined the meeting. The paper was taken as read and the Board provided feedback.

Board members requested further clarity on the proposed funding model, before commenting on: the importance of intersectoral cooperation, the international examples of 'place-based' health models relative to the New Zealand context, and ensuring flexibility to adapt and learn while supporting innovation.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

The interim Board:

- b) **noted** the locality prototype operating model, including key functions and decision making
- c) **noted** the emerging outcomes framework that will be iterated with the prototypes and through the learning and insights programme and will include IMPB-determined outcomes that are important to mana whenua.
- d) **noted** that Health NZ will be required to rollout localities across all of Aotearoa by July 24
- f) **noted** operational decisions relating to resourcing and launching prototypes will be made by the Health NZ and Māori Health Authority CEs jointly, and that the locality rollout will be a joint MHA/Health NZ endeavour.

The Board deferred endorsing the remaining two recommendations (a) and (e) until further information on the funding model was provided.

Martin Hefford, Helen Parker and Nikki Canter-Burgoyne left the meeting.

SYSTEM PERFORMANCE

Jess Smaling joined the meeting. Margie Apa introduced Jess to the meeting, before inviting feedback from the Board on the performance reporting and metrics examples contained in the papers.

Board members gave feedback including using real time metrics to drive change as well as to monitor performance, the need for quantifiable measures that can be tracked against outcomes/targets and system shifts, the need for a common language (KPIs etc), and a focus on business intelligence in real time.

Vanessa Stoddart and Jess Smaling left the meeting at 3.45pm.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

COVID-19 – Omicron update and sector impacts

Kevin Sharkey and Michele McCreddie joined the meeting. Margie Apa welcomed Kevin and Michele, before handing over to Kevin to present an update on Covid 19 national modelling.

Board members discussed the presentation.

Kevin Sharkey and Michele McCreddie left the meeting.

GOVERNANCE / ADMINISTRATION

Updates from joint working groups

Cassandra Crowley left the meeting at 4pm.

Verbal updates were provided on recent meetings as follows:

- Public Health, Primary and Community Care – Karen Poutasi noted the recent capitation formula review by Sapere which will be coming to a future Board meeting. Board members requested that the Māori Health Priorities report (06.03.2022, Elana Curtis et al) be provided to the Board at the same time.
- Strategic Health Planning – Curtis Walker noted that he will now co-convene this group with Chris Tooley from iMHA.

The Chair encouraged Board members to review the joint working group papers available to all on Diligent.

Terms of Reference

The interim Board:

- a) **noted** that four of the five working groups have adopted their Terms of Reference (TOR)

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- b) **noted** that one group intends to change their name and scope to Strategic Health Policy and Planning, and their TOR are being revised and will be adopted at their next meeting. The Board will then be informed for noting after that
- c) **noted** that some feedback on language and te reo has been provided throughout the meetings. A policy is being developed by the Māori Health Authority and will be applied as appropriate.

Board administration

Register of interests: Noted.

Minutes and actions of the 11 March 2022 meeting were accepted without changes or comment.

Meeting and engagements schedule: Noted.

The meeting concluded at 4.08pm and Hon. Amy Adams closed with karakia hauora.

Open actions

No.	Action	Responsible owner	Due date	Comments
BD250322-01	Update from Transition Unit: Overview of Pae Ora Bill submissions and Select Committee process. Copy of the Departmental Report to be circulated to the Board once available	Oliver Poppelwell	End of April	
BD250322-02	DEEP DIVE SESSION: Capital – current state analysis, risks and opportunities Pipeline of capital work to be shared with the Board, noting what has been scoped, committed, announced etc	John Hazeldine		

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD110322-10	Update from the Chief Executive Board members with particular interest or expertise in health sector performance reporting to send feedback through to the CE; or volunteer to test formats as the new reporting is developed	Board members	25 March 2021	Performance reporting and metrics discussed at the 25 March meeting
BD110322-02	Update from the Māori Health Authority Board members to receive an invite to the iHNZ LT session on <i>waka hourua</i> ; or a dedicated session to be facilitated either out-of-cycle or during any future strategy session	Margie Apa	25 March 2021	
BD110322-03	Update from the Transition Unit Assurance interviews to be scheduled with individual Board members; along with a dedicated session for the full Board. Day 1 readiness is to be added as a standing item to Board agendas.	Margie Apa / Secretariat	25 March 2021	Interviews being scheduled. Standing item added to agendas.
BD110222-03	General Business: HQSC Code of Consumer Expectations Board members should email any specific feedback for incorporation into a draft response; which will be collated by management so the Board may consider if appropriate to formally respond. Management to see if it's possible to source Consumer Council minutes or outputs as regular background reading Regular (likely quarterly or six-monthly) engagements to be planned between the Board /CEs and HQSC (transferred from 28 Jan 22 meeting action) Health entities overview Document to be updated and loaded within the Diligent Resource Centre; with an expanded list of all PHO's included	Martin Hefford / Helene Carbonatto / Secretariat	25 February 2022	Response from CEs being drafted; will be shared
		CE Office and Secretariat	25 February 2022	Completed

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD280122-01	Update from the Māori Health Authority Outputs from the iMHA Board strategy sessions to be shared with the Health NZ Board	Sharon Shea / Secretariat	11 Feb 2022	
BD280122-06	Strategy session The desire to include ER / workforce matters on each agenda to be explored with the Chair, CE and potentially with the People & Culture working group to ensure effective scheduling and use of time	Secretariat	11 Feb 2022	
BD140122-03	Proposal for wordmark (corporate identifier and visual identity) – interim Health NZ A follow up discussion to be scheduled jointly with the interim MHA Board on development of aligned communications strategies for each entity, following consultation with the new substantive Chief Executive appointees	Secretariat and Karl Ferguson	TBC	
BD201221-02	Due Diligence framework Confirmation of the scope and availability of run-on liability insurance for existing DHB officers and staff, and Health NZ Board indemnities to be sought (within the work programme) - will require Board approval.	Rosalie Percival		
BD021221-01	General Business s 9(2)(g)(i) [REDACTED] PHAC Terms of Reference – a joint response with Māori Health Authority is to be prepared; for endorsement with the Chairs	Martin Hefford Martin Hefford / Deborah Roche	 9 Dec 2021	Not yet scheduled. Response sent 17 Dec 2021

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD291121-03	Banking and Insurance Arrangements – Day 1 Further information on levels and options to insure for cyber-risk, and alternative risk financing to be provided once available (pending MBIE review).	Rosalie Percival		
BD161121-01	Acting CE update <ul style="list-style-type: none"> - An accommodation options paper is to be provided to the Board for decision - A copy of the Minister's Letter of Expectations (or similar document) for Ministry of Health in the new system to be shared with the Board - Analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Boards (when ready) - iMHA Board feedback on the iMHA LOE to be noted and considered before response provided to the Minister (including reciprocal statements that share system accountability for equity and Te Tiriti implementation) - s 9(2)(b)(ii) 	Martin Hefford Stephen McKernan Stephen McKernan Martin Hefford	January 2022	In progress In development Complete - LoE finalised and uploaded to Diligent 7 Dec Updated in CE report 14 Jan.
BD031121-07	Finance Day One Presentation: Future presentation requested on discretionary vs non-discretionary aspects of budget and ability to influence. Establish interim Finance/Audit Committee. Draw up draft Terms of Reference. Consider whether Risk should be included or stay at full Board level. Elect Chair. Seek Board endorsement.	Martin Hefford / Rosalie Percival Martin Hefford, Secretariat, Vui Mark, Vanessa, Cassandra		Will be in early 2022 Chair to discuss future HNZ subcommittee approach with Joint Working Group convenors

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
				Formation of joint working groups complete (see BD161121-03)

Actions closed at this meeting

No.	Action	Responsible owner	Due date	Comments
BD250222-02	Update from the Transition Unit An overview update on the Pae Ora bill submissions and Select Committee hearing process to be scheduled for an upcoming meeting	Stephen McKernan / Secretariat	Before late April	Closed 25 March – update provided
BD140122-01	Update from the Acting Chief Executive Management to develop and provide baseline metrics / Board reporting to highlight system issues/pressure points (post MOH functions transfer Tranche 1) s 9(2)(f)(iv)	Martin Hefford	March 2022	Closed 11 March; combined with new Board action BD110322-01
		Martin Hefford	27 January 2022	In progress; with incoming CE for finalisation
	Copies of the MOH request to strengthen relationships regionally and DHB responses to be provided to the Board (for info)	Martin Hefford	28 January 22	Uploaded with 28 Jan pack

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD141221-02	Health NZ Operating Model A one-day session to be scheduled (in early 2022) with the new Chief Executives invited on structure, transformation, leadership and goal setting (may be combined with the action in BD141221-01 if needed). Further detailed feedback on the proposed Operating model should be sent direct via the Chief Executive	Martin Hefford Board members		April opportunity being canvassed by CE Office 11 March 2022
BD250222-01	Government, Legal and Policy update The CE to recommend a subset of Board members to work with management on the Health Capital settings policy advice. Management to provide advice on how the Board can sign off or be consulted on advice to Ministers	Fepulea'i Margie Apa and Deborah Roche	11 Mar 2022	Feedback received on Capital settings from Chairs. Further advice re Board sign-off discussed between Chair and CE
BD110222-01	Update from the Acting Chief Executive Management to provide visual information on accountability documents; and best practice examples from other sectors. Board members to send detailed feedback on iGPS direct to Martin Hefford and Margie Apa and opportunities to workshop with iMHA to be explored. Drafting of MOH/iHNZ kawenata to be added to the iHNZ work programme and consideration given to the best working group to monitor the Therapeutic Products Bill matter	Martin Hefford Board / Secretariat Martin Hefford / Deborah Roche	25 Feb 2022 18 Feb 2022 June 2022	This is being provided via the Strategic Health Planning working group (15 Feb). A standing item on the kawenata has been added to future Board agendas.

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Friday 8 April 2022. 11am-4pm. Online via Teams

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	Interim Health NZ: Margie Apa – Chief Executive; Rachel Cunningham; Sarah Simpson; Deborah Roche; Martin Hefford; Joanne Gibbs; Maria Poynter; Tane Cassidy; Ramon Pink; Gerardine Clifford-Lidstone; Dr Corina Grey; Corey Vessey; Brenden Mischewski Interim Māori Health Authority: Tipa Mahuta (observer) Transition Unit or external: Stephen McKernan – Director; Sue Suckling; Kyle Cameron
Apologies / Ngā tamōnga	

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
11.00am	Karakia	All	
	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
11.05am	Update from the Acting Chief Executive <ul style="list-style-type: none"> Chief Executive report including: <ul style="list-style-type: none"> Change Management Office 	Margie Apa	For information
11.35am	Update from the Māori Health Authority <ul style="list-style-type: none"> Board discussions (verbal update) Update on kawenata development 	Sharon Shea	For information
11.45am	Government, Legal and Policy Update: <ul style="list-style-type: none"> Final MoH transfers OIA and proactive release policy 	Deborah Roche, Sara McFall	Information / endorsement
	TRANSITION AND DAY 1 MATTERS		
12.05pm	Day 1 Readiness (standing item) <ul style="list-style-type: none"> Update on next phase of Transition Programme Assurance Review 	Margie Apa, Stephen McKernan, Sue Suckling, Kyle Cameron	Information
12.50pm	Update from the Transition Unit General reform update (verbal)	Stephen McKernan	Information
1.10pm	Kai o te rānui/ Lunch break		

OPERATING MODEL AND STRATEGY (CLINICAL, DELIVERY, ENABLING)			
1.30pm	DEEP DIVE SESSION: National Public Health Service	Jo Gibbs, Maria Poynter, Tane Cassidy, Ramon Pink	Information
2.10pm	Pacific Health team: <ul style="list-style-type: none"> Update on functions / work programme 	Gerardine Clifford-Lidstone, Dr Corina Grey, Corey Vessey, Brenden Mischewski	Information
GOVERNANCE / BOARD ADMINISTRATION			
	Updates from joint working groups Verbal updates	Any group members	For information / noting
	Board administration <ul style="list-style-type: none"> Register of interests Minutes and actions of the 25 March 2022 meeting Meeting and engagements schedule 	Secretariat	To note
	Whakamutunga	Chair	
	Board in-committee session (if required)	Chair and Board	
	Karakia	Chair and Board	

Next Health New Zealand meetings:

- TBC: Friday 22 April – proposed strategy day
- TBC: Friday 29 April – 11am – 4pm
- Friday 13 May, 11am – 4pm
- Friday 27 May, 11am – 4pm

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi
 Tuuria, tuuria te mata hau noo Papa
 Paiheretia te tangata ki te kawa tupua, ki te kawa tawhito
 He kawa ora! He kawa ora!
 He kawa ora ki te tangata
 He kawa ora ki te whaanau
 He kawa ora ki te iti, ki te rahi
 He kawa taataki ki au mau ai
 Tuuturu o whiti, whakamaui kia tiina
 Hui e! Taaiki e!

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Friday 8 April 2022. 11.00am-4.00pm. Online via Microsoft Teams.

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	Interim Health NZ: Fepulea'i Margie Apa – Chief Executive; Rachel Cunningham; Sarah Simpson; Deborah Roche; Joanne Gibbs; Maria Poynter; Tane Cassidy; Gerardine Clifford-Lidstone – interim Pacific Lead; Dr Corina Grey – Pacific Health Team lead, Corey Vessey; Brenden Mischewski Māori Health Authority: Kathrine Clarke, Public Health Transition Unit or external: Stephen McKernan – Director; Sue Suckling; Kyle Cameron (Deloitte)
Apologies Ngā tamōnga	Sharon Shea, Ramon Pink (presenter)

Karakia and mihi

Dr. Curtis Walker opened the meeting with karakia hauora, and the Chair noted apologies from Sharon Shea. No conflicts were declared for the meeting.

Update from the Chief Executive

The Chief Executive's report was noted and Margie Apa provided a verbal update on several additional matters, including:

- Recent and upcoming meetings with the Minister of Health and Prime Minister and insight on their key interests and focus areas
- Progress with establishing a Change Management Office for interim Health New Zealand (iHNZ) and finalising the organisational design and subsequent communications with the sector (alongside the interim Maori Health Authority / iMHA). It was noted the organisational design may require further engagement with the joint Board People, Development, Culture and Remuneration working group, particularly as there may be flow-on effects relating to overarching governance and monitoring / accountability frameworks.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Board members provided general comment on several aspects of the report, including the interaction points between iHNZ and iMHA (including monitoring), requesting further visibility on overall system performance (ahead of 1 July) and planned communications (sector and public) relating to Day 1 and the organisational design as well as commenting on opportunities to be involved with key system leadership appointments and potential cost impacts of the proposed green star ratings in the Health Infrastructure Unit's (HIU) Facility Design Guidance.

Update from the interim Māori Health Authority (iMHA)

This item was deferred due to Sharon Shea's absence.

Government, Legal and Policy update

Deborah Roche and Sara McFall joined the meeting, and the update report was noted. Deborah provided a further update on the Ministry of Health (MOH) functions transfers, outlining the transfers are largely on-track for May and June 2022 and noting where further work is being undertaken. Please see actions. Deborah also provided an overview of the work being done alongside MOH on proposed health workforce regulatory reform, outlining options being considered on aspects to progress at pace.

Due to time constraints, Deborah and Sara left the meeting and re-joined following the Transition Programme Assurance Review and Transition Unit updates.

TRANSITION AND DAY 1 MATTERS

Day 1 Readiness: Transition Programme Assurance update

Stephen McKernan, Sue Suckling and Kyle Cameron joined the meeting. Sue explained the process undertaken to assess Day One readiness, and Kyle outlined preliminary high-level insights that will inform the report to be finalised next week. Kyle advised that Deloitte's initial assessment indicates that successful delivery of Day One for the Health Reforms is on track. Recommendations are not yet final but will likely note the need to:

- Develop high-level success criteria for year one and two
- Maintain leadership focus on transition / establishment objectives
- Continue work to define MOH's future role and system monitoring framework

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- Accelerate the building of commissioning resource for Māori Health Authority to mitigate risk
- Increase communications with the sector between now and Day One

Overall, it was noted that while the report relates to a single point in time, there appear to be no critical risks to achieving Day One and given the initial set up and capabilities in place the Board should feel confident these will sufficiently mitigate most risk. Sue Suckling and Kyle Cameron left the meeting.

Update from Transition Unit: General reform update

Stephen McKernan gave a verbal update on various matters such as progress of the Pae Ora Bill, accountability settings, tranche 2 of MOH functions transfers, overall system design, budget as well as an update on communications and engagement, Pacific Health and the lodgement of the latest quarterly update on implementation progress. Stephen noted the intention to share the draft interim Government Policy Statement and New Zealand Health Plan with Ministers by 22 April, and that this should be able to be circulated to the Board next week (commencing 11 April).

Stephen McKernan left the meeting. The Chair also acknowledged and thanked Sarah Simpson on behalf of the Board for her work in the Secretariat during the establishment phase, with this being her last meeting attendance.

OIA and proactive release policies

Deborah and Sara rejoined the meeting at 12.50pm. In the accompanying paper, the interim Board were asked to:

- a) **note** MHA and HNZ are working together to ensure our information-sharing policies reflect Māori data sovereignty principles
- b) **note** that MHA and HNZ will need to have separate policies due to their establishment as different statutory entities
- c) **note** MHA and HNZ have worked together to align the principles, practices and requirements for the respective information-sharing policies
- d) **endorse** the:
 - HNZ Official Information Act (OIA) policy
 - HNZ Proactive Release policy.

Questions were taken on the paper; initially focussing on an appropriate KPI for OIA timeliness compliance rates with an aspiration to achieve 100% compliance or at a minimum greater than 97% compliance (noting this will be an improvement on existing sector compliance and may take time to achieve). A discussion followed on aspects such as organisational record-keeping, the legal hierarchy between relevant principles, the OIA and different Acts, and Government guidance available relating to Māori data sovereignty principles. The Board requested some further feedback and input be sought

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

from the iMHA Board (who are considering at their meeting next week) and the Ombudsman on the OIA policy, before a further discussion and adoption at any next iHNZ Board meeting.

The discussion then moved to the proactive release policy; the Board were positive about this and endorsed the policy subject to an offline discussion between management and one Board member on highly unusual circumstances where proactive release may pose difficulty unless an appropriate exception can be applied. The Board noted there are opportunities to revise the policy shortly after Day 1 in any case so unless the concerns are significant the policy can be considered endorsed. Please see actions.

Deborah Roche and Sara McFall left the meeting. The meeting adjourned for lunch at 1.10pm, reconvening at 1.30pm.


OPERATING MODEL AND STRATEGY (CLINICAL, DELIVERY, ENABLING)

Deep dive session: National Public Health Service

Jo Gibbs, Maria Poynter, Tane Cassidy, Kathrine Clarke and Deborah Roche joined the meeting.

Jo introduced the team and provided an overview of progress including the rationale for the proposed Day 1 structure, work underway with iMHA, Kerridge Partners and Mana Recruitment on key Tier 2 role appointments, and the insights gained from the intensive communications and engagement underway.

s 9(2)(g)(i)



Jo Gibbs, Maria Poynter, Tane Cassidy, and Kathrine Clarke left the meeting.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Pacific Health team: Update on functions / work programme

Gerardine Clifford-Lidstone, Dr Corina Grey, Corey Vessey and Brenden Mischewski joined the meeting. Margie Apa provided some initial context, explaining that the team are themselves transitioning into Health NZ at present from various entities so it's an appropriate time to provide an update.

Gerardine introduced herself and the team, noting the intention to seek endorsement of the proposed priorities and summary of actions in the interim Pacific Health Plan (part of the interim NZ Health Plan) ahead of external consultation and engagement. The Board congratulated and thanked the team for their work, strongly endorsing the direction, and providing some feedback and suggestions on aspects of the document for incorporation ahead of consultation. Gerardine Clifford-Lidstone, Dr Corina Grey, Corey Vessey, Brenden Mischewski and Margie Apa left the meeting (2.55pm).

GOVERNANCE / BOARD ADMINISTRATION

Updates from joint working groups

Verbal updates were provided on recent meetings as follows:

- **Data, Digital and Innovation** – it was noted this group has commissioned a separate independent review of ICT Corporate readiness for Day 1, given the risk should this fail. The approach was checked with Sue Suckling and Deloitte who confirmed this was not already underway and that it would be helpful. Hon. Amy Adams also noted some background material in the joint working group area of the Diligent Resource Centre providing an overview of the Data and Digital resources transferring into iHNZ (available to all Board members for interest).
- **Strategic Health Policy and Planning** – Curtis Walker advised this working group has requested a matrix of all the various policies and artefacts such as the iGPS, NZ Health Plan and Health Charter and how they fit into Board priorities – to help build a shared understanding across both Boards on key strategic planning documents. This group also discussed the role of MOH in Public Health but also noted the limited role of iHNZ in workforce development and strategy; suggesting this may be something to canvas in the People, Development, Culture and Remuneration group.
- **People, Development, Remuneration and Culture** – Vanessa Stoddart re-emphasised earlier request from this meeting for information on MOH transferring staff in order to understand risk; suggesting that material comes to a future working group. Vanessa also noted the group had seen the latest version of the Health Charter, which has evolved significantly and requesting this come to the Board as soon as possible. The group also received a presentation on the nursing pipeline; and the material will shortly be shared in the Resource Centre for all Board members to view (for interest). Vanessa also noted work ongoing to assist Margie with appointment of key leadership roles.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- **Finance and Audit** – Cassandra Crowley noted an extra meeting is being scheduled to discuss a current state report from each of the District Health Boards (DHBs), with a specific focus on their internal audit and risk processes. The recent meeting covered the risks / rationale for any 'tidy-ups' around year-end and period zero for the next financial year.
- **Public Health, Primary and Community Care implementation** – Dame Dr. Karen Poutasi noted the recent meeting had considered the public health documents covered in this meeting, as well as rural health, mental health, co-commissioning and capitation.

Board administration

Register of interests: Noted; no changes to report.

Minutes and actions of the 25 March 2022 meeting were accepted without changes or comment.

Meeting and engagements schedule: Noted.

The Board held an in-committee session, concluding at 3.40pm.

Open actions

No.	Action	Responsible owner	Due date	Comments
BD080422-01	Government Legal and Policy update <ol style="list-style-type: none"> 1. Summary information on what roles, functions and vacancies are being transferred to iHNZ and what is being retained by MOH. Where possible, demographic profile of transfers to be shared. Previous Board action BD161121-01 (since closed) also requested analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Boards when ready. 2. OIA policy – to return to a future Board meeting following feedback from iMHA Board and Ombudsman 	Deborah Roche	29 April 2022	1. May be shared with a joint working group if needed

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
	3. Proactive release policy - Deborah Roche to discuss with a Board member whether an exception would be required to cover "highly unforeseen circumstances"			
BD080422-02	Deep dive – National Public Health Service: The EOI for Public Health Advisory Committee to be shared with the Board, and Board concerns with existing design noted for Ministers	Margie Apa	29 April 2022	
BD250322-01	Update from Transition Unit: Overview of Pae Ora Bill submissions and Select Committee process. Copy of the Departmental Report to be circulated to the Board once available	Oliver Poppelwell	End of April	
BD250322-02	DEEP DIVE SESSION: Capital – current state analysis, risks and opportunities Pipeline of capital work to be shared with the Board, noting what has been scoped, committed, announced etc	John Hazeldine		
BD110322-02	Update from the Māori Health Authority Board members to receive an invite to the iHNZ LT session on <i>waka hourua</i> ; or a dedicated session to be facilitated either out-of-cycle or during any future strategy session	Margie Apa	25 March 2021	
BD280122-01	Update from the Māori Health Authority Outputs from the iMHA Board strategy session to be shared with the Health NZ Board	Sharon Shea / Secretariat	11 Feb 2022	Awaiting final version to be shared
BD140122-03	Proposal for wordmark (corporate identifier and visual identity) – interim Health NZ A follow up discussion to be scheduled jointly with the interim MHA Board on development of aligned communications strategies for each entity, following consultation with the new substantive Chief Executive appointees	Secretariat and Karl Ferguson	TBC with new CE	

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD201221-02	Due Diligence framework Confirmation of the scope and availability of run-on liability insurance for existing DHB officers and staff, and Health NZ Board indemnities to be sought (within the work programme) - will require Board approval.	Rosalie Percival		
BD291121-03	Banking and Insurance Arrangements – Day 1 Further information on levels and options to insure for cyber-risk, and alternative risk financing to be provided once available (pending MBIE review).	Rosalie Percival		
BD031121-07	Finance Day One Presentation: Future presentation requested on discretionary vs non-discretionary aspects of budget and ability to influence. Establish interim Finance/Audit Committee. Draw up draft Terms of Reference. Consider whether Risk should be included or stay at full Board level. Elect Chair. Seek Board endorsement.	Martin Hefford / Rosalie Percival Martin Hefford, Secretariat, Vui Mark, Vanessa, Cassandra		Will be in early 2022 Formation of joint working groups complete (see BD161121-03)

Actions closed at this meeting

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD110322-10	Update from the Chief Executive Board members with particular interest or expertise in health sector performance reporting to send feedback through to the CE; or volunteer to test formats as the new reporting is developed	Board members	25 March 2021	Performance reporting and metrics discussed at the 25 March meeting
BD110322-03	Update from the Transition Unit Assurance interviews to be scheduled with individual Board members; along with a dedicated session for the full Board. Day 1 readiness is to be added as a standing item to Board agendas.	Margie Apa / Secretariat	25 March 2021	Interviews scheduled and update in 8 April meeting. Standing item added to agendas.
BD110222-03	General Business: HQSC Code of Consumer Expectations Board members should email any specific feedback for incorporation into a draft response; which will be collated by management so the Board may consider if appropriate to formally respond. Management to see if it's possible to source Consumer Council minutes or outputs as regular background reading Regular (likely quarterly or six-monthly) engagements to be planned between the Board /CEs and HQSC (transferred from 28 Jan 22 meeting action)	Martin Hefford / Helene Carbonatto / Secretariat	25 February 2022	Response from CE's has been drafted and shared The team working with HQSC will manage this and arrange for a session with Consumer Council Chairs in due course
	Health entities overview Document to be updated and loaded within the Diligent Resource Centre; with an expanded list of all PHO's included	CE Office and Secretariat	25 February 2022	Completed
BD280122-06	Strategy session The desire to include ER / workforce matters on each agenda to be explored with the Chair, CE and potentially with the People & Culture working group to ensure effective scheduling and use of time	Secretariat	11 Feb 2022	To be added by co-convenors of joint working group as required

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD161121-01	Acting CE update <ul style="list-style-type: none"> - An accommodation options paper is to be provided to the Board for decision - A copy of the Minister's Letter of Expectations (or similar document) for Ministry of Health in the new system to be shared with the Board - Analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Boards (when ready) - iMHA Board feedback on the iMHA LOE to be noted and considered before response provided to the Minister (including reciprocal statements that share system accountability for equity and Te Tiriti implementation) - s 9(2)(b)(ii) 	Martin Hefford Stephen McKernan Stephen McKernan Martin Hefford	January 2022	Completed via Margie Apa In development; transferred to BD080422-01 Complete - LoE finalised and uploaded to Diligent 7 Dec Updated in CE report 14 Jan.
BD021221-01	General Business s 9(2)(g)(i) PHAC Terms of Reference – a joint response with Māori Health Authority is to be prepared; for endorsement with the Chairs	Martin Hefford Martin Hefford / Deborah Roche	Dec 2022 9 Dec 2021	Action transferred to Mel Dooney 13/4/22 – will come to JWG but has been noted for workstream Response sent 17 Dec 2021

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Friday 29 April 2022. 11am-4.00pm. Online via Teams

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	Interim Health NZ: Deborah Roche (Acting Chief Executive), Catherine Foster (Board Secretary), Susanne McKay (Board Coordinator), Sara McFall, Rosalie Percival, Cat Fleming, Sue Gordon, Andrew Norton, Rachel Haggerty, Rachel Hyde Interim Māori Health Authority: Tipa Mahuta (observer), Bernard Te Paa Transition Unit or external: Simon Medcalf and Bex Sullivan
Apologies / Ngā tamōnga	Margie Apa – Chief Executive; Stephen McKernan – Director, Transition Unit

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
11.00am	Karakia	All	
	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
11.05am	Update from the Acting Chief Executive <ul style="list-style-type: none"> Chief Executive report 	Deborah Roche	For information
11.20am	Update from the Māori Health Authority <ul style="list-style-type: none"> Board discussions (verbal update) Update on kawenata development 	Sharon Shea	For information
11.30am	Update from the Transition Unit General reform update (verbal)	Simon Medcalf and Bex Sullivan	For information
	ITEMS FOR DECISION		
11.40am	Name – Te Whatu Ora <ul style="list-style-type: none"> The Board to adopt the name of Te Whatu Ora 	Bernard Te Paa	Endorsement
12.00pm	Government, Legal and Policy Update: The Board to adopt the	Deborah Roche, and Sara McFall	Endorsement

	<ul style="list-style-type: none"> • System quality settings • OIA Policy 		
12.10pm	Finance delegations <ul style="list-style-type: none"> • The Board to adopt the Financial Delegations Framework 	Deborah Roche, Rosalie Percival, and Cat Fleming	Endorsement
12.40pm	Risk Framework <ul style="list-style-type: none"> • Board is asked to endorse the proposed approach and framework for governing risk for HNZ 	Sue Gordon and Deborah Roche	Endorsement
1.00pm	Kai o te Rangi - Lunch		
	OPERATING MODEL AND STRATEGY (CLINICAL, DELIVERY, ENABLING)		
1.30pm	Health Charter <ul style="list-style-type: none"> • The Board to discuss the draft Health Charter 	Andrew Norton and Bernard Te Paa	Discussion
2.00pm	Health NZ accountability settings and strategic priorities <ul style="list-style-type: none"> • The Board to discuss the 6 priorities they have identified. 	IHNZ Board members	Discussion
3.00pm	New Zealand Health Plan <ul style="list-style-type: none"> • endorse this version of the plan for engagement purposes 	Rachel Haggerty	Endorsement
3.15pm	Performance Reporting Financial Performance <ul style="list-style-type: none"> • provides a current state snapshot of DHB financial performance Operational Performance <ul style="list-style-type: none"> • provides an overview of current DHB performance monitoring as it relates to operational performance 	Deborah Roche and Rosalie Percival	Endorsement
	TRANSITION AND DAY 1 MATTERS		
3.30pm	Day 1 Readiness (standing item) <ul style="list-style-type: none"> • Deloitte report with Management comments 	Rachel Hyde	Information
	GOVERNANCE / BOARD ADMINISTRATION		

3.40pm	Updates from joint working groups <ul style="list-style-type: none"> • Verbal updates • Strategic Health Policy, Planning & Accountabilities JWG Terms of Reference (final) 	Any group members	For information / noting
3.55pm	Board administration <ul style="list-style-type: none"> • Register of interests • Minutes and actions of the 8 April 2022 meeting • Meeting and engagements schedule 	Secretariat	For noting
4.00pm	Whakamutunga	Chair	
	Board in-committee session (if required)	Chair and Board	
	Karakia	Chair and Board	

Next Health New Zealand meetings:

- Friday 13 May, 11am – 4pm
- Friday 27 May, 11am – 4pm
- Friday 10 June, 11am – 4pm
- Friday 1 July, 11am - 4pm

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi
 Tuuria, tuuria te mata hau noo Papa
 Paiheretia te tangata ki te kawa tupua, ki te kawa tawhito
 He kawa ora! He kawa ora!
 He kawa ora ki te tangata
 He kawa ora ki te whaanau
 He kawa ora ki te iti, ki te rahi
 He kawa taataki ki au mau ai
 Tuuturu o whiti, whakamaui kia tiina
 Hui e! Taaiki e!

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Friday 29 April 2022. 11.00 am-4.23 pm. Online via Microsoft Teams.

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Interim Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Interim Health NZ: Catherine Foster (Interim Board Secretary), Sue Gordon (Interim Director Corporate Services - Sector Facing), Rachel Haggerty (Lead, Planning), Rachel Hyde (Chief Advisor), Sara McFall (Chief Advisor, Government and Partnerships), Susanne McKay (Interim Board Coordinator), Andrew Norton (People, Culture and Change), Rosalie Percival (Finance Lead), Deborah Roche (Acting Chief Executive), Anna-Marie Ruhe (Programme Manager Health Charter)</p> <p>Interim Māori Health Authority: Bernard Te Paa (Chief Advisor)</p> <p>Transition Unit or external: Simon Medcalf and Bex Sullivan</p>
Apologies Ngā tamōnga	Fepulea'i Margie Apa (Chief Executive), Stephen McKernan (Director, Transition Unit)

Karakia and mihihihi

Dr Curtis Walker opened the meeting with karakia, and the Chair noted apologies from Margie Apa and Stephen McKernan.

The meeting began with the Interim Board requesting an accurate and consistent dataset from the sector, to inform decision making. The fragmented DHB reporting structure does not provide iHNZ with the appropriate sector-wide view required to run the system. The dataset development process will be iterative, and the iHNZ Interim Board will identify and develop system metrics that are important to the Interim Board.

Action: CE to action developing reporting with accurate, regular and consistent dataset coming from the sector, that will enable informed decision making.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

The following conflicts were advised for the Interest Register.

- S. Shea – involvement as a sub-contractor with a mental health project (Auckland District Health Board/ Waitematā District Health Board)
- C. Crowley – Te Arawa Management Group - wholly owned subsidiary of Te Arawa Lakes Trust a sub-contractor to Whakarongorau (who hold the national telehealth contract with MoH)

Update from the Acting Chief Executive

The Chief Executive's report was noted. The Acting Chief Executive Deborah Roche provided a verbal update on several matters, including:

Communication and Engagement


- Interim Board discussion ensued that visibility is lacking on the public engagement narrative. The current communication plan is unclear on creating an equity focus and enabling mindset shifts. V.Stoddart offered to meet with the CE to assist with these matters.
- The Interim Board discussed system blockages inhibiting sector-wide communication. C. Crowley offered to contact all DHBs to ask that they support removing the blockages so iHNZ can communicate with the sector directly.

Health Workforce – Bargaining Update

- The workforce strike discussion remains ongoing. The Interim Board noted the Public Service Association (PSA) union has issued a strike notice to DHBs for May 16. Currently, the Ministry of Health (MoH) provides advice to the Minister on workforce negotiating parameters. Management is seeking an arrangement to do this advice in partnership with iHNZ and the Public Service Commission.

Health Infrastructure Unit

s 9(2)(g)(i)



Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

s 9(2)(g)(i)

Other discussion points on the CE's report included:

- Consumer and Whānau Voice: The Interim Board discussed the need to set KPIs to ensure consumer needs and expectations are represented in the system
- Data and Digital: Tripartite agreement is a very positive step. Request to be bolder with the use of Te Reo and translate HNZ's website.
- ICT Funding: The Interim Board requested the CE's office further update the Interim Board to clarify the report statement that s 9(2)(b)(ii)
- Establishment of a workforce taskforce focused on short-medium term operational workforce issues. The Interim Board highlighted it also has accountability for workforce issues.
- Health NZ organisational design consultation: The Interim Board requested information on what is being socialised in the sector. This work is underway, the Interim Board noted the establishment plan is going out to the sector during the week beginning May 2, 2022. The CE will be able to provide the Interim Board with the slide deck and in further meetings more information on specific sector discussions and special interest groups.

Update from the interim Māori Health Authority (iMHA)

Sharon Shea provided a verbal update on the IMHA Interim Board meeting held on Wednesday April 27, 2022. Key points from the meeting included:

- MHA provided feedback on the Government Policy Statement (GPS). The Interim Board wished to better align with Whakamaua: Māori Health Action Plan 2020-2025. Appendices are overprescribed.
- Governance Committees: MHA Interim Board will continue with their meeting frequency through to the end of the calendar year. They continue to be supportive of joint committee arrangements with iHNZ.
- New Zealand Health Plan: MHA provided feedback, including ensuring whānau perspective is evident.
- Tangata Tiriti and Tangata Whenua analysis: S. Shea would share with iHNZ the thinking as it is important MHA and HNZ stay true to the Hauora model.
- Webinars are a successful engagement strategy with the Māori sector, feedback has been positive with requests for further webinars. The Chief Executive and Interim Board members co-presented at the webinars. Interim Board presence was valued by staff and was well-received by the sector.

V. Stoddart left the meeting during this item at 11.21 am and re-joined at 11.31 am.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Update from the Transition Unit

Simon Medcalf and Bex Sullivan joined the meeting and provided a verbal update at 11.49 am.

The update included the following points:

- A Cabinet paper is under development for the Minister to confirm that 1 July is the go-live date. Cabinet advice will include commentary on the ongoing assurance role of TU.
- The Pae Ora Bill is in the final stages. Changes reflect public submissions in response to the process, including change in powers for iwi/Māori partnership Boards, powers of MHA, reporting on localities, approach to Charter. There are no changes to the bill that fundamentally impact the machinery of government or government settings.

The iHNZ Interim Board requested that the Interim Board see the recommendations before putting them to Cabinet. iHNZ Interim Board needs to understand the TU's ongoing role and the accountability and responsibility lines.

The S 51 changes were discussed. The Interim Board's feedback was that the changes reduce the Charter's influence and can potentially weaken the success of HNZ and the sector reforms. Accordingly, the Chair is advocating that the previous wording is returned.

The Chair thanked the TU attendees. Simon Medcalf and Bex Sullivan left the meeting at 12.01 pm.

Īngoa – naming of Health NZ

Bernard Te Paa joined the meeting at 12.01 pm.

The Interim Board acknowledged the gifting of the name and was appreciative of the development panel's work.

The Interim Board discussed its support for Te Whatu Ora and requested guidance on how it is used and communicated to the sector and general public. Guidance should include the appropriate use of Māori or English names. A variety of views were shared, and the Interim Board endorsed the name Te Whatu Ora and agreed that it is a communications exercise to consider how and when it is made public. The Interim Board wants to bring the sector and public on the journey while also emphasising the Te Reo Māori name.

Other points of discussion included

- MHA preference is to use the Māori name and will not have an English translation

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- Need to consider the Minister's role and whether he wishes to make announcements of names at government and local levels, and / or put them in the Bill
- Health New Zealand is not a translation of Te Whatu Ora. It is important to communicate the meaning and richness of the Māori name and avoid creating confusion that it is a translation of an English name.
- The option of using an English strapline underneath the Māori name to explain the essence of the name was discussed. However, the Interim Board reiterated the intent that Te Whatu Ora is the legal name, and therefore, this is how the organisation should be known from inception.

The Interim Board of HNZ endorsed the name Te Whatu Ora and recommended the Minister of Health include it in the Pae Ora Bill.

Action: Management to present a communications plan for how the name is announced and integrated across the sector and public, for both Interim Boards' agreement.

Bernard Te Paa left the meeting at 12.33 pm.

Government, Legal and Policy Update

Sara McFall joined the meeting at 12.33 pm. V. Stoddart left the meeting during this item at 12.34 pm and re-joined at 1.13 pm.

Workforce Transfers: On track. The Interim Board discussed the importance of welcoming staff, including induction and exposure to organisational culture. Many staff are experiencing change, and support is available to staff who are struggling with the transition.

Official Information Act (OIA) requests: There are three active OIAs. Interim Board members whose private information is involved will be contacted directly.

OIA policy was developed to ensure alignment across the sector. However, the Māori data sovereignty issue is still to be resolved. Therefore, it is recommended that the OIA policy is adopted and will be updated to reflect the position on Māori data sovereignty when it is developed. The Digital and Data Working Group is actively working on the matter.

Quality: The Interim Board

- requested analysis to understand what is not being done well in the system, to ensure system reform
- noted unwarranted clinical variation is of value for the HNZ Interim Board to understand and track
- requested quality management be aligned with a risk management, system-wide approach
- endorsed the quality recommendation, with inclusion of the Interim Board's feedback.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

The Interim Board:

1. noted an update on the functions transfers from the Ministry of Health
2. endorsed updated OIA policy
3. noted an update on the following policy workstreams:
 - Pae Ora Bill
 - quality settings for the reformed health system
 - transfer of DHB/MOH contracts, assets, and liabilities
 - workforce regulatory reform.
4. noted the advice provided by the Māori Health Authority on the interim Government Policy Statement.

Sara McFall left the meeting at 12.55 pm.

Finance Delegations

Rosalie Percival joined the meeting at 12.56 pm.

The Interim Board provided direction on the delegation approach framework. Key points included

- the Interim Board wished to see clear principles that guide how people execute the delegation and focus on controls and how people behave, rather than a number for approval
- During the transition period fraud risk is high, with tight controls needed
- Developing a control framework for approvals outside the delegation framework is underway
- It is important that staff understand the emphasis on cost controls and their decisions in the broad system context
- Delegations are needed for service contracts.

Action: Management to provide recommendations to the Interim Board on delegations for service contracts.

The Interim Board:

- a. endorsed the proposed approach to HNZ delegation of financial decision making from Day 1 outlined in the paper
- b. noted that staff will present for approval by the Interim Board on 1 July 2022 a policy for delegations from the CE to HNZ staff based on the principles outlined in this paper and feedback received from the Interim Board

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- c. noted that staff will be developing integrated and uniform delegation policies over time across all of HNZ, and that these delegation policies will be aligned to other policies across HNZ that reflect a range of non-financial responsibilities
- d. noted that the proposed policy does not include delegations from the HNZ Interim Board to the CE, as it is expected those policies will be developed separately in order to:
 - i. reflect an agreed division of responsibilities between governance and management
 - ii. minimise the administrative burden of regular change over time to staff delegations as experience drives further modifications of operating delegations
- e. noted that the CE will inform the HNZ Interim Board of material changes to the staff delegation policy
- f. noted that Craig Green, interim CFO for the iMHA, has been engaged in this matter from the outset.

Rosalie Percival left the meeting at 1.12 pm.

OPERATING MODEL AND STRATEGY (CLINICAL, DELIVERY, ENABLING)

Health Charter - Te Mauri o Rongo

Andrew Norton, Bernard Te Paa and Anna-Marie Ruhe joined the meeting at 1.13 pm. V. Stoddart joined at 1.13 pm.

The Interim Board discussed the importance of implementation. As Chair of the People, Culture and Workforce Working Group, Vanessa Stoddard confirmed that the Charter has been through the Working Group, which had also emphasised the importance of implementation.

The Interim Board discussed their role in living the intent of the Charter, and alignment with the Charter should be a key measure of Interim Board success. The Interim Board must face the sector on these issues and be prepared to be held to account and provide sector leadership.

Action: Incorporate the Health Charter into Interim Board's artefacts and decision-making documents.

Andrew Norton, Bernard Te Paa and Anna-Marie Ruhe left the meeting at 1.41 pm.

The meeting adjourned for lunch at 1.41pm, reconvening at 1.56 pm.

Risk Framework

Sue Gordon joined the meeting at 1.54 pm.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Key discussion points on the proposed risk framework included

- Supportive of the framework but needs to be adapted for our purposes. Equity, Transformation and Te Tiriti could all have their domains
- The Interim Board was reminded to take a waka Hourua approach to risk management and consider risks for MHA and HNZ separately and as joint partners
- Interim Board of HNZ needs to identify and control the risks of crucial concern to HNZ
- The Interim Board needs to capture the risk that sector reform may not be achieved and public expectations may not be met. It is unclear in the framework where this risk may sit.
- The Interim Board wished to see the risks that sit under the domains to ensure there is a common understanding of the headline themes and what they mean for the system.

The Interim Board:

- a. endorsed the proposed approach to adopting a framework for governing risk for HNZ
- b. noted additional domains, as discussed for inclusion in the framework
- c. requested the progression of detailed work on the domains.

Action: Board Secretary to organise a Risk Framework session with MHA to discuss the risk and points of difference conversation and how we work as twin organisations in one system.

Sue Gordon left the meeting at 2.17 pm.

Health NZ accountability settings and strategic priorities

The Interim Board discussed the six priorities they had identified. Overall, there were consistent strategic priorities identified which were positive to see. The Interim Board emphasized they did not want to lose the richness that Interim Board members had placed in their responses and wanted visibility of the prioritization interim Board members had undertaken. The Interim Board requested time to give deep consideration to prioritization over the next few months and include MHA. The Interim Board also asked that their longer form answers be developed into a policy document for the Interim Board's consideration.

Action: Board Secretary to organise face-to-face discussion with MHA to discussion strategic priorities.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

New Zealand Health Plan

Rachel Haggerty joined the meeting at 2.27 pm.

The timeline for publishing the plan has changed due to advice not to launch too close to Budget 2022, NZ Treasury. The Interim Board provided further feedback on the plan, which included

- Avoid being a long list of good intentions; need to demonstrate what good looks like
- Strengthen interagency components
- Emphasis that we are working together with unions and our workforce
- s 9(2)(g)(i) but we do not want to be critical of those who have come before us and may still be working hard in the new system
- Set the challenge to be aspirational in leadership. Emphasise that we are changing the system.
- Be bold. Address persistent issues in the sector that have been ignored, such as bullying. The time is right to set the tone for the sector for the culture and behaviours that we expect. We are not DHB+; we are creating a new system.

The Chair thanked staff for the ongoing work on the plan and Interim Board members for their feedback.

Action: Rachel Haggerty's team agreed to develop a 1 – 2 pages synopsis on why four areas are prioritised; and provide this to the Interim Board for their information in preparation for the conversations they will have with sector/public.

Performance Reporting

Rosalie Percival re-joined the meeting at 2.45pm. Rachel Hyde joined the meeting during this item at 2.56pm.

The Chair relayed the matters discussed at the beginning of the agenda. The Interim Board asked management to develop reporting with an accurate and consistent dataset coming from the sector to inform decision-making.

Key discussion points included.

- Assurance was provided that the mechanism will be in place by 1 July, which will enable accurate and robust data to be used in decision making. However, it will continue to be an iterative process as the system develops.
- The Interim Board stated it does not want to be burdened by detail. However, business analysts should be utilised to provide analysis and escalate to the Interim Board matters of exception.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- The current system looks at financial performance independent of operations. The new system will create an integration to inform decisions.
- People and Culture Working Group will sign-off people KPIs to execute their monitoring function
- Governors want to see trends
- An equity matrix is being developed with stakeholders, including MHA
- Principles should include quality and safety metrics. Metric for unmet needs is vital for transformation.
- Split out service and system metrics and move towards a wellbeing focus, not numbers of unwell patients treated.
- It is an important exercise to identify what activities we do not need to be doing to understand system performance.

Action: Management to develop a people scorecard for consideration by the People and Culture working group.

Rosalie Percival and Rachel Haggerty left the meeting at 3.34pm.

Transition matters – Day 1

Rachel Hyde presented key recommendations and discussion points included

- System monitoring and accountability to green/amber because reliance on the parliament process is not within our control
- Develop a high-level year one and two view of what success looks like for the reforms: the Interim Board wants to agree that there is an alignment with thinking and share the responsibility between Management and Governance
- System monitoring framework is critical for day 1 to meet stakeholders' expectations of performance
- MHA resourcing – Sharon and Tipa are working on it
- DHBs discontent with the change is potentially disruptive. However, feedback has been that the discontent is about the lack of communication, not the change. Distance of decision making is also a concern for the sector.

Assurance framework key points discussed included

- Management is undertaking a prioritisation exercise separate from s 9(2)(i). Management will identify the top 10 critical elements.
- Visibility of data is a risk. The fragmented nature of the system means that in certain areas, information is difficult to identify. However, work continues on these issues including working 1:1 with people to gain assurance.
- We are assessing ourselves and have recruited third party consultants to test and challenge management's thinking to add another layer of interrogation and assurance.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

The Interim Board thanked the staff for the level of assurance the presentation provided. The Interim Board requested that day one assurance reporting be a regular item included in the CE's report to ensure the Interim Board can oversee progress.

Rachel Hyde left the meeting at 4.10 pm.

Updates from Joint Working Groups

Verbal updates were provided on recent meetings as follows:

- Strategic Health Policy and Planning - Curtis Walker noted that the group is providing benefit through testing strategic policies and providing the voice for MHA. The group is seeking a matrix of key documents to monitor across the system and looking at meeting schedules to be more effective in their advice to the Interim Board.
- Public Health, Primary and Community Care implementation – Dame Dr Karen Poutasi noted and reminded management that the working group had requested a single manager to work with. Discussion would be taken offline to identify who is best placed to fulfil this role.

Interim Board administration

Register of interests: Noted; with changes as reported at the beginning of this meeting. Report any changes to the Interim Board Secretary.

Minutes and actions of the 8 April 2022 meeting were accepted without changes or comment.

Meeting and engagements schedule: Noted.

The Interim Board confirmed that the meeting on the 13th of May will be online. The Board Secretary is developing the Board meeting schedule for the remainder of the year.

The Chair acknowledged and thanked Rachel Cunningham on behalf of the Interim Board for her work in the Secretariat during the establishment phase, with this being her last meeting attendance.

The meeting closed at 4.23 pm with karakia.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Open actions

No.	Action	Responsible owner	Due date	Comments
BD290422-01	Data and reporting CE to action developing reporting with accurate, regular and consistent dataset coming from the sector, that will enable informed decision making	Margie Apa	13 May 2022	In progress. Reporting paper on 13 May Board meeting agenda.
BD290422-02	Naming of Te Whatu Ora Management to present a communications plan for how the name is announced and integrated across the sector and public, for both Interim Boards' agreement.	Margie Apa	30 June 2022	
BD290422-03	Delegations approach framework Management to provide recommendations to the Interim Board on delegations for service contracts.	Margie Apa	30 June 2022	
BD290422-04	Health Charter Incorporate the Health Charter into Interim Board's artefacts and decision-making documents.	Chair	30 June 2022	
BD290422-05	Risk Framework Board Secretary to organise a Risk Framework session with MHA to discuss the risk and points of difference conversation and how we work as twin organisations in one system.	Board Secretary	30 June 2022	
BD290422-06	Strategic Priorities Board Secretary to organise face-to-face discussion with MHA to discussion strategic priorities.	Board Secretary	30 June 2022	
BD290422-07	NZ Health Plan Rachel Haggerty's team to develop a 1 – 2 pages synopsis on why four areas are prioritised; and provide this to the Interim Board for their	Rachel Haggerty	30 June 2022	

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
	information in preparation for the conversations they will have with sector/public.			
BD290422-08	Performance Reporting Management to develop a people scorecard for consideration by the People and Culture working group.	Rosalie Percival	30 June 2022	
BD080422-01	Government Legal and Policy update 1. Summary information on what roles, functions and vacancies are being transferred to iHNZ and what is being retained by MOH. Where possible, demographic profile of transfers to be shared. Previous Interim Board action BD161121-01 (since closed) also requested analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Interim Boards when ready. 2. OIA policy – to return to a future Interim Board meeting following feedback from iMHA Interim Board and Ombudsman 3. Proactive release policy - Deborah Roche to discuss with a Interim Board member whether an exception would be required to cover "highly unforeseen circumstances"	Deborah Roche	29 April 2022	1. In progress. 2. Closed 3. Closed
BD080422-02	Deep dive – National Public Health Service: The EOI for Public Health Advisory Committee to be shared with the Interim Board, and Interim Board concerns with existing design noted for Ministers	Margie Apa	29 April 2022	
BD250322-01	Update from Transition Unit: Overview of Pae Ora Bill submissions and Select Committee process. Copy of the Departmental Report to be circulated to the Interim Board once available	Oliver Poppelwell	End of April	

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD250322-02	DEEP DIVE SESSION: Capital – current state analysis, risks and opportunities Pipeline of capital work to be shared with the Interim Board, noting what has been scoped, committed, announced etc	John Hazeldine		
BD110322-02	Update from the Māori Health Authority Interim Board members to receive an invite to the iHNZ LT session on <i>waka hourua</i> ; or a dedicated session to be facilitated either out-of-cycle or during any future strategy session	Margie Apa	25 March 2021	
BD280122-01	Update from the Māori Health Authority Outputs from the iMHA Interim Board strategy session to be shared with the Health NZ Interim Board	Sharon Shea / Secretariat	11 Feb 2022	Awaiting final version to be shared
BD140122-03	Proposal for wordmark (corporate identifier and visual identity) – interim Health NZ A follow up discussion to be scheduled jointly with the interim MHA Interim Board on development of aligned communications strategies for each entity, following consultation with the new substantive Chief Executive appointees	Secretariat and Karl Ferguson	TBC with new CE	
BD201221-02	Due Diligence framework Confirmation of the scope and availability of run-on liability insurance for existing DHB officers and staff, and Health NZ Interim Board indemnities to be sought (within the work programme) - will require Interim Board approval.	Rosalie Percival		
BD291121-03	Banking and Insurance Arrangements – Day 1	Rosalie Percival		

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
	Further information on levels and options to insure for cyber-risk, and alternative risk financing to be provided once available (pending MBIE review).			
BD031121-07	Finance Day One Presentation: Future presentation requested on discretionary vs non-discretionary aspects of budget and ability to influence. Establish interim Finance/Audit Committee. Draw up draft Terms of Reference. Consider whether Risk should be included or stay at full Interim Board level. Elect Chair. Seek Interim Board endorsement.	Martin Hefford / Rosalie Percival Martin Hefford, Secretariat, Vui Mark, Vanessa, Cassandra		Will be in early 2022 Formation of joint working groups complete (see BD161121-03)

Actions closed at this meeting

No.	Action	Responsible owner	Due date	Comments
	No actions were closed at this meeting			

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Friday 13 May 2022. 11am-4pm. Online via Teams

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Interim Health NZ: Margie Apa – Chief Executive, Deborah Roche, Rosalie Percival, Martin Hefford, Rachel Haggerty, Catherine Foster (Board Secretary), Susanne McKay (Board Coordinator)</p> <p>Interim Māori Health Authority: Tipa Mahuta (observer)</p> <p>Transition Unit: Stephen McKernan – Director</p> <p>For mental health deep dive session: Karen Orsborn (Mental Health and Wellbeing Commission), Barbara Disley (Emerge Aotearoa), Kerri Butler (Consumer voice), Dr Ian Soosay (Clinical Director, Counties Manakau and Chair of MH&A Directors), Dr Diana Kopua (Clinical Advisor, Māori Health Authority)</p>
Apologies / Ngā tamōnga	

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
11.00am	Karakia	All	
	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
11.05am	Government, Legal and Policy Update	Deborah Roche	For noting
11.35am	Update from the Māori Health Authority <ul style="list-style-type: none"> Board discussions (verbal update) Update on kawenata development 	Sharon Shea	For information
11.45am	Update from the Acting Chief Executive Chief Executive report	Margie Apa	For information
	TRANSITION AND DAY 1 MATTERS		
12.15pm	Update from the Transition Unit General reform update (verbal)	Stephen McKernan	For information
12.25pm	Finance Day 1 systems and processes: <ul style="list-style-type: none"> 2022/23 Budget – presentation 	Rosalie Percival	For information
12.45pm	Kai o te rānui/ Lunch break		

OPERATING MODEL AND STRATEGY (CLINICAL, DELIVERY, ENABLING)			
1.15pm	DEEP DIVE SESSION: Mental health and addictions	Martin Hefford and attendees listed above	For information
SYSTEM PERFORMANCE			
2.15pm	Early performance reporting / development	Rachel Haggerty	For information
GOVERNANCE / BOARD ADMINISTRATION			
2.45pm	Updates from joint working groups Verbal updates <ul style="list-style-type: none"> - Data and Digital - People, Development, Culture and Remuneration - Public Health, Primary and Community Care Board meeting schedule HNZ Committees - for discussion	Any group members Secretariat Chair / Secretariat	For noting
3.20pm	Board administration <ul style="list-style-type: none"> • Register of interests • Minutes and actions of the 29 April 2022 meeting • Meeting and engagements schedule 	Secretariat	To note
	Whakamutunga	Chair	
	Board in-committee session (if required)	Chair and Board	
	Karakia	Chair and Board	

Next Health New Zealand meetings:

- Friday 27 May, 11am – 4pm
- Friday 10 June, 11am – 4pm
- Friday 1 July, 11am - 4pm

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi
 Tuuria, tuuria te mata hau noo Papa
 Paiheretia te tangata ki te kawa tupua, ki te kawa tawhito
 He kawa ora! He kawa ora!
 He kawa ora ki te tangata
 He kawa ora ki te whaanau
 He kawa ora ki te iti, ki te rahi
 He kawa taataki ki au mau ai
 Tuuturu o whiti, whakamaui kia tiina
 Hui e! Taaiki e!

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Friday 13 May 2022. 11am-4pm. Online via Microsoft Teams.

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Interim Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Interim Health NZ: Margie Apa (Chief Executive), Deborah Roche, Rosalie Percival, Martin Hefford, Rachel Haggerty, Catherine Foster (Board Secretary), Susanne McKay (Board Coordinator)</p> <p>Transition Unit: Stephen McKernan (Director)</p> <p>For mental health deep dive session: Karen Orsborn (Mental Health and Wellbeing Commission), Barbara Disley (Emerge Aotearoa), Kerri Butler (Consumer voice), Dr Ian Soosay (Clinical Director, Counties Manukau and Chair of MH&A Directors), Tess Ahern (Mental Health & Addictions Lead, iHNZ)</p>
Apologies Ngā tamōnga	None

Karakia and mihihihi

The meeting began at 11.02am.

M Apa opened the meeting with karakia. An apology for lateness from C Walker was noted by the Chair.

The Chair reported that he had recently attended a formal ceremonial handover from District Health Board Chief Executives and Chairs to the Health New Zealand leadership. The Chair requested these important events are remembered as part of our organisation's journey.

There were no conflicts advised for the Interest Register.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Government, Legal and Policy Update

D Roche joined the meeting at 11.05 am and provided a verbal update. The interim Board discussed the following matters:

Legal

The interim Board requested visibility of litigations underway that are material for the interim Board. The Finance and Audit Joint Working Group (JWG) has invited outgoing DHBs to brief them on legal issues. The interim Board also wanted to understand Director liabilities including insurance and indemnity. In addition, the interim Board requested guidance on the circumstances when the interim Board would use internal vs. external legal services.

Actions:

- D Roche to prepare a list of all DHB legal proceedings including a recommended threshold for when the interim Board will be notified of future legal proceedings
- D Roche to arrange for the interim Board to receive guidance on the circumstances the interim Board will use internal vs. external legal services
- The interim Board to receive a briefing on Director liabilities, including insurance and indemnity
- The Board Secretary to develop a process for centrally managing and recording interactions interim Board members may have with people, or where they receive information offline, on matters that may be pertinent to the interim Board
- The Board Secretary to develop a central repository for Official Information Act (OIA) requests and Parliamentary Questions, as a resource library for Board members' information and reference.

The interim Board requested that when procuring external legal services, firms with a balance of Māori and gender representation in their teams are worked with.

Employment Relations

Employment relations negotiations remain ongoing. The Chair requested that he and V Stoddart remain briefed on the issues as they are a priority for the interim Board.

Health Charter

The CE updated that the Charter has been shared with the sector, however, the employment relationship remains a challenging focus.

Health Plan

Feedback was shared that the Health Plan requires more work to ensure clear actions aligned with priorities. A reworked version will be shared with the interim Board before going back to the Minister of Health.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

A localities and prototypes meeting had taken place. It was a good meeting, with limited opportunity to engage as it was held online, but it provided a good start on how to work.

Primary care early actions were shared with the Minister as a plan on a page. Feedback received was that the Minister is comfortable with the plan but recognised more work is required and it was a useful document to set priorities.

The interim Board was updated that we have a Private Secretary working in the Minister's office. s 9(2)(f)(iv)

D Roche left the meeting at 11.47 am.

Update from the Acting Chief Executive

The Chief Executive's report was noted and M Apa provided a verbal update on several matters, including:

- The CE office is working directly with DHB CEOs to understand current operating assumptions and develop delegation policies for decision making thresholds
- Employment relations issues remain ongoing and unresolved with the offer presented going back to the Minister. Our negotiators are working hard to get real time advice and involvement from the Minister, as the current arrangements are unsatisfactory for everyone.

BreastScreen Aotearoa adverse event

The CE explained delays in women receiving breast screening on time and there are 52 women that may have suffered harm. Management is establishing an independent review to look at the situation, provide support to those involved and provide advice and guidance on how to respond and avoid similar issues in the future.

Hutt Valley Hospital seismic assessment

The interim Board was briefed on the issue of the seismic rating of the Heretaunga Building belonging to Hutt Valley DHB. This provides an example of issues still being considered by DHBs and how iHNZ can provide leadership on challenging issues facing the sector. The interim Board needs to consider its risk profile and escalation points for these types of matters.

Health Workforce – Employment Relations

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Discussed that the bargaining negotiation process is unsatisfactory for all involved. The interim Board discussed a simple model to present to the Minister for how employment relations can work after 1 July 2022. The interim Board can provide a leadership role and present solutions.

Curtis Walker joined the meeting at 12.05 pm.

Other discussion points on the CE's report included:

- Design Councils: The People, Development, Culture and Remuneration joint working group meeting discussed their support for using independent experts from a variety of sectors to test thinking, especially regarding organisational structure. V Stoddart mentioned the need to clarify the roles of Board, Joint working Groups, Committees, Design Councils and Taskforces to avoid blurring governance/management lines. It is also important third parties understand their role is to advise management, and not to provide governance.
- Project execution across NZ: During the transition phase the CE's office has brought in staff from DHBs to provide continuity and support in some areas. DHB capital projects remain a focus for iHNZ and the Minister. Over time rationalisation is required to ascertain what projects will continue and which will not.
- Communications: iHNZ currently has limited communications resources. It is a challenge to communicate change and approach the announcement of Budget 2022 and its political implications for iHNZ. Management is aware the sector is looking to iHNZ for guidance and direction about what the reforms will mean for them.
- Primary Care: Programmes being developed will standardise primary care and deliver more equitable outcomes. Nationalisation will increase the reach and quality of services, training pathways, and national consistency. The interim Board discussed the need to be critical of the tools used; historically they have exacerbated inequity and the interim Board wants to ensure these elements are not replicated in new ways of working.

Update from the interim Māori Health Authority (iMHA)

S Shea provided a verbal update on the iMHA Board meeting held on Thursday May 12, 2022. Key points from the meeting included:

- Tier 2 recruitment is ongoing
- Budget 22/23: iMHA recognises the need to develop key messages and has engaged additional communications support. There is anticipated public and political interest in iMHA funding.
- Regions: iMHA is exploring removing regions from their service design. This is in response to tribal boundaries not being confined to regions that have been set by others, as well as the intention that services are provided to those who need them regardless of their region. iHNZ is legally required to have regions but iMHA is not. Iwi Māori Partnership Boards will play a vital role for iMHA. The interim Board discussed potential risk that the essence of 'co-governance' would be lost if the systems have fundamental design differences and concluded that removal of regions is seen as iMHA exercising their independence, organising themselves how they want and to meet the needs of their people.

Update from the Transition Unit

S McKernan joined the meeting and provided a verbal update at 12.35 pm.

The update included the following points:

- Cabinet paper goes to SWC (Social Wellbeing Committee) cabinet sub-committee, then to cabinet the week after
- Ministers Little and Henare will give a Budget 2022 speech on Friday 20 May in Auckland, invitations will be issued soon; information packs will be given to Boards to support any questions
- Ongoing monitoring is the subject of a meeting between the Ministers of Health and Finance, with MoH and Treasury providing a joint update; TU is providing advice that future system monitoring needs to shift from detailed operational performance monitoring to a high trust approach.

The interim Board

- Requested more information from the TU on the Minister's approach to enrolment (how localities will work together, funding systems)
- Noted the monitoring approach is unique, there is not another sector agency that can be replicated; there are some parallels with ACC and the ACC monitoring function has featured in recent discussions
- Noted iMHA also discussed the enrolment system difficulty for Māori and barriers such as full GP practices not accepting more patients.

S McKernan left the meeting at 12.59 pm.

The meeting adjourned for lunch at 1.00 pm, reconvening at 1.20 pm.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

OPERATING MODEL AND STRATEGY (CLINICAL, DELIVERY, ENABLING) DEEP DIVE SESSION: Mental health and addictions

M Hefford, K Orsborn, B Disley, K Butler, Dr I Soosay and T Ahern joined the meeting at 1.20 pm.

R Manuel joined the meeting at 1.27 pm.

C Crowley re-joined the meeting at 1.30 pm.

Key points raised by the sector included:

- providers strongly support primary care and community mental health approach
- workforce takes a long time to train and is not widely available. Specialist services are not in a good space and need assistance.
- He Ara Oranga report provides a solid foundation to build on, setting a clear Māori pathway with deep principles
- must honour Te Tiriti and design culturally appropriate responses to trauma
- we cannot medicate or treat our way out of the mental health epidemic – must engage the help of social housing, addiction providers, take a whanāu ora approach with deep community level
- the NGO sector wants change and action and recommends
 - ensure high visibility of mental health and in all meeting agendas
 - learn from recent Covid experience, shifts in community response, partnerships and collective responses, hospital funders partnered with the NGO sector in a way that valued NGOs
 - take services to where the people are (NGOs take services into social housing hubs rather than expecting people to turn up at a GP clinic)
 - earlier intervention, many initiatives in public and child health are mental health protection initiatives such as First 1,000 Days
 - cross agency approach - broadly work across government, many NGOs are in a place to do this through advocacy and clear, positive relationships
- lived experience reveals a system with institutional racism barriers. Need a diverse, workforce to ensure culturally embedded ways of being.
- Youth wellbeing needs to be a major focus area; waiting times are too long, options are not available, youth suicide rate is one of the world's highest. supporting more clear services where people can access them and also access highly skilled specialist services. The work programme has money and resources for youth facilities, they are really lagging, get on and get them done.
- development of peer support workers is important. A lot can be done with peers, someone who understands you. Must be an authentic peer service, led by peers.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- regions are important to connect with rural populations who are currently disconnected from services in main centres. Bringing services to people can wrap services around whole families and communities.
- big C and little c determinants of health. Cultural health determinants include the impact of Colonisation on Māori, Pacific and new migrant communities. Little c includes culture such as the impact of social media on rangitahi.
- recommend the interim Board pay attention to Kaupapa Māori, Pacific and youth; look at the recommendations in commission reports, shift the system by looking at frameworks that can be acquired down to a locality level.
- R Manuel noted an apology from Dr Diana Kopua (Clinical Advisor, Māori Health Authority) and spoke on behalf of. iMHA has a ropu to make sure the “system levers” are moving correctly. Social bias and institutional racism are known focus areas. The system needs to be ready to hear a Māori world view. iMHA already has the map and has funding available. Learnings from Covid are locality projects, a great model to get things moving quickly. Peer groups will help mitigate the lack of specialists.

The interim Board has an appetite for concrete, pragmatic actions. The Board requested that this discussion be used as a lens to prioritise activities.

V Stoddard left the meeting at 2.09 pm and re-joined at 2.14 pm, during this item.

M Apa thanked the attendees for their helpful input.

M Hefford, K Orsborn, B Disley, K Butler, Dr I Soosay, T Ahern and R Manuel left the meeting at 2.13 pm.

The Interim Board:

- a. noted the briefing information in the “Mental health and addictions briefing paper”, dated 4 May 2022
- b. noted that the actions proposed have been incorporated in the draft health plan.

Finance Day 1 Systems and Processes

R Percival joined the meeting at 2.14 pm.

The Interim Board noted the Budget 2022 uplift. Key points included

- Careful messaging will be needed
- Cost base will need reconfiguration
- 20% is in contingency and the use will be highly scrutinised
- Some bids are inherited from before the interim Board’s time, not necessarily in line with iHNZ priorities

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

The interim Board discussed the uplift is to cover DHB deficits. s 9(2)(f)(iv) The interim Board requested more information on budget bids currently taking place and more visibility of inherited projects and existing cost structures. There is a need to understand what is committed and if re-prioritisation is required. It was unclear whether funds such as the Pacific Provider Development Fund is included or excluded in existing budgets. The interim Board will have a role in interrogating budget bids in future to ensure alignment with priorities and the Health Plan.

s 9(2)(f)(iv)

Action: R Percival to provide a letter of comfort for the interim Board on the Holidays Act provision sum.

The interim Board noted that R Percival will bring back a paper on day 1 cash balances, for the Board's consideration.

Action: Paper on Day 1 Capital Structuring option to be tabled at the next Board meeting, May 27, 2022.

Curtis Walker left the meeting during this item at 2.55 pm and re-joined at 3.04 pm.

M Apa summarised the next steps for the interim Board

- The interim Board needs to hold more decision making at national level
- The interim Board needs refined information on how funding will be allocated internally, and more stringent cost control measures are needed in the first 24 months to do the transformations
- Recommended the interim Board consider how to measure shifts in investment and the benefits that come from that.

R Percival left the meeting at 3.04 pm.

System Performance – Early performance reporting/development

Item was deferred.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

GOVERNANCE / BOARD ADMINISTRATION

Updates from Joint Working Groups

Verbal updates were provided on recent meetings as follows:

Data and Digital:

The JWG receives regular cyber security briefings. The group acknowledged the resignation of the Deputy Director-General of Data and Digital role at the Ministry of Health, Shayne Hunter, and his expertise in this field.

People, Culture and Workforce:

The co-convenor reported that the JWG had very positive engagement with union representatives. Notes available in Diligent Boards for Board members' information.

Board meeting schedule

The interim Board noted their meeting schedule for the remainder of 2022.

The interim Board confirmed an additional meeting on Wednesday the 22nd of June 2022 and that in person meetings will be in Auckland.

iHNZ Committees

The interim Board discussed the following points

- A proposed Capital and Infrastructure Committee may include external people due to the need for independent and expert advice.
- JWG will stop 1 July 2022. Matters such as public health and primary care, data and digital which are currently being discussed in JWG's will be discussed by the Board after 1 July 2022.
- Support for a standalone Health and Safety Committee. Union involvement was supported but make clear the union(s) attend for part of the meeting, followed by committee time without unions present.
- Support for the standing committee model, with the ability to appoint ad hoc groups for specific matters that emerge and for a specific period of time. The interim Board wants to be agile in its structures to be able to respond to issues as they emerge.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- There needs to be clear escalation points about what is dealt with by committees and the interim Board, so management is clear on decision pathways
- JWG's have worked well, and the interim Board wants to maintain the principle of working jointly with iMHA, where appropriate
- The importance of finding new ways of working to ensure the interim Board is being aspirational and challenging its thinking, including using analytics and data to inform decision making. The interim Board does not want to be confined to common ways of working.
- Culture and ways of working will be important for committee success
- Make consumer voice clear and they are at the heart of what we do
- Cabinet and Minister, as well as the wider sector have an interest in understanding the governance structure(s) implemented to ensure good governance.

The interim Board:

- a. Noted the Board Secretariat Memorandum dated 13 May 2022 on "Establishing committees post 1 July"
- b. Agreed to continue with the five Joint Working Groups until 1 July 2022
- c. Agreed to establish five committees effective from 1 July 2022; these include Finance and Audit, People and Culture, Health and Safety, Clinical Quality and Assurance, Capital and Infrastructure

Note to these minutes from the subsequent interim health NZ Board meeting on 27 May 2022:

Minutes and actions of the 13 May 2022 meeting were accepted, subject to a change. The interim Board agreed the minutes did not accurately reflect the committee discussion and should be amended to emphasise that the interim Board is still considering its committee structures, including where localities and public health best sits.

- d. Provided guidance to be flexible in mindset about how to design governance arrangements to utilise independent membership and work in partnership with iMHA where appropriate.

Action: The Board Secretary to prepare a paper on refining the committee structure, based on the interim Board's recommendations and discussion.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Interim Board administration

Register of interests: Noted with no amendments.

Minutes and actions of the 29 April 2022 meeting were accepted without changes or comment.

Meeting and engagements schedule: Noted.

The meeting closed at 4.00 pm with karakia.

Open actions

No.	Action	Responsible owner	Due date	Comments
BD130522-01	Legal Prepare a list of all DHB legal proceedings including a recommended threshold for when the interim Board will be notified of future legal proceedings	Deborah Roche	30 June 2022	
BD130522-02	Legal Arrange for the interim Board to receive guidance on the circumstances the interim Board will use internal vs. external legal services	Deborah Roche	30 June 2022	
BD130522-03	Legal The interim Board to receive a briefing on Director liabilities, including insurance and indemnity	Deborah Roche	30 June 2022	
BD130522-04	Legal Develop a process for centrally managing and recording interactions interim Board members may have with people, or where they receive information offline, on matters that may be pertinent to the interim Board	Board Secretary	30 June 2022	In progress. Board Sec request all Board Members advise the Board Secretary of significant interactions

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
				for recording centrally in Diligent.
BD130522-05	Legal/administration Develop a central repository for Official Information Act (OIA) requests and Parliamentary Questions, as a resource library for Board members' information and reference.	Board Secretary	20 May 2022	Complete. A repository has been built in the Resource Centre in Diligent.
BD130522-06	Financial Provide a letter of comfort for the interim Board on the Holidays Act provision sum.	Rosalie Percival	30 June 2022	
BD130522-07	Financial Paper on Capital Structuring options to be tabled at the next Board meeting, May 27, 2022.	Rosalie Percival	20 May 2022	Discussed at Audit and Finance JWG Meeting 19 May 2022; shared with Board for information 27 May 2022.
BD130522-08	Structure – committees Prepare a paper on refining the committee structure, based on the interim Board's recommendations and discussion.	Board Secretary	30 June 2022	In Progress. An update will be provided to the Board at the 10 June 2022 meeting.
BD290422-01	Data and reporting CE to action developing reporting with accurate, regular and consistent dataset coming from the sector, that will enable informed decision making	Margie Apa	13 May 2022	In progress. Reporting paper on 13 May Board meeting agenda was deferred.
BD290422-02	Naming of Te Whatu Ora	Margie Apa	30 June 2022	In Progress. An update will be provided to the

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
	Management to present a communications plan for how the name is announced and integrated across the sector and public, for both Interim Boards' agreement.			Board at the 10 June meeting.
BD290422-03	Delegations approach framework Management to provide recommendations to the Interim Board on delegations for service contracts.	Margie Apa	30 June 2022	Approach to Delegations Policy paper to be presented to Board 27 May 2022.
BD290422-04	Health Charter Incorporate the Health Charter into Interim Board's artefacts and decision-making documents.	Board Secretary	30 June 2022	In progress. Charter remains under development.
BD290422-05	Risk Framework Board Secretary to organise a Risk Framework session with iMHA to discuss the risk and points of difference conversation and how we work as twin organisations in one system.	Board Secretary	30 June 2022	Being scoped for joint meeting scheduled for 18 August 2022.
BD290422-06	Strategic Priorities Board Secretary to organise face-to-face discussion with iMHA to discussion strategic priorities.	Board Secretary	30 June 2022	Being scoped for joint meeting scheduled for 18 August 2022.
BD290422-07	NZ Health Plan Rachel Haggerty's team to develop a 1 – 2 pages synopsis on why four areas are prioritised; and provide this to the Interim Board for their information in preparation for the conversations they will have with sector/public.	Rachel Haggerty	30 June 2022	In progress. Health Plan remains under development.
BD290422-08	Performance Reporting Management to develop a people scorecard for consideration by the People and Culture working group.	Rosalie Percival	30 June 2022	

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD080422-01	Government Legal and Policy update <ol style="list-style-type: none"> Summary information on what roles, functions and vacancies are being transferred to iHNZ and what is being retained by MOH. Where possible, demographic profile of transfers to be shared. Previous Interim Board action BD161121-01 (since closed) also requested analysis or a report on the ideal (or proposed) Ministry structure to be shared with both Interim Boards when ready. OIA policy – to return to a future Interim Board meeting following feedback from iMHA Interim Board and Ombudsman Proactive release policy - Deborah Roche to discuss with a Interim Board member whether an exception would be required to cover “highly unforeseen circumstances” 	Deborah Roche	29 April 2022	<ol style="list-style-type: none"> In progress Closed Closed
BD080422-02	Deep dive – National Public Health Service: The EOI for Public Health Advisory Committee to be shared with the Interim Board, and Interim Board concerns with existing design noted for Ministers	Margie Apa	29 April 2022	
BD250322-01	Update from Transition Unit: Overview of Pae Ora Bill submissions and Select Committee process. Copy of the Departmental Report to be circulated to the Interim Board once available	Oliver Poppelwell	End of April	Recommend close – report available in Diligent
BD250322-02	DEEP DIVE SESSION: Capital – current state analysis, risks and opportunities Pipeline of capital work to be shared with the Interim Board, noting what has been scoped, committed, announced etc	John Hazeldine		
BD110322-02	Update from the Māori Health Authority Interim Board members to receive an invite to the iHNZ LT session on <i>waka hourua</i> ; or a dedicated session to be facilitated either out-of-cycle or during any future strategy session	Margie Apa	25 March 2021 31 December 2022	In progress – spring/summer date to be arranged

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

No.	Action	Responsible owner	Due date	Comments
BD280122-01	Update from the Māori Health Authority Outputs from the iMHA Interim Board strategy session to be shared with the Health NZ Interim Board	Sharon Shea / Secretariat	11 Feb 2022	Awaiting final version to be shared
BD140122-03	Proposal for wordmark (corporate identifier and visual identity) – interim Health NZ A follow up discussion to be scheduled jointly with the iMHA Board on development of aligned communications strategies for each entity, following consultation with the new substantive Chief Executive appointees	Secretariat and Karl Ferguson	TBC with new CE	
BD201221-02	Due Diligence framework Confirmation of the scope and availability of run-on liability insurance for existing DHB officers and staff, and Health NZ Interim Board indemnities to be sought (within the work programme) - will require Interim Board approval.	Rosalie Percival		
BD291121-03	Banking and Insurance Arrangements – Day 1 Further information on levels and options to insure for cyber-risk, and alternative risk financing to be provided once available (pending MBIE review).	Rosalie Percival	May 2022	Audit and Finance JWG received paper on Insurance at their meeting 19 May 22
BD031121-07	Finance Day One Presentation: Future presentation requested on discretionary vs non-discretionary aspects of budget and ability to influence. Establish interim Finance/Audit Committee. Draw up draft Terms of Reference. Consider whether Risk should be included or stay at full Interim Board level. Elect Chair. Seek Interim Board endorsement.	Martin Hefford / Rosalie Percival Martin Hefford, Secretariat, Vui Mark, Vanessa, Cassandra		Will be in early 2022 Formation of joint working groups complete (see BD161121-03)

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Actions closed at this meeting

No.	Action	Responsible owner	Due date	Comments
	No actions were closed at this meeting			

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Friday 27 May 2022. 11am-4.00pm. Online via Teams

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Interim Health NZ: Margie Apa, Catherine Foster (Board Secretary), Susanne McKay (Board Coordinator)</p> <p>Interim Māori Health Authority: Tipa Mahuta (observer)</p> <p>In attendance for specific items: Lucy Hickman; Rosalie Percival; Martin Hefford; Rosemary Clements; Kate Coley (Change and Workforce Transition Lead)</p>
Apologies / Ngā tamōnga	

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
11.00am	Karakia	All	
	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
11.05am	Update from the Chief Executive <ul style="list-style-type: none"> Chief Executive report 	Margie Apa	For information
12.05pm	Update from the Māori Health Authority <ul style="list-style-type: none"> Board discussions (verbal update) Update on kawenata development 	Sharon Shea	For information
	ITEMS FOR DECISION		
12.15pm	Organisational Policy Framework	Lucy Hickman	For endorsement
12.30pm	Financial Delegations for 2022/23	Rosalie Percival	For endorsement
12.50pm	Lunch		
1.20pm	Budget allocation: National Agreements	Rosalie Percival	For endorsement
2.00pm	Co-commissioning Framework	Martin Hefford and MHA	For endorsement

FOR INFORMATION			
2.45pm	Health, Safety and Wellbeing	Kate Coley and Rosemary Clements	For endorsement
GOVERNANCE / BOARD ADMINISTRATION			
3.05pm	Governance Verbal updates from joint working groups <ul style="list-style-type: none"> • Finance and Audit Joint Working Group including HNZ Capital Structuring Options paper • Public Health, Primary & Community Care Implementation Joint Working Group • People, Development, Culture and Rem Joint Working Group including Proposed Approach to Employment Relations Assurance briefing • Data, Digital and Innovation Joint Working Group 	Cassandra Crowley Dame Dr Karen Poutasi Vanessa Stoddart Hon. Amy Adams	For information / noting
3.55pm	Board administration <ul style="list-style-type: none"> • Register of interests • Minutes and actions of the 13 May 2022 meeting • Meeting schedule • Engagements schedule 	Secretariat	For noting
4.00pm	Whakamutunga	Chair	
	Board in-committee session (if required)	Chair and Board	
	Karakia	Chair and Board	

Next Health New Zealand meetings:

- Friday 10 June, 11am – 4pm – in person (Auckland)
- Wednesday 22 June – 9.30am-12.30pm (online)
- Friday 1 July, 11am - 4pm – In person (Auckland)

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi

Tuuria, tuuria te mata hau noo Papa

Paiheretia te tangata ki te kawa tupua, ki te kawa tawhito

He kawa ora! He kawa ora!

He kawa ora ki te tangata

He kawa ora ki te whaanau

He kawa ora ki te iti, ki te rahi

He kawa taataki ki au mau ai

Tuuturu o whiti, whakamaui kia tiina

Hui e! Taaiki e!

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Friday 27 May 2022. 11am-3.30pm. Online via Microsoft Teams.

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Interim Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Interim Health NZ (iHNZ): Margie Apa (Chief Executive), Catherine Foster (Board Secretary), Susanne McKay (Board Coordinator)</p> <p>In attendance for specific items: Mara Andrews (Interim Director of Service Development and Relations, Interim Māori Health Authority), Keriana Brooking (Commissioning Interim Lead, iHNZ), Rosemary Clements (People and Culture Interim Lead, iHNZ), Kate Coley (Change and Workforce Transition Lead, iHNZ), Sue Gordon (Corporate Services Interim Lead, iHNZ), Martin Hefford (Interim Workstream Lead Commissioning and Localities), Lucy Hickman (Corporate Services Interim Lead, iHNZ), Rosalie Percival (Chief Finance Officer Interim Lead, iHNZ), Deborah Roche (Governance, Partnership and Risk Interim Lead, iHNZ)</p>
Apologies Ngā tamōnga	None

Karakia and mihi mihi

The meeting began at 11.01 am.

C Walker opened the meeting with karakia.

There were no conflicts advised for the Interest Register.

Update from the Acting Chief Executive

The Chief Executive's report was noted. D Roche joined the meeting at 11.03 am.

M Apa provided a verbal update on several matters, including:

- Tier 2 Appointments: Interim leadership and regional roles were announced this week
- Shared Services Agency: Informed of Minister's decision. Working through how we transition functions into HNZ. There is a subsequent piece of work of how we close out entities. HNZ Board will be sole shareholder and will pass a shareholder resolution on 1 July 2022.
- Planning launch of Health New Zealand on 1 July

The interim Board discussed:

Transition and leadership arrangements

- The interim Board discussed how the CE will keep them informed of permanent Tier 2 appointments; it will depend on the role but likely to involve Committee Chairs and interim Board members with sector experience. CE will circle back to the interim Board after formal interviews have taken place to sense check with the Board. For the People and Culture Working Group, a timeline will be prepared for key appointments and available to the wider interim Board for information.
- The interim Board discussed a whistleblowing procedure from a clinical perspective. The CE advised an 0800 phonenumber exists and can be reinforced in communications. The interim Board requested that this number is communicated, and staff feel able to use if during times of change.

Action: Board Secretariat will work with Communication and Engagement Team to communicate the whistle blowing 0800 number to staff.

The interim Board discussed launch activity options for 1 July

- Agreed it is an honour to accept the offer from iMHA of Turangawaewae Marae in Ngauruawahia
- The interim Board wants to recognise the occasion and the importance for multiple parts of the community; this may mean multiple and/or multi-modal events
- A video from CEs welcoming staff and acknowledging the sector; supported by social media posts, was supported by the interim Board
- Kai is also an appropriate way to mark an occasion
- Messaging is important; day 1 of the new entity is an important day to recognise, but it should be a modest celebration.

Transformation process

The interim Board discussed the following points.

- Recruitment of the Data and Digital leadership role was discussed. It requires a unique leader with disruptive mindset and technical know-how to address legacy issues. It may be difficult to find these qualities in one applicant.

Report titled, Transformation and use cases was of interest to several interim Board members who requested an opportunity to engage with management on the Report.

Action: The interim Board Secretary to add Transformation to the Board's work programme for Q1 FY22/23.

- The interim Board discussed the importance of checking on staff during transition phase. The messaging is important as we want to ensure staff feel supported and valued. We want to harness the best of the current system to create value for staff and patients.
- The interim Board wanted to understand what is being allocated to innovation in the current budget and ensure it is appropriately resourced to realise the reform's potential. We need to send messaging that there will be no deficits, and funding on innovative initiatives will need to come from cost savings in other areas.

Other matters from the CE report

- Risk
 - Noted delayed detail on transferees coming across to enable systems to be tested is a data and digital risk area.
- Committees
 - Noted the weekly Minister report stated the interim Board has signed off on a committee report; this was incorrect. The interim Board had provided direction that the five committees proposed were appropriate but that the interim Board's thinking was developing and was not fixed at this stage.
- Identity and Naming:
 - iMHA was reviewing its name due to feedback they had received from another provider. iHNZ will wait to hear on the approach iMHA takes before moving forward on the matter. It is important the names are cohesive and fit together.
 - Name is legislation: legislation is permissive for the organisation to make changes to the name, if required.
 - Logos and branding will be done across hospitals and other facilities over time, which is also a way of managing costs as the CE noted changing signage at a local level can be an extensive job. The Communications and Engagement team is working on a sensible and cost-effective timeframe.

Update from the interim Māori Health Authority (iMHA)

S Shea provided a verbal update on iMHA Board activities, including:

- A Hauora Māori advisory group is discussing MHA Board appointments with the Minister at the end of June
- A Kawenata development update will be tabled at the next interim Board meeting
- iMHA is focusing on the Policy and Monitoring roles they will have going forward. Roles will be separate from HNZ, but the two organisations remain close with positive working relationships at the operational and governance levels.
- The iMHA Te Reo Māori name approval process is not yet complete.

ITEMS FOR ENDORSEMENT

Organisational Policy Framework

L Hickman and S Gordon joined the meeting and provided a verbal update at 12.10 pm.

The interim Board endorsed governance committees participating in the development and review process.

Action: The Board Secretary to incorporate process for committees to review policies as part of their formal annual work programme

The interim Board requested the following actions:

Action: Corporate services (L Hickman, S Gordon) to incorporate the FMA review findings into the Conflict-of-Interest policy and

Action: Ensure Te Tiriti o Waitangi is referenced and honoured in all policies.

Action: Review whether the sensitive expenditure and diversity and inclusion policies should be reviewed at tier 1 (Board) level

Action: Corporate Services to check and advise the interim Board of the legal status on policies for individual employment matters from 1 July.

Subject to the Board's feedback and action points, the interim Board:

a) endorsed that the following policies will be approved by the Board on 1 July 2022:

- i) Conflict of Interest (incorporating findings from the independent review of the FMA)
- ii) Delegations from the Board to CE (noting the interim Board is considering a separate paper on the proposed principles and framework for the delegation of financial decision making from the Chief Executive to the organisation)

- iii) Code of Conduct
- iv) Health, Safety and Wellbeing
- b) endorsed that at the Board meeting on 10 June, the Board will receive for their review/comment the draft Day 1 policies which they will approve
- c) noted the proposed policy framework for HNZ National Office, and the list of policies that will be developed for Day 1
- d) noted that there will be a programme of work required over the next 18 to 24 months to develop a full suite of policies, and align policies across HNZ
- e) noted that the remainder of the day 1 policies will be approved by the Chief Executive or a delegate on 1 July 2022 (once the Delegation Policy has been approved)
- f) noted that the full suite of draft Day 1 policies will be made available to the Board on Diligent in mid-June 2022 for information
- g) noted that the paper will be shared with the interim Māori Health Authority Board.

L Hickman and S Gordon left the meeting at 12.24 pm.

Financial Delegations for 2022/23

R Percival joined the meeting at 12.23 pm and provided a verbal update.

The update included the following points:

- The proposed approach follows an earlier paper to the interim Board. The scheme is an option that works in with structure being put in place from Day 1
- There is a set of financial controls around the delegations. The key factor is no person can act outside of a delegated budget or plan. Even if the limits are high, authority must be in line with agreed parameters the interim Board endorses
- A formal audit trail mechanism exists, with a pathway logged for proper approvals.

The interim Board discussed:

- Interaction with other policies may produce gaps and risks but there will be alignment over time. R Percival noted a transition risk is to be managed as all entities transfer to the NZ Health standard.
- HNZ will adopt strict rules and adopt the best standards and codes of conduct from various DHB policies
- HR delegations on which roles can negotiate employment agreements. R Percival confirmed this refers to individual agreements. HR delegations will work on the principle that anything outside the agreed parameters with the Board, will be escalated to the Board.

Action: People, Development, Culture and Rem Joint Working Group to consider the HR delegations paper

- Developing an appropriate culture for transformation was discussed. Monitoring cumulative spend at different levels is important, alongside keeping sight of opportunities to be realised through transformation. The reform will be a balance of financial controls and innovation. Embedding controls in the structure that are tight and flexible is where a performance improvement ethic will be developed.
- A Directional KPI for the CEs could be cascaded down the organisation to drive performance improvement at all levels of the organisation. We will not be running deficits so people will need an innovative mindset.
- It was confirmed that the interim Board will review capital at a national level; at present there is a lack of visibility of current prioritisation process.
- The interim Board recognised the importance of building a narrative around the financial controls for staff, Ministers and stakeholders to ensure everyone is clear on the steps being taken to realise the opportunities of the reform.

The interim Board supported the following recommendation, including the points raised by interim Board members.

- a. **endorsed** the proposed principles and framework for the HNZ delegation of financial decision making from Day 1 for the HNZ central office, which is proposed to also form the foundation for a consistent approach to be introduced over time across all of HNZ
- b. **noted** that the proposed policy in this paper will be issued by the Chief Executive (CE) on 1 July 2022 and will initially apply to HNZ corporate staff and those that have transitioned from the Ministry of Health
- c. **noted** that on 1 July 2022, the Board will be asked to **approve** a set of delegation policies for the constituent organisations merging into HNZ
- d. **noted** that the CE will inform the HNZ Board of material changes to the staff delegation policy
- e. **noted** that Craig Green, interim CFO for the iMHA, has been engaged in this matter from the outset.

D Roche left the meeting at 12.52 pm.

The meeting adjourned for lunch at 12.52 pm, reconvening at 1.20 pm.

Budget allocation: National Agreements

M Hefford and R Percival joined the meeting at 1.21 pm and provided a verbal update, including the following points:

- The interim Board must consider the unintended consequences of the decisions it makes
- The interim Board's decision-making signals that people need to behave differently regarding equity and cost management
- The Board of HNZ must provide a pathway through the 'noise' that we are delivering services to New Zealanders that have been under-served.

The interim Board:

- Expressed concern that it did not have enough information to support the recommendation as drafted; it requested more line of sight of the trade-offs, how it fits into the overall budget and the totality of yearly spending
- Requested visibility of the levers available to ensure more equitable outcomes and assure that it had considered all alternatives
- Noted the interim Board is focused on pay parity and pay equity, and the current approach does not address these issues appropriately.

The interim Board discussed that it is inheriting a system. It does not have much influence over National Agreements and is operating on a compressed timeline. S9(2)(f)(iv)

The interim Board approved the following recommendation:

Agreed that the CEO S9(2)(f)(iv), S9(2)(b)(ii)

Noted that a summary schedule of approach by contract category will be reported back to the Finance and Audit Joint Working Group.

Action: CFO to provide the Board with a list of what makes up the S9(2)(f)(iv).

C Walker left the meeting at 2.00pm.

Co-commissioning Framework

M Andrews joined the meeting at 2.13 pm.

The interim Board discussed the following points:

- Encourage the explicit use of language we wish to see in the new system - innovation, outcomes, equity, fairness
- Framework included the work 'acceptable' which does not reflect the aspirations the Board has for commissioning
- Accreditation processes place burden on smaller providers; it is not something which we want to be embedding in the new system
- iMHA Board considered this paper at their Board meeting this week and now plan to move on with the next implementation phase.

The interim Board requested that management review the language used in the document. Pending this review, the interim Board

- Endorsed the co-commissioning framework**
- Noted the Public Health, Primary and Community Care Joint Board Working Group recommended that the co-commissioning framework be endorsed by the Board, subject to requested changes being incorporated into the final paper.**
- Noted the recommended changes have been incorporated into this final framework.**
- Noted that this paper has been shared with the interim Māori Health Authority Board management team.**
- Noted the next steps of implementation.**

R Percival left the meeting at 2.19 pm.

M Hefford, M Andrews and K Brooking left the meeting at 2.20 pm.

Health, Safety and Wellbeing

K Coley and R Clements joined the meeting at 2.24 pm and provided a verbal update.

The interim Board discussed:

Interim Health New Zealand Board Minutes

- There is a lack of visibility and large variations of key metrics such as the incident rate across DHBs. In some instances, the variation may reflect strong health and safety practices, however the interim Board will need to understand this better.
- Health and Safety Committee will need to pick up some big themes such as high annual leave accruals and workforce stress. Workforce context is important with two years of COVID-19 and various national disasters that have all put strain on staff.
- In reference to S34 of the Health and Safety at work Act 2015; more rigour is needed to thoughtfully address overlapping PCBUs on exposure to harm for staff members and patients, particularly how this will work when patients come in and out of system.
- The reform provides a real opportunity to look at health, safety and wellbeing differently. There are cultural and maturity challenges alongside critical risks, however bringing the 20 DHBs and shared services entities together will drive collaboration.
- The interim Board recommended involvement from unions in health and safety
- The interim Board supported establishing a group of 4-6 people including interim Board members (outside of the normal committee structure) to hear direct from staff about how future health and safety could be managed. The interim Board wants fresh, innovative thinking that fosters a safe work environment for all.

Action: Change and Workforce Transition Lead, iHNZ to coordinate a health, safety and wellness group to bring recommendations to a future interim Board meeting.

C Walker re-joined the meeting at 2.40pm.

The interim Board

- Endorsed** the recommendation that for the immediate future we maintain the current Health & Safety constructs across all entities, including the ongoing reporting to local management teams and the continuance of local Health & Safety Committees/Forums.
- Noted** the advice provided on interim Board member responsibilities and obligations as a PCBU and Director/Officer of HNZ
- Noted** the key deliverables for how the interim Board meets its obligations under Health & Safety at Work Act
- Noted** work continues with the Interim Māori Health Authority to confirm alignment and provide a platform for them to meet their obligations as a PCBU under the Health & Safety at Work Act.

K Coley and R Clements left the meeting at 2.39 pm.

GOVERNANCE / BOARD ADMINISTRATION

Updates from Joint Working Groups

Verbal updates were provided on recent meetings as follows:

Finance and Audit Joint Working Group (including HNZ Capital Structuring Options paper)

- The co-convenor provided a verbal update

The interim Board endorsed the JWG's recommendation which was to:

S9(2)(f)(iv), S9(2)(b)(ii)

Public Health, Primary and Community Care Implementation Joint Working Group

- The co-convenor provided a verbal update
- The JWG is interested in data analytics, convenors would like to discuss what is required at committee level
- The co-convenor intends to follow up general practitioner concerns with management and the interim Board, noting representatives from the Royal NZ College of GPs will attend a June JWG meeting to speak about the future of general practice and barriers to progress.

People, Development, Culture and Rem Joint Working Group (including Proposed Approach to Employment Relations Assurance briefing)

- The co-convenor provided a verbal update
- The interim Board endorsed the JWG's recommendation which was to

- a. Note that the Minister of Health has already made high-level decisions about employment relations settings in the reformed health system, including the role of Health NZ as day-to-day lead, and the refocusing of the Ministry of Health's monitoring role on assurance and governance rather than approval.
- b. Provide feedback on approach to employment relations activities proposed by this paper.
- c. Agree that we share this paper with the Ministry of Health, Public Service Commission and Treasury for feedback.
- d. Agree that, subject to your feedback and feedback from other agencies, we prepare a joint Ministerial paper with the Ministry of Health, Public Service Commission and Treasury seeking agreement to these proposed employment relations settings from the Minister of Health, Minister of Finance and Minister for the Public Service.

Data, Digital and Innovation Joint Working Group

- The co-convenor provided a verbal update,
- THE JWG signalled two future interim Board meeting papers (1) cyber security support – for the interim Board to review from a governance risk management perspective (2) tripartite agreement between MHA, HNZ and MoH, this is necessary because MoH will not release data sets until there is a framework
- The JWG continues to focus on Day 1 corporate ICT assurance
- The JWG is working alongside the Public Health, Primary and Community Care Implementation JWG on a data collection project, including a primary health dataset paper to check the sector's data platform and capture requirements.

C Crowley lost connection during this item from 3.02 pm to 3.06 pm.

Noted JWG's are requesting many information items from the data team, the CE will advise management priorities. In the future a formal committee structure will agree a work programme with the Board. The Chair expressed appreciation for the work interim Board members are putting into joint working groups.

General Business

BreastScreen Aotearoa (BSA) adverse event update

- The CE noted the BSA event became public this week. Media questions are about how Health NZ reform will reduce similar situations taking place in the future. There is a review underway that is looking at how to share any future backlog across the system, how operational policies and

Interim Health New Zealand Board Minutes

procedures will be managed nationwide, and how quickly monitoring units see and review indicators. A literature review on international screening practice is underway. Data sharing real time and clinical governance issues will be looked at.

Briefings from regions to incoming Board members

- The interim Board requested briefings from regions to incoming Board members be provided in June (not July) so the interim Board can review
- Noted DHBs have been requested to provide a regional based risk view of the four regions to the Health NZ finance team by 31 May, then to provide updates as required.

Government Policy Statement (GPS) Discussion

- The interim Board noted a further request to provide feedback to the Minister on the GPS by Tuesday May 31, and requested the CE write to the Minister with feedback as follows:
 - o The Board noted the GPS is not the interim Board's document, and the interim Board responds to it with the Health Plan
 - o The GPS is missing reference to the unions in the workforce piece, reference to safety, and gender equality. The interim Board has previously provided feedback on the GPS, not all of which has been taken up

Action: Management to write a letter providing GPS feedback to the Minister.

Interim Board administration

Register of interests: Noted with no amendments.

Minutes and actions of the 13 May 2022 meeting were accepted, subject to a change. The interim Board agreed the minutes did not accurately reflect the committee discussion and should be amended to emphasise that the interim Board is still considering its committee structures, including where localities and public health best sits.

Meeting and engagements schedules: Noted.

The meeting closed at 3.34 pm with karakia.

Actions from May 27, 2022 meeting

(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
BD270522-01	Communications Work with Communication and Engagement Team to communicate whistleblowing 0800 number to staff.	Board Secretary	30 June 2022
BD270522-02	Board work programme (Transformation) Add Transformation to the Board's work programme for Q1 FY22/23.	Board Secretary	30 June 2022
BD270522-03	Committee process – policies Incorporate process for committees to review policies as part of their formal annual work programme	Board Secretary	30 June 2022
BD270522-04	Policies 1. Incorporate the FMA review findings into the Conflict-of-Interest policy 2. Ensure Te Tiriti o Waitangi is referenced and honoured in all policies 3. Review whether the sensitive expenditure and diversity and inclusion policies should be reviewed at tier 1 (Board) level 4. Check and advise the interim Board of the legal status on policies for individual employment matters from 1 July.	Corporate services (L Hickman, S Gordon)	30 June 2022
BD270522-05	Policies People, Development, Culture and Rem Joint Working Group to consider the HR delegations paper	Co-convenors of the People, Development, Culture and Rem Joint Working Group	30 June 2022

No.	Action	Responsible owner	Due date
BD270522-06	Finance – Budget Bids Provide a list of what makes up the S9(2)(f)(iv) [REDACTED] [REDACTED]	CFO (Rosalie Percival)	30 June 2022
BD270522-07	Health Safety and Wellness Coordinate a health, safety and wellness group to bring recommendations to a future interim Board meeting.	Change and Workforce Transition Lead, iHNZ (K Coley)	30 June 2022
BD270522-08	Government Policy Statement Management to write a letter providing GPS feedback to the Minister.	CE (Margie Apa)	30 June 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Friday 10 June 2022. 11am-3.00pm.

HealthAlliance Boardroom, Level 1, 581 – 585 Great South Road, Penrose, Auckland

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Interim Health NZ: Margie Apa, Catherine Foster (Board Secretary), Susanne McKay (Board Coordinator)</p> <p>Interim Māori Health Authority: Tipa Mahuta (observer)</p> <p>In attendance for specific items: Lucy Hickman (Corporate Services Interim Lead, iHNZ), Deborah Roche (Governance, Partnership and Risk Interim Lead, iHNZ)</p>
Apologies / Ngā tamōnga	

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
11.00am	Karakia	All	
	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
11.05am	Update from the Chief Executive <ul style="list-style-type: none"> Chief Executive report 	Margie Apa	For information
12.05pm	Performance Reporting for Health NZ	Deborah Roche	For discussion
12.20pm	Update from the Māori Health Authority <ul style="list-style-type: none"> Board discussions (verbal update) Kawenata discussion 	Sharon Shea	For information
12.50pm	Kai o te Rangi - Lunch		
TRANSITION AND DAY 1 MATTERS			
1.35pm	Organisational policies: <ul style="list-style-type: none"> Conflict of Interest Code of Conduct Health, Safety and Wellbeing 	Lucy Hickman	For information

	GOVERNANCE / BOARD ADMINISTRATION		
1.55pm	Governance Verbal updates from joint working groups <ul style="list-style-type: none"> • Finance and Audit Joint Working Group • Public Health, Primary & Community Care Implementation Joint Working Group • Data, Digital and Innovation Joint Working Group • Strategic Health Planning Joint Working Group Committees – Draft Terms of Reference Draft Governance manual	Cassandra Crowley Dame Dr Karen Poutasi Hon. Amy Adams Dr Curtis Walker Secretariat Secretariat	For information / noting
2.25pm	Board administration <ul style="list-style-type: none"> • Register of interests • Minutes and actions of the 27 May 2022 meeting • Actions register • Meeting schedule • Engagement schedule 	Secretariat	For noting
2.35pm	Whakamutunga	Chair	
	Board in-committee session (if required)	Chair and Board	
2.55pm	Karakia	Chair and Board	

Next Health New Zealand meetings:

- Wednesday 22 June, 9am to 10am (online)
- Tuesday 28 June, 2pm-3pm (placeholder for an online meeting)
- Friday 1 July, 11am – 4pm (in person)
- Friday 15 July, 9.30am-12.30pm (online)
- Friday 29 July, 9.30am-12.30pm (online)

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi

Tuuria, tuuria te mata hau noo Papa

Paiheretia te tangata ki te kawa tupua, ki te kawa tawhito

He kawa ora! He kawa ora!

He kawa ora ki te tangata

He kawa ora ki te whaanau

He kawa ora ki te iti, ki te rahi

He kawa taataki ki au mau ai

Tuuturu o whiti, whakamaua kia tiina

Hui e! Taaiki e!

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Friday 10 June 2022. 11 am- 3.30 pm. In person and online via Zoom.

Connect Building, 585 Great South Rd, Penrose, Auckland

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Interim Board attendees Ngā mema o te Poari	In person: Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Vanessa Stoddart By Zoom: Sharon Shea, Dr Curtis Walker
In Attendance Ngā manuhiri	Interim Health NZ (iHNZ): Margie Apa (Chief Executive), Catherine Foster (Board Secretary), Susanne McKay (Board Coordinator) In attendance for specific items: Cat Fleming (Principal Solicitor, iHNZ), Lucy Hickman (Corporate Services Interim Lead, iHNZ), Rachel Haggerty (Strategy and Planning Interim Lead, iHNZ), Rosalie Percival (Finance interim Lead, iHNZ), Deborah Roche (Governance, Partnership and Risk Interim Lead, iHNZ)
Apologies Ngā tamōnga	None

Karakia and mihi

The meeting began at 11.03 am.

C Walker opened the meeting with karakia.

There were no conflicts advised for this meeting.

Interim Board members advised the following changes to the Interest Register:

- K Poutasi - daughter is an applicant for a senior role at Health NZ

- R Campbell is no longer the Chair of Tourism Holdings Limited
- R Campbell is no longer the Chair of WEL Networks Ltd
- V M Gosche is no longer a Director of Keri Corporation Limited.

Update from the Acting Chief Executive

The Chief Executive's report was noted.

M Apa provided a verbal update on several matters, including Transition, Transformation and Organisational Performance.

Transition

The interim Board:

- Requested that the due diligence questionnaire completed by district health boards and shared service agencies is shared with the Board for their information
- Discussed risk – 9(2)(b)(ii) and has met with current Chairs of DHB Audit Committees. A copy of the report will be shared with the iHNZ Finance and Audit JWG. It was confirmed that risk is a whole of interim Board matter and will be a standing item on interim Board agendas.

Action: The due diligence questionnaire completed by district health boards and shared service agencies is shared with the interim Board for their information.

- Disability sector concern about their role in HNZ and not being lost in the system. Detail continues to be worked on and it is a sentiment that HNZ leadership is listening to
- HNZ/MHA shared services agreement: The interim Board requested all costs be captured to ensure both groups have visibility of costs to ensure they are adequately funded.

Action: Confirm with interim CFO how fixed and variable costs will be tracked for all HNZ/MHA Shared Service Agreements.

- Workforce Taskforce: Taskforces need a clear focus and priorities to demonstrate outcomes. The Taskforce has a different role to the People, Development, Culture and Rem Committee which needs to be made clear to help manage expectations. It will require time and skill to realise outcomes.

Action: CE to share the Taskforce scope to provide visibility of the focus and how it relates to Governance Committees.

Transformation

- Andrew Slater is working with the interim Board to confirm transformation priorities
- Capital: The Minister has high expectations for prioritising and delivering of capital projects. While many projects are in train, the Board will need to determine what projects best realise transformation goals.
- Data and digital continues to be a high spend area and lacking total visibility of the scope of projects. CE has requested further information be provided to ensure the total portfolio view.

Organisation Performance

The interim Board discussed:

- Tier 2 recruitment is underway. The interim Board remains open to shoulder-tapping senior executives directly and encouraging them to apply. The interim Board wants to see all options pursued to secure the best candidates.
- Capital: construction market continues to be strained, resulting in escalating costs. HIU needs to be nimble to ensure projects are prioritised and well executed in a challenging environment. The leadership of HIU is important, the interim Board expressed that it requires a broad skill set that can be discerning about sector capital projects and manage the Minister's expectations. There are large variations of DHB capital projects and management skill and the interim Board needs visibility of what it is inheriting. The interim Board needs a project prioritisation framework to inform decision making and drive investment which is aligned to service planning.
- Internal communications: effective and consistent communication is crucial for change programmes. The interim Board requested more information about how change is communicated and ensuring there is internal alignment, and clear messages to/with partners such as MHA and Ministers.

Action: Board Secretariat to invite communication and change management leads to share the communication plan with the interim Board at a future meeting.

Performance Reporting for Health NZ

R Haggerty, R Percival and D Roche joined the meeting at 12.05 pm.

The interim Board discussed the frequency and type of accountability reporting to the interim Board, Ministers and other government departments. The interim Board provided feedback on other ways to enhance future reports.

- Employee health and safety report is required under statutory reporting and needs to be captured
- Report by exception and no extra reporting should be done solely for the interim Board
- Performance measures are critical to determine what we care about
- Understanding demand is important for internal prioritisation
- Equity reporting is important because what you do not measure you will not manage
- Metrics around health of communities encouraged
- Focus on areas where acute need is known, to demonstrate progress is being made in priority areas e.g including mental health
- Reporting on preventative measures rather than hygiene measures
- Trends important in building deeper understanding over time
- Develop performance improvement targets and take to Committees for endorsement eg. People Committee for workforce targets
- The interim Board wants data that looks forward – lead indicators that drive outcomes such as retention of trainees
- The interim Board wants to see the people in the data we collect – wellness, wellbeing, whānau all important to track and monitor alongside system transformation metrics
- Reporting being outcome focused.

R Haggerty, R Percival and D Roche left the meeting at 12.40 pm.

Update from the interim Māori Health Authority (iMHA)

S Shea provided a verbal update on iMHA Board activities and meeting on Thursday 9 June, including:

- iMHA is focused on clarifying its role in the new system and how to be an effective partner to HNZ and MoH as well as iwi, whānau and hapū
- iMHA is already feeling a lot of public interest and scrutiny with OIA and parliamentary questions increasing

- iMHA is working directly with Māori communities on the draft Health Plan and ensuring communities see how the new system will benefit Māori communities
- Co-commissioning has not been agreed by the iMHA Board. It is critical to reform and iMHA wants a whole view to understand what success looks like.

Action: Board Secretariat will circulate the Health Plan latest version to all iHNZ Board members.

Kawenata

Feedback and discussion on the draft Kawenata included

- iMHA and iHNZ success is interdependent; part of this is supporting each other and holding to account
- Check language for clarity e.g. levers and enablers
- Important to recognise the responsibilities of both interim Boards and their separate parts and where they come together in the system.
- Kawenata is a guide on the relationship, it is not confining. It will evolve as the relationship evolves.
- Waka Hourua: discussion ensued about the metaphor of a waka hourua to describe the relationship between iMHA and iHNZ. The metaphor was used to explain one waka, with two hulls navigating and guiding one system. The relationship could also be represented as two separate waka within a fleet. The notion of traveling in a fleet reflects the interim Boards' independence and that ability to travel at different speeds, and on different routes as they travel to the same final destination. The interim Board requested the opportunity to discuss the metaphor, as it was the interim Board's understanding that the waka was not separate vessels and the shift changes communication to the sector and stakeholders.

Action: iMHA to share the background paper explaining the waka hourua model metaphor, for the iHNZ and iMHA Board to discuss.

The interim Board convened for lunch at 1.06 pm and reconvened at 1.40 pm.

TRANSITION AND DAY 1 MATTERS

Organisational Policies

L Hickman joined the meeting and provided a verbal update at 1.40 pm.

The interim Board discussed the following points:

- Incorporating the Charter and the values it represents into the policies. This will ensure we are people focused.
- FMA findings included the need to formally document actions taken and this needs to be captured in iHNZ policies
- Code of Conduct should include whistle blowing and how we engage with unions
- Distinguish process for registering conflicts and interests and including disclosing shares
- Request for consistent language that is not subjective, especially regarding roles and definitions and bullying and harassment process
- Human Rights Commission deems employers accountable for behaviours of employees. We have a large workforce that could leave us exposed.

Action: The interim Board requested advice on iHNZ level of exposure and how we monitor staff compliance and awareness with the policies and code of conduct

- Te Tiriti o Waitangi – the interim Board requested management decide whether we require a separate ToW policy or whether it is appropriate to have it as a section within other policies
- Safety and wellbeing of our staff is important so we must also develop a Code of Conduct of the consumer
- There is variation among DHBs with the policies people are used to operating under. We may be exposed for a while during the process of integrating DHB policies with iHNZ. High risk policies are being prioritised to reduce exposure.

The interim Board adopted the following resolution with the caveat that policies are regularly scheduled for review.

- a) **noted** that on 27 May 2022, the interim Board endorsed which Day 1 policies will require approval from the Board and agreed the following:
 - i) Conflict of Interest
 - ii) Code of Conduct
 - iii) Health, Safety and Wellbeing
 - iv) Delegations from the Board to CE
- b) **reviewed** the tabled draft policies and provided the following feedback for incorporation into the final policies which will come to the Board on 1 July 2022 for adoption
- c) **noted** that the Delegations from the Board to CE will be provided as a separate paper

- d) noted that the remainder of the Day 1 policies will be approved by the Chief Executive or a delegate on 1 July 2022 (once operating delegation has been given)
- e) noted that the full suite of draft Day 1 policies will be made available to the Board on Diligent in mid-June 2022 for information
- f) noted that these policies only relate to “HNZ National Office” staff, and the Board will receive a general resolution on 1 July to continue the policies of the current DHBs, Shared Services Agencies and Te Hiringa Hauora/Health Promotion Agency
- g) noted that the draft Conflict of Interest Policy has been updated to reflect the key findings of the independent review into the disclosure of conflicts of interest by the Chief Executive of the Financial Markets Authority
- h) endorsed that the Sensitive Expenditure and Diversity and Inclusion policies should remain as Tier 2 policies for approval by the Chief Executive
- i) noted that paper tabled at this meeting will be shared with the interim Māori Health Authority Board.

L Hickman left the meeting at 2.15 pm.

GOVERNANCE / BOARD ADMINISTRATION

Updates from Joint Working Groups

Verbal updates were provided on recent meetings as follows:

Finance and Audit Joint Working Group

The co-convenor provided a verbal update and recommended the interim Board endorse the following recommendations from the JWG:

Divisional Taxation Structure

- a. Approved the divisional taxation structure for HNZ summarised in the paper
- b. Noted the positive engagement with Inland Revenue (IR), and their approval of the divisional structure and
- c. Noted the operational conditions the IR would like our support for, and commitment to

- d. **Noted** Inland Revenue have now advised that they will issue IRD numbers ahead of the Pae Ora (Healthy Futures) Bill being passed into legislation
- e. **Delegated** authority to the interim Chief Financial Officers to apply for IRD numbers, register for goods and services taxation GST), fringe benefit taxation (FBT) and as employers, appoint an Executive Office Holder (EOH) and establish a MyIR account on behalf of HNZ and the MHA.

Fixed Asset Capitalisation Threshold

- a. **Approved** the adoption of a \$2,000 capitalisation threshold for fixed assets from 1 July 2022 for HNZ and the MHA
- b. **Endorsed for Board approval** the recommendation to retain fixed assets with a historical cost under this value, allowing these low value assets to naturally expire through depreciation rather than write-off the current asset value
- c. **Noted** work on our full Accounting Policies is advancing and is anticipated to be in draft within two weeks, accompanied by detailed advice from [REDACTED] on the technical aspects of the transfers and amalgamation under the public sector combinations accounting standard (IPSAS 40).

The interim Board requested that it be recorded in the Minutes a note to the author of the [REDACTED] report, noting that when taxation advice is sought and paid for it is not appropriate for a consultancy to use this as an opportunity to sell software.

Public Health, Primary and Community Care Implementation Joint Working Group

The co-convenor provided a verbal update

- The JWG expressed support for establishing a Public Health Governance Committee
- The primary health dataset programme was reviewed again and the JWG asked for a short briefing on its governance arrangements.

The interim Board discussed whether there would be a Royal Commission of Inquiry into the Covid Response, and what we could use to inform our service design and future pandemic response. At this stage, nothing has been announced but we are keen to ensure that learnings are incorporated into the new system.

Data, Digital and Innovation Joint Working Group

The co-convenor provided a verbal update

- The Co-convenor expressed concern for the lack of visibility of the total Data and Digital programme. It supported management providing fresh eyes to assess the appropriateness of certain projects.
- Upcoming Board papers to be expected from this JWG are
 - o Day 1 ICT and risks

- Cyber paper

Strategic Health Planning Joint Working Group

The co-convenor provided a verbal update

- The JWG considered the NZ Health Plan and considered it to be in favourable shape
- After 1 July this joint working group is not needed to provide Board and management oversight and work can be picked up by the Board and other Committees.

People, Development, Culture and Remuneration Joint Working Group

The co-convenor provided a verbal update

- Admin processes are underway for the appointment of two chief executives before 1 July
- High level KPIs for the CE role are being finalised
- The new committee will focus on
 - workforce taskforce priorities
 - employment relations (including negotiations and pay equity, being clear on Health NZ's mandate to employment relations and the values and milestones)
 - rem focus (CE to provide input at next week's JWG meeting)

Committees – Draft Terms of Reference

The interim Board provided feedback on the draft Terms of Reference, as tabled.

The Board Secretariat noted there have been questions from the business on the future of committees, and a clear signal from the interim Board is needed to inform staff of future steps. The interim Board agreed the committees as per the paper, and recommended current leaders work with the Board Secretariat to finalise details.

The interim Board discussed the following points:

- The committees are for HNZ, and MHA may attend (they are not joint working groups). It remains important that there are opportunities for work to intersect and collaborate wherever possible.
- It is important that MHA has input into HNZ work and we must utilise all opportunities to work collaboratively
- The CE said management find the JWG committees very valuable and it assists staff greatly when a joint view is heard on joint pieces of work. Joint committees also reduce duplication for management preparing papers for both committees.
- Joint Board meetings are planned quarterly so MHA and HNZ Boards can meet and collaborate more formally
- The Chair confirmed Chair roles for the new committees
 - o V Stoddart will Chair Health and Safety
 - o Vui M Goshe will Chair Capital
 - o C Walker will Chair Clinical Assurance and noted the quorum needs to include one clinical person.
- The interim Board reaffirmed that risk is a whole of Board matter.
- In reflection of the increased committees, the Board would move to monthly meetings from July 2022, and it will be a full day.

Draft Governance Manual

D Roche and C Fleming joined the meeting at 2.58 pm.

The Board Secretariat advised a near final draft of the manual has been provided, this work has been done in consultation with the iHNZ solicitor.

The interim Board noted

- Feedback on the draft is to be provided directly to the Board Secretariat via hnzboard@health.govt.nz by Friday 17 June
- The Board Secretariat will provide an updated version of the Governance Manual, incorporating feedback, on 23 June 2022
- Board members will be asked to agree to adopt the Governance Manual at the 1 July meeting
- The Governance Manual will be further reviewed in 60 days i.e. at the end of August 2022.

D Roche and C Fleming left the meeting at 3.03 pm.

Interim Board administration

Register of interests: Noted. Amendments were advised as noted in the Karakia and mihi mihi section of these minutes.

Minutes and actions of the 27 May 2022 meeting were accepted as a true and accurate record of that meeting.

Actions register: Noted.

Meeting and engagements schedules: Noted.

The interim Board will meet in person on 1 July in Auckland.

Action: Board Secretariat to update HNZ Board meetings after 1 July to monthly, full day.

Interim Board in-committee session

M Apa left the meeting at 3.08 pm. The interim Board held an in-committee session.

The Board agreed to delegate the negotiation of the CE's salary to the Chair of Health New Zealand and ensure it is included in the CE's Individual Employment Agreement.

The meeting closed at 3.30 pm with karakia.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Actions from June 10, 2022 meeting

(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
BD100622-01	CE Update Share the due diligence questionnaire completed by district health boards and shared service agencies with the interim Board for their information	CE	30 June 2022
BD100622-02	CE Update Confirm with interim CFO how fixed and variable costs will be tracked for all HNZ/MHA Shared Service Agreements	CE	30 June 2022
BD100622-03	CE Update Share the Taskforce scope to provide visibility of the focus and how it relates to Governance Committees	CE	30 June 2022
BD100622-04	CE Update Invite communication and change management leads to share the communication plan with the interim Board at a future meeting	Board Secretary	30 June 2022
BD100622-05	iMHA Update Circulate the Health Plan latest version to all iHNZ Board members	Board Secretary	30 June 2022
BD100622-06	iMHA Update Share the background paper explaining the waka hourua model metaphor, for the iHNZ and iMHA Board to discuss	S Shea	30 June 2022

No.	Action	Responsible owner	Due date
BD100622-07	Organisational Policies Advise on iHNZ level of exposure and how we monitor staff compliance and awareness with the policies and code of conduct	L Hickman	30 June 2022
BD100622-08	Board administration Update HNZ Board meetings after 1 July to monthly, full day	Board Secretary	30 June 2022

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Te rāangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda
Wednesday 22 June 2022. 9.00am-10.00am. Online via Teams.

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Dame Dr Karen Poutasi, Vanessa Stoddart, Dr Curtis Walker, Sharon Shea
In Attendance Ngā manuhiri	Interim Health NZ: Margie Apa, Catherine Foster (Board Secretary), Susanne McKay (Board Coordinator) Interim Māori Health Authority: Tipa Mahuta (observer) In attendance for specific items: Rachel Hyde, Shayne Tong, Deborah Roche, Sue Gordon
Apologies / Ngā tamōnga	

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
9.00am	Karakia	All	
	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
9.05am	Update from the Chief Executive (verbal)	Margie Apa	For information
9.10am	Update from the Māori Health Authority (verbal)	Sharon Shea	For information
TRANSITION AND DAY 1 MATTERS			
9.15am	Critical Day 1 Assurance	Rachel Hyde	For noting
9.20am	Day 1 assurance: ICT	Shayne Tong	For noting
9.30am	Organisational Risk Reporting	Deborah Roche and Sue Gordon	For discussion
	GOVERNANCE		
	Board in-committee session (if required)	Chair and Board	
	Karakia	Chair and Board	

Next Health New Zealand meetings:

- Tuesday 28 June, 2pm-3pm (placeholder for an online meeting)
- Friday 1 July, 11am - 4pm (in person)
- Friday 15 July, 9.30am-12.30pm (online)
- Friday 29 July, 9.30am-12.30pm (online)

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi
Tuuria, tuuria te mata hau noo Papa
Paiheretia te tangata ki te kawa tupua, ki te kawa tawhito
He kawa ora! He kawa ora!
He kawa ora ki te tangata
He kawa ora ki te whaanau
He kawa ora ki te iti, ki te rahi
He kawa taataki ki au mau ai
Tuuturu o whiti, whakamaua kia tiina
Hui e! Taaki e!

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Wednesday 22 June 2022. 9 am - 10 am. Online via Microsoft Teams.

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Interim Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Vui Mark Gosche, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	<p>Interim Health NZ (iHNZ): Margie Apa (Chief Executive), Catherine Foster (Board Secretary), Susanne McKay (Board Coordinator)</p> <p>In attendance for specific items: Sue Gordon (Corporate Services Interim Lead, iHNZ), Rachel Hyde (Chief Advisor – Office of the Chief Executive, iHNZ), Deborah Roche (Governance, Partnership and Risk Interim Lead, iHNZ), Shayne Tong (Data and Digital Day 1 Lead for Corporate ICT, iHNZ)</p>
Apologies Ngā tamōnga	Dame Dr Karen Poutasi

Karakia and mihi

The meeting began at 09.00 am.

C Walker opened the meeting with karakia.

There were no conflicts advised for this meeting.

Interim Board members advised the following changes to the Interest Register:

- S Shea advised she is a director and CEO of Manawaroa Ltd. Manawaroa is a kaupapa Māori provider of oranga/wellbeing services. A two-year contract to deliver mental health and addiction workforce development services has been signed with Health NZ.

- This is an actual conflict of interest and will be proactively managed as per the interim Board's policies and procedures.

Update from the Acting Chief Executive

The Chief Executive M Apa provided a verbal update on three items:

1. The hospital and specialist delivery team, led by Dale Bramley, is managing acute demand caused by flu and Covid across the country. Reporting on overall hospital pressures will be added to the interim Board resource centre. Extra support and intervention will be available to Counties Manukau, Capital and Coast and Southern district health board areas.
2. Preparation for 1 July 2022, is on track. The Health NZ Board membership will be confirmed on June 27th.
3. Board HNZ and MHA Boards will receive follow up information on kawanata and Waka Hourua at the joint Board meeting on August 18, 2022.

Update from the interim Māori Health Authority (iMHA)

S Shea provided a verbal update on iMHA Board activities and upcoming meeting agenda for Wednesday 22 June, including:

- Co-commissioning paper will be considered for endorsement by the MHA Board, with minor amendments made to the role of Iwi Māori Partnership Boards (IMPB). The paper will be reported back to the iHNZ Board for their review and endorsement.

TRANSITION AND DAY 1 MATTERS

Critical Day 1 Assurance

R Hyde joined the meeting and provided a verbal update at 9.11 am.

The interim Board discussed the following points:

- Workstreams are on track for day 1. There is a focus on internal communications to build a sense of assurance and excitement ahead of day 1.
- ICT is on track

- The emergency management team is working to mitigate business continuity risk. It is not seen as a day 1 risk but will be prioritised in Q1, including integration with risk management processes.

The interim Board discussed the following risk:

- Staff transfer information received from the Ministry of Health is incomplete and staff user and payroll data is still being checked.
- Due to incomplete workforce data it is difficult to get a holistic workforce view. The number of contractors is especially challenging.
- A due diligence process is underway to ensure people are not being paid twice, or at all
- The interim Board asked that the issue of incomplete workforce data is raised with Ministry of Health leadership and highlighted this issue resides with the historical entity.
- The Board discussed two approaches to mitigate and manage the risk

Actions:

- i. Internal audit - Post 1 July initiate an internal audit to address the incomplete workforce data inherited (CE to action)
- ii. Notification to Audit New Zealand as there is a risk of fraud surrounding the duplication of data and its integrity (CFO to action).

R Hyde left the meeting at 9.28 am.

Day 1 Assurance: ICT

S Tong joined the meeting at 9.31 am and provided a verbal update.

There are two red risks for day 1:

- The MHA website will not be launched on day 1. MHA website development is on hold due to other competing day 1 priorities. MHA will continue to use the future of health website as a temporary measure.
- The Learning Management System (LMS) has a security flaw and will not go live for day 1. The ICT team is working with vendor Catalyst to fix that bug. In the interim, training within the system, including Health and Safety will be provided using hardcopy until the digital system is safe.

The interim Board discussed the following points:

- Migration of profiles from Ministry of Health will be a phased approach with legacy data being transferred over three-month period

- Assurance was given that on day 1 the digital operating environment for front line staff will remain the same
- The CE noted the job of the operating model work is to put together the structure and work out clinical systems that vary by region
- ICT team has responded to CE direction MVP
- The Data and Digital Joint Working Group is involved with Day 1 information.

S Tong left the meeting at 9.46 am.

Organisational Risk Reporting

S Gordon and D Roche joined the meeting at 9.46 am.

The interim Board discussed how risk management activity informs and supports governance.

- The risk of “not transforming the health system” is a risk not currently captured in the risk domains. Elements of this include whether stakeholders believe transformation is happening, and if staff feel they are part of a transformation.
- The interim Board needs visibility of what inherited risk is important, and will undertake its own risk prioritisation exercise
- The interim Board provided direction that as a large and complex organisation, there should one overarching risk framework and committees can take ownership of specific risk areas, as determined by the interim Board
- The interim Board needs to develop a risk appetite statement. It will be helpful for management to understand the interim Board’s attitude to risk.

Action: The Board Secretary to schedule a half day session for the interim Board to discuss risk appetite statement.

- Language of risk – the interim Board discussed that risk creates opportunity and it is not always related to failure. The interim Board encouraged management to have this in mind when framing risk conversations with the interim Board.

Action: Management to note the interim Board’s comments and feedback and incorporate into the risk deliverables and future risk discussion with the interim Board.

The interim Board

- a. **Noted the risk management framework progress**

- b. Discussed how risk management can align and inform governance
- c. Noted the proposed next steps.

S Gordon and D Roche left the meeting at 10.01 am.

GENERAL BUSINESS

Committees

- The interim Board requested the Board Secretariat work directly with proposed Committee Chairs to confirm the Terms of Reference, ahead of 1 July.

CEO appointments

- The interim Board noted that the Chair is arranging a discussion with the Public Service Commissioner to agree the CE's salary ahead of appointment.

Future interim Board meetings

There is a placeholder meeting in the calendar for June 28 2022, following confirmation of the Board appointees on June 27, 2022.

The meeting closed at 10.05 am with karakia.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Actions from June 22, 2022 meeting

(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
BD220622-01	Critical Day 1 Assurance Internal audit - Post 1 July initiate an internal audit to address the incomplete workforce data inherited	CE	
BD220622-02	Critical Day 1 Assurance Notify Audit New Zealand there is a risk of fraud surrounding the duplication of data and its integrity	CFO	
BD220622-03	Organisational Risk Reporting Schedule a half day session for the interim Board to discuss risk appetite statement	Board Secretary	
BD220622-04	Organisational Risk Reporting Management to note the interim Board's comments and feedback and incorporate into the risk deliverables and future risk discussion with the interim Board	S Gordon D Roche	

Te rārangi take mō te Poari o te Mana Hauora

Interim Health New Zealand Board Meeting Agenda

Tuesday 28 June 2022. 2.00pm-3.00pm. Online via Teams.

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Dame Dr Karen Poutasi, Vanessa Stoddart, Dr Curtis Walker, Sharon Shea, Vui Mark Gosche
In Attendance Ngā manuhiri	Interim Health NZ: Catherine Foster (Board Secretary), Susanne McKay (Board Coordinator)
Apologies / Ngā tamōnga	Margie Apa

Te wā	Te Take (Item)	Te Kaikōrero	Te momo pepa
2.00pm	Karakia	All	
	Mihimihi	Chair	
	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	Chair	For noting
2.05pm	Chairman's Report (verbal)	Chair	
	ITEMS FOR DECISION		
2.20pm	Appointment of Chief Executive	Chair and Board	For endorsement
2.25pm	Delegations from Board to Chief Executive	Chair and Board	For endorsement
	Karakia	All	

Karakia Hauora

Tuuria, tuuria te mata hau noo Rangi
 Tuuria, tuuria te mata hau noo Papa
 Paiheretia te tangata ki te kawa tupua, ki te kawa tawhito
 He kawa ora! He kawa ora!
 He kawa ora ki te tangata
 He kawa ora ki te whaanau
 He kawa ora ki te iti, ki te rahi
 He kawa taataki ki au mau ai
 Tuuturu o whiti, whakamaua kia tiina
 Hui e! Taai e!

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Tuesday 28 June 2022. 2 pm - 3 pm. Online via Microsoft Teams.

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Interim Board attendees Ngā mema o te Poari	Hon. Amy Adams, Cassandra Crowley, Dame Dr Karen Poutasi, Vui Mark Gosche, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker
In Attendance Ngā manuhiri	Interim Health NZ (iHNZ): Catherine Foster (Board Secretary), Susanne McKay (Board Coordinator)
Apologies Ngā tamōnga	Margie Apa (Chief Executive, iHNZ)

Karakia and mihi mihi

The meeting began at 02.00 pm.

The Karakia continued over from previous working Group meeting.

Apology from Margie Apa who is in an Executive Team meeting.

There were no conflicts advised for this meeting.

Chairman's Report

The interim Board Chair R Campbell provided a verbal update.

Board appointments:

The Chair began the meeting by recognising the contribution of Cassandra Crowley, Vui Mark Gosche and Sharon Shae who would not be continuing with the Board past 1 July 2022. The Chair expressed his personal appreciation for their valuable contribution to the Board.

The Chair confirmed that Appointment Letters are due with the Board Members today, Tuesday 28 June 2022.

The Chair wished to be involved in the selection process for the new Board appointees. The Chair, with the support of the Board agreed to write to the Minister formally requesting input into the process as was common with Crown Entity Board appointments. Key skills and characteristics required on the Health New Zealand Board includes Financial and Capital Investment and management skills and Pacific representation at the Board table.

Committees:

Due to the changes in personal at the Board table, it was decided that until the full Board membership was settled, establishing Committees should be paused and decision making should rest with HNZ Board.

The Board expressed their desire to continue to work in partnership with Māori Health Authority and discussion remains ongoing as to what Committees should be joint to maximise the benefits of partnership. Options include co-opting MHA Board members to HNZ Boards (and vice versa) or both entities establishing the same committees, which meet at the same time and make recommendations back to their respective Boards. The

Pae Ora legislation requires HNZ and MHA to work together and the Committees are an opportunity to collaborate in decision making. The Boards will continue to find a way to work together.

Appointment of Chief Executive

V. Stoddart has led the process as co-convenor of the People and Culture Joint Working Group. It is a standard Public Service Commission (PSC) contract with a term of 3+2. Salary has been agreed in line with standard PSC scales and guidelines.

The Board noted their support and thanked the Chair and V. Stoddart for their involvement in the process.

The Board endorsed the recommendation to:

1. approve the appointment of Fepulea'i Margie Apa as Chief Executive of Health New Zealand for an initial term of three years, with an optional extension of two further years by mutual consent, to take effect from 1 July 2022
2. note that the Public Services Commissioner has given written consent to the terms and conditions of the Chief Executive's employment
3. resolve to delegate to the Chair authority to execute the Chief Executive's employment agreement on behalf of the Board

Delegations from Board to Chief Executive

The interim Board discussed the Delegations from the Board to Chief Executive.

The Board discussed the following points:

- Delegations will need to be regularly reviewed to ensure they are fit-for-purpose in the new system
- The Chair expressed the \$25M delegation to CE is high, however, in the absence of data on how the delegation is being applied it is difficult to determine if this is an appropriate number at this stage. Delegations will be reviewed quarterly for the first year to test whether limits are appropriate.
- 'no surprises' principle is important for the relationship between the CE and Board.
- Reporting oversight for the Board is important to ensure they understand how delegations are being used and can adjust appropriately
- Developing principles and guidance for staff on appropriate use of delegations is important. Behaviours are equally as important as having the clear financial limits in place.
- Other tools to support the appropriate use of delegation is to have greater visibility of budgets and aligning spend proportionately to roles so individual understand the scale and impact of financial decision making in the broader system.
- Elements of reputation and risk management also needs to a key element driving people's decision making
- Culture change to delegations is vital and should be reflected in policy as well as delegation framework. Important to send the message that all resource allocation and people decisions have a fiscal impact.

Action: The Board wished to discuss with Management how Management is ensuring there is an appropriate culture towards delegations.

The Board endorsed the following recommendations with the caveat they are reviewed quarterly for the first year.

It is recommended that the Board:

1. **note** that as a Crown entity, HNZ can only exercise powers and perform functions under the authority of the Board and therefore Board delegations are required on day 1
2. **resolve** to delegate certain functions and powers to the Chief Executive of Health New Zealand from 1 July 2022, as set out in the delegation at Attachment A of this paper ("CE Delegation")
3. **note** the functions and powers that are reserved to the Board and so are not delegated to the Chief Executive
4. **note** that the Board may, at any time, revoke, alter, or limit this delegation by written notice to the Chief Executive
5. **note** that the Board remains responsible for the exercise of all delegated powers and functions and may exercise any delegated power or function, at any time
6. **resolve** that, as set out in the CE Delegation, the Chief Executive may further delegate the functions and powers delegated to her to Health New Zealand employees and office holders ("staff")
7. **note** that a draft Delegated Authority Policy has been prepared and will be approved by the Chief Executive on 1 July. The draft Policy is in Attachment B of this paper and sets out:
 - a. Health New Zealand's policy on delegations, and how to use delegations (Parts A and B of the Policy)
 - b. a copy of the CE Delegation (Part C)
 - c. the delegations that the Chief Executive will make to Health New Zealand staff in positions from disestablished entities (Part D)
 - d. the delegations that the Chief Executive will make to national office staff and, for financial delegations, the limit that applies to each delegation level (Part E)
8. **note** that, in the delegation to the staff in positions from disestablished entities, the Chief Executive continues all previous delegations and delegation policies of those entities by authorising those staff to exercise the delegated powers and functions previously delegated to them in the same way and to the same effect (with some changes so that they operate appropriately as Health New Zealand delegations and policies)
9. **note** that the Chief Executive intends to review all delegations at Chief Executive level and below, and the Delegations Policy in the first three months, and seek Board approval of the proposed approach to nationalising delegations will then seek Board approval of the approach to nationalising delegations.

Other Business:

Board Member farewell:

The Board once again acknowledged those who were finishing on the Board. HNZ and MHA will find an appropriate time to acknowledge all those who have contributed to the Boards in this interim phase.

Launch event:

The Chair outlined the events planned for day 1 including events in Waitangi, AUT and the Board's day 1 Board meeting.

The meeting closed at 03.00 pm with karakia.

Actions from June 28, 2022 meeting

(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
	To be added when minutes agreed		