

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

Friday 28 October 2022. 8.30am-4.00pm. Online

<p>Chair for the meeting Te Kaihautū mō te hui</p>	<p>Rob Campbell</p>
<p>Board attendees Ngā mema o te Poari</p>	<p>Online: Hon. A. Adams, T. Mahuta, Dame Dr K. Poutasi, V. Stoddart, Dr C. Walker, N. Ferguson</p>
<p>In Attendance Ngā manuhiri</p>	<p>Te Whatu Ora: M. Apa (Chief Executive), C. Foster (Board Secretary)</p> <p>In attendance for specific items:</p> <ul style="list-style-type: none"> • P. Watson (Interim National Director - Medical) • D. Sarfati (Director General, Ministry of Health) • M. Roberts (DDG Strategy, Policy & Legislation, Ministry of Health) • S. Metcalf (Group Manager Strategy, Ministry of Health) • R. Percival (Finance Lead, Te Whatu Ora) • T. Maisey (Interim Director Strategy, Planning and Reporting) • D. Coward (Chief Operating Officer Hospital and Specialist Services) • R. Clements (Interim Lead, People & Capability) • C. Palmer (Lead - System Accountability & Performance) • D. Roche (Interim Lead, Government, Partnership and Risk) • G. Smith (Interim Chief Infrastructure and Investment) • M. Fowler (Director Delivery, Infrastructure and Investment Group) • M. Poutasi (National Director Pacific Health) • S. Bloomfield (Chief Data & Digital) • R. Kamira (Group Manager - Data and Digital) • S. Gordon (Interim Lead Corporate Services - National and Regional)

28 October, 2022

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

	<ul style="list-style-type: none">• J. Carroll (KPMG)• D. Sutton (KPMG)
Apologies Ngā tamōnga	T. Mahuta for lateness.

Karakia and mihi

The meeting began at 8.30am with Karakia, led by the Chair.

There were no apologies.

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

Board only time

The meeting began with Board only time from 8.30am – 9.30am.

Update from the Chief Executive

M. Apa and P. Watson arrived at the meeting at 9.30am.

The Chief Executive's report was noted.

P. Watson provided a verbal update on several matters. Key discussion points included:

- Workforce shortages remains a critical issue.

28 October, 2022

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

- The volumes of patients in hospitals are comparable to peak winter levels.
- There is a lack of workforce across the systems including primary care, which is putting pressure on hospitals. Trends indicate that demand will continue to increase.

Action: The Board requested management provide more information on how system demand will continue to be managed and responded to over the coming months.

- Media attention on ED deaths: All deaths are being reviewed, including examining clinical issues separately from system issues. Te Whatu Ora must focus on what is learnt from these tragic incidents and improve our systems from review findings.
- Concern was expressed about negative stories in the media and the impact of this on front line staff wellbeing. It is important to emphasise that this isn't the standard of care we expect and that we support our staff, not creating a blame culture.
- There is a need to consider Te Whatu Ora's response to these tragic incidents. The Board expects that we will front these issues and are empathetic in our response for staff and the whānau affected. We must give the public confidence that we are listening to their concerns.
- We need to ensure staff focus not just on the outcome, but the patient's experience.
- There was a recent Herald NZ article on the suicide rate for medical workforce. **Action:** The Board requested more information on suicide rates in the medical workforce to understand the issue.
- Accreditation for radiology services: This issue was escalated to the Minister 18 months ago. Recruiting radiology staff is important to maintain accreditation. The Board wished to see the issue resolved and a plan for regaining the accreditation.
- Mobility of workforce: We need to look across the system to where staff can be redeployed to relieve pressure on frontline staff. Management is discussing these issues with Unions regarding how we can mobilise staff.
- We need to look at the scope of practice and opportunity to invest in transformation of our workforce
- The Board is concerned about the Health and Safety in our workforce and ensuring we have a safe working environment where people who are working under pressure are trained to do so. Must ensure when redeploying people that they are trained and confident in working on the front line.
- Planned Care data: The Board requested that the data includes the timeframe in which appointments are being scheduled to ensure they are within appropriate timeframes.
- Workforce: The Board discussed that it requires national data sets to enable decisions to be made, particularly regarding workforce.
- Resolving our industrial problems is highly important in resolving and addressing workforce issues. Collaborating with the Unions and regulatory agencies to increase training and availability of workforce is ongoing.
- The Board wants to support staff and improve their working conditions, resulting in better patient experiences.

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

Baseline Analysis update

- There is a lack of confidence in the Q1 data as it is pulled from several different systems.
- The Board requested more information on how roles are defined to understand the FTE mix. The Board needs to understand consultant workforce as well as FTE workforce. **Action:** Management will report to the Board how roles are defined to understand the FTE mix and the consultant workforce.

General comments on the CE's report

Key discussion points included:

- Therapeutic Products and Medicines Bill: Important to be aligned with Te Aka Whai Ora. Te Aka Whai Ora is working with Manatū Hauora to provide advice to Ministers to give Rongoa Māori the appropriate status.
- 19(2)(h)
- [REDACTED]
- Income insurance business case: There is concern that health consultations are unfunded. Management continues to work through these issues with other agencies.
- Contingent workforce review piece: Management confirmed that this is on track and finalised report will be shared with the Board in November. **Action:** Share contingent workforce report with the Board once finalised in November.
- Select Committees: require further clarity of the work involved and CEs involvement.
- **Action:** Budget FY24: Need to involve Te Whatu Ora Board and work assumptions and planning through Committee and up to Board.
- Working with Te Aka Whai Ora: It remains vital we work closely with Te Aka Whai Ora and continue to engage and provide access to information to enhance collaboration.
- CE Report format: **Action:** add in section which reports on how people's experience of the health system has changed. Collecting this data forces, us to be accountable for the difference we are making for people. It is important the Executive Leadership Team (ELT) builds improvement into everything they do.

P. Watson left at 10.45am

28 October, 2022

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

The Board broke for the Chair, CE and T. Mahuta to attend the launch of Te Pae Tata at 10.45pm.

Update from Ministry of Health Director General

D. Safarti, M. Roberts, S. Metcalf and D. Roche arrived at the meeting at 12.20pm.

A. Adams chaired the meeting in the Chair's absence.

Te Manatū Hauora provided a presentation titled 'Setting strategic direction for health'.

Key discussion points included:

- Manatū Hauora strategies: Alignment is needed to manage the risk that resources are not available to deliver on strategies. Te Whatu Ora need our own action plans for delivery.
- Te Pae Tata is Te Whatu Ora's action plan which will inform Manatū Hauora strategies.
- Manatū Hauora and Te Pae Tata need to be aligned to managed stakeholder expectations on delivery realities.
- It is critical that there is alignment across the system, so all parts are moving in same direction.
- Te Whatu Ora Board is accountable for delivery must be included in strategy development.
- As roles and responsibilities continue to take shape, it's important to be open minded to how this evolves.
- Workforce strategy: Te Whatu Ora has accountability for our workforce and delivery and wants to work closely with Manatū Hauora on this.

D. Safarti, M. Roberts and S. Metcalf left the meeting at 1.00pm.

The Chair, CE and T. Mahuta returned to the meeting at 1.00pm. The Chair resumed the chairing of the meeting.

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

Update from Te Aka Whai Ora (verbal update)

T. Mahuta provided a verbal update from Te Aka Whai Ora. Key discussion points included:

- Working successfully with Manatū Hauora on Therapeutic Products and Medicines Bill. **Action:** Share Te Aka Whai Ora Board korero on the Therapeutic Products and Medicines Bill with Te Whatu Ora Board.
- IMPBs: 11 have been recommended to Minister, with five more still to be agreed. These five consist of large Māori populations including Te Tai Tokerau, Waikato, and Te Wai Pounamu.
- Joint board meeting – 17 November. Te Aka Whai Ora want to use this session to test out how the relationships with IMPBs and Localities may work. It is important to ensure they work together with communities.
- Te Aka Whai Ora support the appointment of a Māori advisor to Te Whatu Ora to assist with tikanga and engaging with mana whenua. **Action:** Board Secretary to share the Māori advisor profile with the Te Whatu Ora Board for information.

Finance Reporting

R. Percival, D. Roche, C.Palmer and T. Maisey arrived at the meeting at 1.01pm.

Key discussion points included:

- Budget process requires realignment with how the organisation is now structured. This is a focus to ensure we have an accurate baseline and true cost profile. **Action:** Bring budget reorganisation to the Board via Finance and Audit Committee.
- COVID-19 spend and funding continue to affect financial position. COVID-19 also has an impact on other parts of the entity such as planned care.
- FPIM roll-out: Work continues in the roll-out however, due to shortages in workforce with specialised skill to deliver the project implementation has not been as fast desired. The Board asked Management to consider options to speed up the implementation, and to discuss with the Board the risks of speeding up the projects by redeploying resources from somewhere else.

28 October, 2022

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

- The Board requested the Finance report includes how the costs saving being generated are being used. **Action:** CFO to structure this into Finance reporting to provide the Board with visibility and not lose them in the bottom line.

The Board noted the Finance report.

Performance Reporting

D. Coward and G. Smith, joined the meeting at 1.15pm.

Key discussion points included:

- Aged care workforce data needs to be checked as it seems inaccurate.
- Internal targets need to be developed for the Board and management to track performance against expectation.
- Planned Care: We need to ensure that all procedures being scheduled are with booked within appropriate timeframes.
- Primary Care performance data: Board need to see this data and the pipeline to including it in monthly performance reporting. Management confirmed the Board will see this data in the November quarterly report.
- The Board discussed working closely with GPs to get primary health care data as well as compelling it to be shared by those that we fund.
Action: Management to provide the Board with the strategy for requesting performance data from primary care providers.

R. Percival, D. Roche, C. Palmer. D. Coward and T. Maisey departed the meeting at 1.30pm.

Capital Projects

M. Fowler joined the meeting at 1.30pm.

Counties Manukau Health Park tender award

Key discussion points included:

28 October, 2022

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

- It is important to ensure Te Aka Whai Ora is involved in Te Whatu Ora decision-making. In the event of this proposal, mana whenua have been involved and this distinction should be highlighted for the Board to consider in decision making.

BD037 – 28 October 2022 The Board endorsed the following recommendation with consensus:

- a. endorsed the procurement approach that has been undertaken by the Counties Manukau project team.
- b. 9(2)(f)(iv) [REDACTED]
- c. agreed to delegate the signing of the contract for Counties Manukau at the completion of the negotiations to the Chief Executive or her delegate subject to the final cost not exceeding the budget provision.

9(2)(j) [REDACTED]

9(2)(f)(iv) [REDACTED]

- [REDACTED]

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

[Redacted text block]

9(2)(f)(iv)

[Redacted text block]

Mental Health Infrastructure Programme Update

The Board noted the paper from the Committee.

Cancellation of Health Capital Projects

Key discussion points included:

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

- The Board requested information on how the communications risks were being managed. The Board would like it to be clear whether projects are cancelled because they are no longer required or because of a decision not to proceed.

BD040 – 28 October 2022 The Board endorsed the following recommendation with consensus:

- a. 9(2)(f)(iv) [REDACTED]
[REDACTED]
[REDACTED]
- b. endorsed the prioritised funding for the cancelled projects will be reallocated to the Health Capital Envelope unallocated pool.
- c. noted that this paper will be shared with Te Aka Whai Ora | Māori Health Authority Board, for information.

Capital Operating Model Cabinet Paper

Key discussion points included:

- The Board confirmed that the paper will come through Te Whatu Ora Capital and Infrastructure Committee and the Board wants to sign-out the Paper for Cabinet. Action: Management will check the timetable to build in Committee and Board involvement to sign-out the Capital Operating Model Cabinet Paper for Cabinet.

G. Smith and M. Fowler left the meeting at 2.35pm.

Ola Manuia

28 October, 2022

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

M. Poutasi arrived at the meeting at 2.35pm.

Key discussion points included:

- Management confirmed that the plan is fully funded from baseline due to reprioritisation of existing funding. Unclear on the financial implication. **Action:** National Director Pacific to provide the Board with the background to the funding profile of Ola Manuia for the Board's information.
- There is crossover with workstreams for Māori including Data Sovereignty. There will be learnings that can be shared, to progress with aspirations and health outcomes of both groups. Management confirmed it will not be a duplication of resourcing.
- The Board requested more information on the outcomes the plan will achieve. Actions are all short-term, therefore we need to be able to articulate the outcomes to measure the effectiveness of investment.
- Ola Manuia is a companion document to Te Pae Tata. Actions and outcomes align with those in Te Pae Tata.
- The Board of Te Whatu Ora want to see the relationship between Pacific and Māori communities and how Te Aka Whai Ora can stand behind it and support the relationship.

BD041 – 28 October 2022 The Board endorsed the following recommendation with consensus:

- a. noted that Ola Manuia has been amended to reflect the changes in the Board-approved version of Te Pae Tata.
- b. approved the final version of Ola Manuia as a communication tool for communities and the wider sector.
- c. noted that Minister Little has agreed that Associate Minister Sio may launch Ola Manuia, subject to the approval of the Te Whatu Ora Health New Zealand Board.
- d. noted that this paper will be shared with Te Aka Whai Ora | Māori Health Authority Board.
- e. approved an indicative launch date on Friday 11 November either in Auckland or Wellington.

M. Poutasi left the meeting at 2.50pm.

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

Māori Data Sovereignty Framework

S. Bloomfield and R. Kamira joined the meeting at 2.50pm.

Key discussion points included:

- The Board supported the work and it being used as an exemplar of Māori led initiative. The Framework provides a great example to putting people in charge of their health information.
- The Board supported the staged approach proposed in the paper.
- Engagement with sector has been focus and engagement with Ministers has not occurred yet. There has been engagement with Pacific Communities. Continuing to work with NGOs.
- The Board acknowledged the importance of framing the document and that clarifying work to crystallise privacy, funding, and implementation is still ongoing.
- A communication approach is needed that articulates the benefit of this framework for all New Zealanders.

BD042 – 28 October 2022 The Board endorsed the following recommendation with consensus:

- noted** the pre-draft Māori Sovereignty Framework for data, information, privacy and security paper is receiving feedback from Manatū Hauora and Te Whatu Ora data, Hira and other programme leads and their teams, who are now engaging with Te Aka Whai Ora data and digital on this topic.
- noted** that a small central agency-only trial is underway to test the Stage 1 operationalising of the Framework, and to help inform the future rollout of the Framework.
- noted** that the previous Data, Digital and Innovation Joint Boards working group requested that the Māori Sovereignty Framework be considered initially by the Te Aka Whai Ora Board which approved the Framework in September.
- noted** Māori Sovereignty Framework has been endorsed and recommended by Te Aka Whai Ora Board, the Executive Leadership Team of Te Whatu Ora and by the Te Whatu Ora Data, Digital and Innovation Committee in October.

28 October, 2022

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

- e. **approved** the staging approach (initially the three agencies of Te Aka Whai Ora, Te Whatu Ora, and Manatū Hauora), before sector roll-out, and the scoping that makes it feasible to implement between the three agencies (national collections first, extended to other collections over time).
- f. **agreed** that a wider health sector engagement process be initiated as part of Stage 2 (above) to understand the position of Māori/Iwi/Hauora health providers and Iwi Māori Partnership Boards (IMPBs) on:
 - i. sharing identifiable data,
 - ii. their expectations of their roles, mandates and outcomes relating to central data governance, and
 - iii. sharing the data governance design (Te Tiriti model) work underway by a process of co-design between Te Whatu Ora Data & Information Strategy for Health & Disability (DISH) and Data Tripartite Agreement (DTA) teams and Te Aka Whai Ora Data, Digital and Innovation, and Policy teams.

Appointments to non-subsidiary entities

BD043 – 28 October 2022 The Board endorsed the following recommendation with consensus:

- a. **noted** that the Board previously delegated authority to the Chief Executive to sign shareholder resolutions to appoint or remove Directors to Te Whatu Ora's subsidiaries.
- b. **noted** that Te Whatu Ora also has a number of non-subsidiary entities.
- c. **noted** that, depending on the constitution of the non-subsidiary entities, the Te Whatu Ora Board may be responsible for appointing Directors to the boards of non-subsidiary entities.
- d. **agreed** that the Chair of Te Whatu Ora should be authorised to sign any notice on the Board's behalf for the purposes of exercising the rights that Te Whatu Ora has to appoint Directors to the boards of non-subsidiary entities.
- e. **noted** that this paper will be shared with Te Aka Whai Ora | Māori Health Authority Board.

28 October, 2022

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

Action: The Board requested a report back on how the Chair has used the delegation to ensure Board visibility for appointments to non-subsidiary entities.

PSC code of conduct for Board members

BD044 – 28 October 2022 The Board endorsed the following recommendation with consensus:

- a. noted that the Public Service Commission will apply the Code of Conduct to the Te Whatu Ora Board from 23 November 2022.
- b. noted that the Board adopted the Code of Conduct in its governance manual on 1 July 2022.
- c. confirmed that all Board members have read and understood the Code of Conduct, which is annexed to this paper.
- d. noted that this paper has been shared with the Secretariat of shared with Te Aka Whai Ora | Māori Health Authority Board, for information.

Risk workshop led by KPMG

J. Carroll and D. Sutton of KPMG entered the meeting and gave a risk workshop.

Key discussion points included:

- Risks as they are currently written are very high level and generic and difficult to drill down into specific levels and determine risk approach. **Action:** KPMG will take back this to the Executive discussion to articulate the risk in finer detail.
- The Board wants to understand the DHB inherited risks, as there will be enduring risks in there that the Board must monitor.
- The Board wants the risk discussion to include outcomes which will be achieved through effective risk management.
- The Board welcomed the opportunity to frame risks in terms of opportunity cost and that there are trade-offs that need to be made.

28 October, 2022

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

- The Board discussed the need to ensure Te Aka Whai Ora is involved and discussions are held regarding managing risks of shared outcomes. Both entities will have different appetites, which need to be considered before a risk mitigation strategy developed.
- Need to consider monitoring agencies' risk appetite and communicate the Board's position.
- The Board discussed that it has not determined Te Whatu Ora's strategy as it is led by Te Pae Ora legislation. The board has a role in planning tactical response to strategy and Te Pae Ora.
- The board determined that the biggest risk is that Te Whatu Ora doesn't achieve the changes intended in the reforms. There is a small window to enact change.
- Need to consider opportunities in primary care and intergovernmental space which nationalisation enables.
- Success is that Te Whatu Ora has an organisational culture that understands risk.
- We must build a culture of understanding risk and ensure that the Board and Executives communicate their tolerance levels so staff can take appropriate levels of risk in their roles to achieve the entity's outcomes.
- Important that the culture is not only aware of risks but knows how to manage them.

Next steps:

- KMPG to work with the Executive Team to flesh out the risk domains. Bring back to November Board meeting.
- Provide more specificity to risk description and define risk domains.
- Present back to the Board the plan for ensuring there is joined up conversation with Te Whatu Ora and Te Aka Whai Ora.
- Frame risk in that the Board's biggest risk is not achieving our key objectives of reform and Te Pae Tata.

Updates from Board Committees

Capital and Infrastructure Committee

Verbal update received with no discussion.

Finance and Audit Committee

28 October, 2022

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

BD045 – 28 October 2022 The Board endorsed the following recommendation with consensus:

The Chair moved that the Board appoint Committee member, Marc Rivers as independent Chair of the Finance and Audit Committee. The Board supported the appointment of Mr Rivers to this position.

BD046 – 28 October 2022 The Board endorsed the following recommendation with consensus:

- a. **approved** the Accounting Policy for Te Whatu Ora.
- b. **noted** that development of the accounting policy for Te Whatu Ora has taken place over a number of months, starting with collection of all policies for the 28 consolidating entities.
- c. **noted** that the policy has been shared with Audit New Zealand and Te Aka Whai Ora Chief Financial Officer.

Data, Digital and Innovation Committee

Verbal update received with no discussion.

Public Health, Community and Primary Care Committee

Key discussion points included:

- Committee is making progress. It has a large scope which is operating well but as workstreams develop and mature the Committees scope and workload may be reviewed.
- Localities: National Director Commissioning requires more time to review the approach to Localities. The Committee received an update at the last committee meeting and were confident the issues were being addressed. It remains important for the Board that there is visible alignment with IMPBs.

Action: The Board would like to see the direction and pathway for establishing the localities, by the end of the Calendar year.

28 October, 2022

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

The Board had a general discussion on how best to govern the entity. Key discussion points included:

- Workstreams are intersectional and the Board needs to be able to see across all Committee scopes.

Action: Add change programme as a standing item to Board agendas, ahead of CE report to ensure the Board focuses on the key issues. Chair and CE to report to the Board on top change projects and how they are tracking against outcomes to maintain focus.

Action: Develop a reporting framework for Chair and CE to update Board on change and transformation progress.

- The Chair and Committee Chairs are constantly reviewing governance processes to ensure they are fit for purpose and enable effective and efficient governance.

Sustainability Committee

- Approval of ToRs: The Board requested the ToR make clear the Committee is responsible for environment sustainability.

Action: Board Secretary update Sustainability Committee ToR to make clear environment sustainability focus.

- The names of individual who can bring knowledge and expertise continues to be considered by Board members. It is intended to bring names for the Board's consideration at the next Board meeting.

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BD047 – 28 October 2022 The Board endorsed the following recommendation with consensus:

- a. approved the Terms of Reference for the Sustainability Committee.

People and Culture Committee

- Approval of updated ToRs: The Chair of the Committee clarified that it is not the responsibility of the Committee to govern all change but has a specific focus on the change outcomes for workforce.

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

BD048 – 28 October 2022 The Board endorsed the following recommendation with consensus:

- a. approved the updated Terms of Reference for the People, Culture and Change Committee.

Health, Safety and Wellbeing Committee

The Board noted the Health and Safety monthly report.

Clinical Quality Assurance

Key discussion points included:

- The Committee remains in start-up phase. Continues to develop work programmes and skill set required to govern.
- The Board supported identifying an independent member who has primary care experience.

Administration

Register of interests: Noted.

Minutes and actions of the 23 September 2022 meeting were accepted as a true and accurate record of that meeting.

Actions register: Noted.

28 October, 2022

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

Meeting and engagements schedules: The Board requested the locations of meetings is added to the meeting schedule including November meetings that will be held in Wellington.

Action: Board Secretary to add locations to the meeting schedule.

General Business: The Chair acknowledge the launch of the Pae Tata and how it signalled progress being made.

Action: The Board requested that members received a copy of Te Pae Tata in hard copy.

The meeting closed at 3.30pm with Karakia.

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

Actions from October 28 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
BD221025-01	CE Update – Medical workforce suicide rates The Board requested more information on suicide rates in the medical workforce in order to understand the issue.	Chief Executive	
BD221025-02	CE Update – Workforce transformation Pick up the utilisation of non-regulated workforce with the Board in November for large scale interpretation of regulated and mobile workforces. There is an opportunity to invest in transformation.	Chief Executive	
BD221025-03	CE Update – System demand The Board requested more information from management on how system demand will continue to be managed and responded to over the coming months.	Chief Executive	
BD221025-04	CE Update – FTE analysis Management will report to the Board how roles are defined to understand the FTE mix and the consultant workforce, including next steps.	Chief Executive	
BD221025-05	CE Update – Workforce review piece Share contingent workforce review report with the Board once finalised in November.	Chief Executive	November Board meeting
BD221025-06	CE Update – Select Committees Get clarity on the CE's role in Select Committees and scale of the work involved.	Chief Executive	
BD221025-07	Te Aka Whai Ora update Share Te Aka Whai Ora Board korero on the Therapeutic Products and Medicines Bill with Te Whatu Ora board.	T. Mahuta	

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

No.	Action	Responsible owner	Due Date
BD221025-08	Te Aka Whai Ora update Share the Māori advisor profile with the Te Whatu Ora Board for information.	Board Sec	
BD221025-09	Finance reporting Bring budget reorganisation to the Board via Finance and Audit Committee.	R. Percival	
BD221025-10	Finance reporting CFO to make the costs savings visible in monthly finance report.	R. Percival	
BD221025-11	Performance reporting Management to provide the Board with the strategy for requesting performance data from primary care providers.	T. Maisey	
BD221025-12	9(2)(f)(iv) [Redacted]	G. Smith	
BD221025-13	9(2)(f)(iv) [Redacted]	G. Smith	
BD221025-14	Capital Operating Model Management will check the timetable to build in Committee and Board involvement to sign-out the Capital Operating Model Cabinet Paper for Cabinet.	G. Smith	
BD221025-15	Ola Manuia National Director Pacific to provide the Board with the background to the funding profile of Ola Manuia for the Board's information.	M. Poutasi	

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

No.	Action	Responsible owner	Due Date
BD221025-16	Appointments to non-subsidiary entities The Board requested a report back on how the Chair has used the delegation to ensure Board visibility for appointments to non-subsidiary entities.	Board Secretariat	
BD221025-17	KPMG risk workshop KMPG will take back this to the Executive discussion to articulate the risk.	CE	
BD221025-19	Public Health, Community and Primary Care Committee Add change programme as a standing item to Board agendas, ahead of CE report to ensure the Board focuses on the key issues. Chair and CE to report to the Board on top change projects and how they are tracking against outcomes to maintain focus.	Board Secretariat Chair CE	
BD221025-20	Public Health, Community and Primary Care Committee Develop a reporting framework for Chair and CE to update Board on change and transformation progress	CE/Chair	
BD221025-21	Sustainability Committee Board Secretary update Sustainability Committee ToR to make clear environment sustainability focus.	Board Secretariat	
BD221025-22	Administration – Meeting and engagements schedules Board Secretary to add locations to the meeting schedule.	Board Secretariat	
BD221025-23	Administration – General business The Board requested that members received a copy of Te Pae Tata in hard copy.	Board Secretariat	