

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

Friday 26 August 2022. 9.30 am – 4.15 pm. In person

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

Chair for the meeting Te Kaihautū mō te hui	Rob Campbell
Board attendees Ngā mema o te Poari	In person: Hon. Amy Adams, Dame Dr Karen Poutasi, Dr Curtis Walker (joined by Teams link), Vanessa Stoddart
In Attendance Ngā manuhiri	<p>Te Whatu Ora: Margie Apa (Chief Executive), Catherine Foster (Board Secretary)</p> <p>In attendance for specific items:</p> <ul style="list-style-type: none"> • Deborah Roche (interim Lead, Government, Partnership and Risk) • Carolyn Palmer (Lead - System Accountability & Performance) • Rosemary Clements (People and Culture Lead) • Dan Coward • Rosalie Percival (Finance Lead, Te Whatu Ora) • Dr Nick Chamberlain (National Director, National Public Health Service) • Rachel Mackay (Group Manager Operations) • Graham Smith – interim Chief Infrastructure and Investment • Fionnagh Dougan – Regional Director, Northern Region • Cat Fleming (Principal Solicitor, Governance, Partnerships and Risk) • Aedeen Boadita-Cormican (Barrister, Clifton Chambers) • Vicktoria Blake • Diana Sarfati (Chief Executive, Te Aho o Te Kahu, and incoming Director General, Ministry of Health) • Monique Fowler (Director, Health Infrastructure)

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Apologies Ngā tamōnga	T. Mahuta
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Karakia and mihi

The Board met without management in closed session until 10.00am.

The meeting began at 10.00am.

C Walker opened the meeting with karakia.

Apologies were received from T. Mahuta.

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

Telehealth Funding

The Chair of Te Whatu Ora's Public Health, Community and Primary Committee introduced the item. The Committee received the item at their meeting on 12 August 2022 and requested additional information to support this decision, including Cabinet minute to ensure the Board had appropriate information available to support its decision-making.

Key discussion points included:

- The Board understood the importance of the service and, in principle, the continuation of funding, however, the paper did not provide adequate information, including providers' performance, to assure the Board that this was the best allocation of funds
- The Board requested papers include options to enable the Board to assess trade-offs and priorities
- This funding request was pre 1 July and is a decision that the Board has inherited – the Board did not want to delay the funding allocation further

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- The Board noted that an interim member of the Executive Team is also the CE of one of the Telehealth providers – the CE assured the Board that conflict of interest management processes had been followed by the Executive when this paper was considered
- The Board requested that all papers include appropriate data and analysis to provide the Board with the appropriate information to make significant funding decisions

BD021 – 26 August 2022: The Board received the paper and approved the following recommendation by consensus:

- a) **noted** the paper did not include an appropriate level of analysis that the Board would expect in a paper requesting allocation of \$100 million
- b) **requested** that papers requesting significant investment contain more information and analysis to support the Board's decision-making
- c) **endorsed** the funding allocation given the important role of Telehealth services in COVID-19 response and recognising that commitments have been made prior to 1 July 2022, which the Board will honour.

Update from the Chief Executive

The Chief Executive's report was noted.

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

Te Pae Tata:

- The Board requested clear and direct actions that can be achieved in 24 months
- The Board requested oversight of how the actions would drive cost savings across the system
- The Chairs to Te Whatu Ora and Te Aka Whai Ora had met and proposed a joint meeting to consider the final draft

Action: Board Secretary to arrange a joint session for Boards to receive and endorse Te Pae Tata before Ministerial release.

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Submissions on Government legislation:

- The Board supported finding an appropriate mechanism for subject matter experts to provide their expertise and advocate for public health matters in Policy and legislation before Parliament
- Important to support staff in understanding their role and the best route for providing their expertise
- The Board requested management provide clarity on how subject matter experts can express their views the benefit New Zealanders while remaining politically neutral

Action: Request that the National Director of Public Health works with Public Health officials to ascertain appropriate avenues for their subject matter expertise on Public Health to be disseminated. Include legal considerations for the Board's role as an employer and individual's rights to free speech.

Royal College Midwives Legal Action:

- The Board requested clarity on The Board of Te Whatu Ora's role in legal challenges which the Ministry has taken a position but could result in Te Whatu Ora being liable

Action: Chair to discuss with Minister of Health how to manage inflight or inherited activities which may result in Te Whatu Ora being liability.

Culture and Transformation:

- The Board encouraged the CE to ensure that the need for cost efficiencies was communicated and understood across the system
- All leaders should be demonstrating a mindset and encouraging behaviour from their team which celebrates innovation, efficiencies and generates cost savings
- The Board requested information on our staffing baseline and mix of contractors/employees. Work is underway to develop this, using Q1 as a baseline

Action: The Board requested an accurate headcount of all staff, including what functions they perform is presented to the People and Culture committee.

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Conflicts of Interest

- The Board requested that staff be educated about Conflicts of Interest policies and practices – during a time of change, the organisation is at a greater risk of fraud, and the Board sought assurance that staff are aware that we have processes were in place to ensure Conflicts of Interests are managed

Restore Implementation Plan:

The Board noted the report and discussion points included:

- Encouraged Te Whatu Ora to work across government agencies such as the Ministry of Social Development and ACC, which will benefit from the Task Force's recommendations
- The Board asked management to capture the benefits of the Plan's actions and activities to enable the Board to understand their effectiveness

Action: Board Secretary to express the Board's thanks to the Planned Care Task Force

Government, Legal and Policy Update – Litigation update

Key discussion points included:

- The report highlighted the need to consolidate legal function at national level
- Requested appeals to Supreme Court and Court of Appeal be added to reporting criteria
- The Board encourage staff to use both large and small firms depending on the matter
- The reporting should be litigations and disputes not just issues before the courts, but also legal matters that are not before the court but will have risks associated
- The Board encouraged legal council to think strategically about application of legal resource; not simply managing legal contracts.

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BD021 – 26 August 2022: The Board adopted the following recommendation with consensus:

- a) **noted** that Te Whatu Ora is involved in litigation in various courts and tribunals nationwide as generally described in this paper and listed in Appendix 2
- b) **approved** the proposed criteria for reporting litigation to the Board are proceedings involving matters that are complex, any appeals to Supreme Court and Court of Appeal, have potential precedent effect, are high value (material financial risk), or carry reputational risk/media interest, listed in Appendix 1
- c) **noted** Appendix 1 lists the proceedings that have been identified as involving matters that are complex, have potential precedent effect, are high value (material financial risk), or carry reputational risk/media interest
- d) **noted** estimated national internal and external legal spend is approximately \$4 million for in-house services, \$20-25 million for outsourced legal and less than \$1 million for settlements and that the Board will be provided with a report and policy on legal spend going forward
- e) **noted** that this paper will be shared with Te Aka Whai Ora | Māori Health Authority Board after legally privileged information has been removed
- f) **approved** the proposal to establish quarterly reporting to the Board on litigation involving matters of precedent, high value or reputational risk/media interest; and ad hoc reporting to the Board outside the proposed quarterly cycle on a 'no surprises' basis.

Update from Te Aka Whai Ora

This item was deferred as T. Mahuta was not in attendance.

Update from Ministry of Health Director General – Di Sarfati

The Board discussed

Six priority areas for the Acting Director General of Health

1. Setting strategic direction for health – several strategies inflight and need to be delivered by June 2023
2. Leadership and engaging across government on issues of mutual benefit

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3. Convening across specific Health Policy issues
4. Legislative and regularity work; important to engage with Te Whatu Ora on all levels
5. Reporting and monitoring function; want to be collaborative and monitor for success
6. Manatū Hauora is also considering its own structures and capabilities, also going through reform and transformation

The Board and the Director General of Health discussed the following points:

- There will be different approaches and ways of working across the different priority areas outlined
- The key principles will be open, collaborative and early engagement
- The transformation of the health system is a collective challenge to solve
- Te Whatu Ora and MoH are leaders of the Health sector, and important to demonstrate Te Tiriti and equity
- Te Aka Whai Ora is an important partner for both entities
- Huge opportunities to work collaboratively at all levels of the organisations

The Board thanked the Director General for her time and noted that her attendance would be a standing item on Te Whatu Ora Board agendas.

The Board broke for lunch at 12.40 pm.

Performance Reporting

The meeting reconvened at 12.55pm.

The Board discussed the following points:

- Minimal workforce data is available – metrics should include the number of contractors/employees and overseas vs locally trained
 - People metrics to be discussed at the People and Culture Committee
- Level of detail needs to be refined for Governors as opposed to Executives managing the operations
- Request that performance data is tracked monthly, year-to-date and in-time, year-prior
- Board requested visibility and analysis of trends and outliers

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- Board liked the qualitative and quantitative data and encourage commentary from tier 2s
- Incorporate equity measures
- Requested finance report be presented as a standalone report
- Requested greater visibility of Health and Safety data
- Requested visibility of savings generated month-on-month

The Board noted the report would also be shared with the Minister of Health. The Board requested that the information be shared with a caveat that the data is incomplete and continues to be a work-in-progress to get accurate and reliable reporting across the system.

BD021 – 26 August 2022: The Board adopted the following recommendation with consensus:

- discussed the monthly performance report for Te Whatu Ora's month ended 31 July 2022
- agreed that the monthly report be provided to the Ministry of Health and Te Aka Whai Ora (in their monitoring capacities) and the Minister of Health as part of fulfilling the Board's responsibility to provide clear and useful performance information
- noted plans for future performance reporting and communication of performance information.

s 9(2)(f)(iv)

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The Board endorsed the following recommendation by consensus:

s 9(2)(f)(iv)

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

Seismic Programme Report and Policy

Key discussion points included:

- Important to emphasise that this is one technical report and it must be supported by a narrative that explains that people are safe, and services will continue to be delivered
- Engaging Unions should be added to the communications plan
- Board requested more information on all buildings and their ratings to understand the totality of risk; there are issues with the data available as data held by DHBs and Ministry of Health and not consistent

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'Draft' Seismic Policy

- The Board supported releasing it as 'draft'
- The Board requested it is reviewed to ensure we can meet the standards set out in the policy
- Clarify Engineers' role is to provide advice that will be considered by management/Board
- Re-examine our statements regarding leases and apply a materiality lens

The Board endorsed the following recommendation with consensus:

- a) **noted** that a seismic report on "Understanding and Improving the Seismic Resilience of Hospital Buildings" has been developed that contains several recommendations, including the development of a Seismic Policy for Te Whatu Ora
- b) **noted** that a seismic work programme to implement the recommendations of the seismic report has commenced with approval from the Chief Executive
- c) **noted** that this paper will be shared with Te Aka Whai Ora | Māori Health Authority Board.

Action: Board Secretary to circulate to Board members the full list of all Te Whatu Ora's buildings and seismic ratings, before publication of the report or draft policy.

Action: prepare cover note for the Chair's review which outlines communications approach to releasing the Krestal report to ensure that Board's views are captured.

Public Private Models of Health

The Board discussed public and private practices and whether individuals were gaining economic benefit from the public health system through referrals to private services.

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The Board discussed the following points:

- We have a system full of professionals who act ethically and responsibly
- Unclear of the scale and validity of the issues
- Numerous data points can be examined, such as referral volume, variations across regions and the types of services being referred to identify any patterns or trends
- The Board sets the tone for standards and behaviours – the Board is clear that conflicts of interests must be declared and managed at all levels, including testing what systems have been put in place to mitigate potential, perceived and actual conflicts
- The Board must verify the practices to ensure they are safe and responsible
- Essential to test our vulnerabilities and exposure to fraud

Action: CE to commission the internal audit and assurance team to investigate the matter, ascertain the scope and risk of the issues, and report back to the Board if further action or investigation was required.

Individual Employment Agreements (IEAs) Remuneration Framework

V. Stoddart introduced the item which was recommended to the Board by the Te Whatu Ora's People and Culture Committee. Key discussion points included:

- It is a framework that enables Management to act and has appropriate checks and balance back to the Board. It is in line with Public Sector guidelines and practices
- The Board requested more information on the Regional director tier to better understand their roles in the new system

BD023 – 26 August 2022: The Board endorsed the following recommendation by consensus:

- a) agreed that the remuneration market comparison measure for all roles be based on Total Fixed Remuneration (base salary + employer Kiwisaver contribution + regular fringe benefits)

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- b) agreed the midpoints and ranges for Tier 2 roles (and some Tier 3 roles) as per the table provided, which is attached at Annex 1 in the People and Culture committee paper
- c) noted the sizing of Te Whatu Ora Tier 2 roles, which is attached at Annex 2 in the People and Culture committee paper
- d) agreed that the market position for roles below Tier 2 should be based on Strategic Pay public sector median, see Annex 3 in the People and Culture committee paper
- e) agreed that for all IEA roles the remuneration range around midpoint be 80%/120% of the midpoint (e.g., a role with a midpoint of \$100,000 has a range of \$80,000 – \$120,000)
- f) agreed the Chief Executive may make remuneration offers at the time of recruitment for Tier 2 roles without further approval for the Board, providing the offer is within the 80%/120% range for the given role
- g) noted the policy position options discussed in the People and Culture committee paper
- h) noted the requirement to incorporate tikanga Māori and equity principles into job sizing methodologies
- i) noted general background regarding IEA remuneration practices amongst the 28 entities that make up Te Whatu Ora
- j) noted the programme of work for the next 12 months.

Delegations

Functions Transfers – approach to Tranche 3

- The Board requested assurance that they would have visibility of the areas of work for the transfers to ensure we are still able to complete scopes of work within Te Whatu Ora
- Noted that a large number of the transfers were Staff that will manage Maori provider contracts, which is core to Te Aka Whai Ora's operations
- Noted the importance of supporting Staff through the transfer and change

BD024 – 26 August 2022: The Board endorsed the following recommendation with consensus:

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- a) **noted** that transfers from Manatū Hauora to Te Aka Whai Ora were not able to be implemented prior to 1 July due to complexities of shifting across entities; a pragmatic compromise was agreed to shift staff to Te Whatu Ora from 1 July, with Te Whatu Ora to complete transfer of Māori health functions to Te Aka Whai Ora as soon as practicable
- b) **noted** the timeframe and activities needed to deliver Tranche 3 functions transfers
- c) **noted** that we seek your agreement to these transfers, and a delegation of actions required to affect these transfers, because they exceed your usual delegations to the Chief Executive
- d) **agreed** that up to 40 FTE roles, either vacant or staffed and/or commensurate annual funding to maintain the same number of roles (representing roles which were previously Manatū Hauora roles) up to \$7.540 million in annual funding be transferred from Te Whatu Ora to Te Aka Whai Ora as part of this tranche of transfers
- e) **agreed** that up to 110 FTE roles, either vacant or staffed (representing roles which were previously District Health Board roles) up to \$20.735 million in annual funding be transferred from Te Whatu Ora to Te Aka Whai Ora as part of this tranche of transfers, subject to Te Whatu Ora validating and confirming a final list of relevant roles with Te Aka Whai Ora
- f) **agreed** that a number of roles be transferred from Manatū Hauora, DPMC and/or the Ministry of Business, Innovation and Employment to Te Whatu Ora as part of this tranche of transfer subject to a confirmation of final FTE counts and cost
- g) **agreed** that contracts and associated funding transfer from Manatū Hauora to Te Whatu Ora and/or Te Aka Whai Ora, and from Te Whatu Ora to Te Aka Whai Ora, as part of this tranche of transfer, subject to a confirmation of final costs and obligations associated
- h) **agreed** to delegate to the Chief Executive all actions required to give effect to the above transfers, including:
 - i. entering into agreements Te Whatu Ora and Te Aka Whai Ora, Manatū Hauora, DPMC and/or the Ministry of Business, Innovation and Employment for the purposes of effecting these transfers
 - ii. entering into agreements with the Ministers of Health and Finance under the Health Sector Transfers Act
 - iii. seeking agreement from the Ministers of Health and Finance to transfer associated funding through the October Baseline Update
 - iv. any ancillary actions required to give effect to the proposed transfers
- i) **noted** that Te Whatu Ora and Te Aka Whai Ora's Boards are receiving this paper in parallel.

Ministerial permission to provide delegations to secondees and contractors

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Key discussion points included:

- The Board supported CE holding the delegations and must sign off any sub-delegations
- It is not a blanket or enduring delegation and must only be applied when necessary for the good operations

BD025 – 26 August 2022: The Board endorsed the following recommendation by consensus:

- noted** that currently the Board cannot make any delegations to contractors and secondees; in-turn, this means that no delegations can be made to contractors and secondees within Te Whatu Ora; under the Crown Entities Act 2004, authorisation is required from the Minister of Health for the Board to make such delegations
- noted** that the Management of Te Whatu Ora recommends that authorisation be sought from the Minister of Health for the Board to be empowered to make delegations to contractors and secondees
- agreed** that Management provide advice to the Minister of Health recommending that the Board be empowered to delegate to contractors and secondees
- noted** that, subject to the Board's approval to seek authorisation from the Minister, and the Minister empowering the Board to make delegations to contractors and secondees, further advice will be provided to the Board as part of the 90-day review of delegations on implementing further delegations
- noted** that this paper will be shared with Te Aka Whai Ora | Māori Health Authority Board.

Subsidiary Companies:

C. Walker left the meeting.

Key discussion points included:

- The Board requested that the number of governors on subsidiary companies are reduced

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- Makeup of the recommended governors appear to be mainly individuals who have held these roles in the DHB structures; the Board encouraged management to look broadly at the skill set required to govern these companies, including commercial experience

BD026 – 26 August 2022: The Board endorsed the following recommendations with consensus:

- a) **noted** that Te Whatu Ora currently has eight Crown entity subsidiaries
- b) **noted** that Te Whatu Ora also has non-majority shareholdings in two other entities
- c) **noted** that the governance arrangements for each subsidiary company have been reviewed
- d) **endorsed** the number of governors on subsidiary companies being reduced
- e) **noted** that the power to appoint or remove directors from the Boards of subsidiaries currently rests with the Te Whatu Ora Board via a shareholder resolution
- f) **agreed** that the Chief Executive of Te Whatu Ora should be authorised to execute these shareholder resolutions on the Board's behalf
- g) **noted** Te Whatu Ora Board will retain visibility of subsidiary company Board membership through the Chief Executive's report to the Board
- h) **noted** that a piece of work to ensure Te Whatu Ora is meeting its obligations as a parent of Crown entity subsidiaries will be completed by the end of September and reported to the Finance and Audit Committee on 13 October 2022
- i) **noted** that there also is a wider piece of work being undertaken to review the subsidiaries and recommend future structural arrangements, including potential divestment and/or consolidation
- j) **noted** that this paper will be shared with Te Aka Whai Ora | Māori Health Authority Board.

Carbon Neutral Government Programme Implementation

C. Walker returned to the meeting for this item.

V. Stoddart declared her interest in forestry and infrastructure.

R. Campbell declared his role as Chair of Environmental Protection Agency and Chair of Ara Ake Limited.

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Declarations are recorded in the minutes and no further action was taken.

Key discussion points included:

- Imperative that Te Whatu Ora develop a fulsome work programme with dedicated resources and national leadership
- The Board encouraged swift action and noted that the 2024 goal to remove boilers should be expedited
- Important that a system wide view of sustainability is taken to better understand emissions profile and target reduction
- The Board wants to go beyond being carbon neutral; they wish to see Te Whatu Ora have a target to reduce emissions
- The Board requested time to consider the vision for reducing climate change instead of viewing it as a compliance piece
- Look at reduction opportunities across our entire supply chain, infrastructure, and contracting practices
- The Board provided feedback on the Letter to Minister Nash requesting we be bold and more explicit about our activities in our response

BD27- 26 August 2022: The Board endorsed the following recommendations by consensus:

- a) **noted** the CNGP Policy, which has been approved by the Chief Executive
- b) **approved** the attached letter to Minister Nash relating to the CNGP
- c) **noted** that this paper has been shared with Te Aka Whai Ora | Māori Health Authority Board.

Action: Board Secretariat to organise a session on Climate change and Te Whatu Ora's role

Carbon Neutral Government Programme Implementation

Key discussion points included:

- The Board requested that national standards are set to ensure consistency across the country; the localities' charters and contracts will ensure that communities comply with national standards
- The Board encouraged Management to ensure all communities are involved, including migrants and other underrepresented groups
- Defining boundaries by local authorities is practical; however, we must go beyond this and test and challenge traditional territorial boundaries that are appropriate for all communities and all localities – communities and people must have a choice

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- Localities must include integration with hospital services.

BD28- 26 August 2022: The Board endorsed the following recommendation by consensus:

- a) **noted** that the Pae Ora (Healthy Futures) Act:
 - i. requires Te Whatu Ora to determine, with the agreement of Te Aka Whai Ora, geographically defined areas (localities) for the purpose of arranging services by July 2024
 - ii. requires that all localities to have a locality plan within three years of commencement of both entities (July 2025)
- b) **agreed** that locality boundaries will be determined using a nationally guided and locally driven process beginning with IMPB (Iwi Māori Partnership Board) engagement, and including development of default locality boundaries that can be amended over time based on local community preferences
- c) **agreed** that the criteria to be considered in designating locality areas be:
 - i. Regional Te Whatu Ora – Health New Zealand / Te Aka Whai Ora – Māori Health Authority boundaries
 - ii. IMPB areas
 - iii. local government boundaries
 - iv. natural communities and intersectoral administrative boundaries
 - v. population size
- d) **agreed** the prerequisites for recognising a locality partnership group be:
 - i. locality leadership members and key stakeholders are engaged
 - ii. locality boundaries are agreed
 - iii. common goals and values identified
 - iv. locality infrastructure / back bone services agreed
- e) **agreed** that locality partnerships will be documented in a locality charter that will be endorsed by Te Whatu Ora, Te Aka Whai Ora, and the relevant IMPB

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- f) noted that this paper has been prepared in partnership between the National Localities Co-leads across both entities and will be shared with the Te Aka Whai Ora Board for agreement.

Roadmap to develop a national immunisation strategy and establish immediate COVID-19 strategic priorities

The paper was for the Board's information.

Key discussion points included:

- The Board supported a joined-up agency approach
- The Board supported the continued focus on vulnerable groups and Te Aka Whai Ora and Te Whatu Ora working collaboratively with these population groups
- The Board noted that the strategy's delivery timeline was Q2 2023; it encouraged staff to work quickly and expedite this process where possible
- The Board supported interrogation of funding and workforce models, including micro-credentialing for Kaiawhina workforce who had been vital in the COVID-19 vaccination response – training must be part of any workforce development programme

Governance and Administration

The Board received verbal updates from all committee Chairs.

Capital and Infrastructure Committee

BD28- 26 August 2022: The Board of Te Whatu Ora approved by consensus the appointment of Mei Fern Johnson to the Board's Capital and Infrastructure Committee for 12 months, subject to her employer's agreement and completion of Conflict-of-Interest declarations.

Finance and Audit Committee

People and Culture Committee

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H&S Committee

- has been stood up

Data, Digital and Innovation Committee

- including a verbal update on the Southern Digital business case

Public Health, Community and Primary Care Committee

- noting Achieving Pae Ora in Primary Care

Administration

Register of interests: Noted.

Minutes and actions of the 29 July 2022 meeting were accepted as a true and accurate record of that meeting.

Actions register: Noted.

Meeting and engagements schedules: Noted.

The meeting closed at 4.10 pm with Karakia.

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Actions from August 26 2022

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

No.	Action	Responsible owner	Due date
BD260822-01	Arrange a joint session for Boards to receive and endorse Te Pae Tata before Ministerial release.	Board Secretary	ASAP
BD260822-02	Request that the National Director of Public Health works with Public Health officials to ascertain appropriate avenues for their subject matter expertise on Public Health to be disseminated. Include legal considerations for the Board's role as an employer and individual's rights to free speech.	National Director of Public Health works with Public Health	ASAP
BD260822-03	Chair to discuss with Minister of Health how to manage inflight or inherited activities which may result in Te Whatu Ora has liability.	Te Whatu Ora Chair	ASAP
BD260822-04	The Board requested an accurate headcount of all staff, including what functions they perform is presented to the People and Culture committee.	CE	23.09.22
BD260822-05	Board Secretary to express the Board's thanks to the Planned Care Task Force.	Board Secretary	23.09.22
BD260822-06	Board Secretary to circulate to Board members the full list of all Te Whatu Ora's buildings and seismic ratings, before publication of the report or draft policy.	Board Secretary	23.09.22

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No.	Action	Responsible owner	Due date
BD260822-07	Prepare cover note for the Chair's review which outlines communications approach to releasing the Krestal report to ensure that Board's views are captured.	G.Smith	23.09.22
BD260822-08	Chief Executive to commission the internal audit and assurance team to investigate the matter, ascertain the scope and risk of the issues, and report back to the Board if further action or investigation was required.	CE	23.09.22
BD260822-09	Board Secretariat to organise a session on Climate change and Te Whatu Ora's role.	Board Secretary	January 2023