

Te Whatu Ora | Health New Zealand Board

NGĀ MINITI A POARI O TE WHATU ORA

Meeting Minutes 23 June 2023

Date	23 June 2023
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Chair for the meeting Te Kaihautū mō te hui	Dame Karen Poutasi (Acting Chair)
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Board attendees Ngā mema o te Poari	Naomi Ferguson (online via Teams) Tipa Mahuta (online via Teams) Dr Curtis Walker (online via Teams) Dr Jeff Lowe Vanessa Stoddart Amy Adams
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In Attendance Ngā manuhiri	Management: Margie Apa (Chief Executive) Peter Alsop (Chief of Staff) Board Secretariat: Catherine Foster (Board Secretary) Peta Molloy (Minutes)
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In attendance for specific items: Ngā manuhiri	In attendance for specific items: Jeremy Holman, (Chief Infrastructure & Investment), <i>(Item 6)</i> Maree Roberts, (DDG Strategy, Policy & Legislation), <i>(Item 7)</i> Simon Medcalf, (Group Manager, Strategy), <i>(Item 7)</i> Rosalie Percival, (Chief Financial Officer), <i>(Item 9, 10, 11 & 14)</i> Lisa Williams, (Head of Strategy, Planning & Performance), <i>(Items 9, 10 & 11)</i> Carolyn Palmer, (Lead System, Accountability & Performance), <i>(Item 9)</i> Matt Hannant, <i>(Item 12.1)</i> Nick Chamberlain, (National Director, National Public Health Service), <i>(Item 12.1)</i> Abbe Anderson, (National Director, Commissioning), <i>(Item 12.2)</i> Kylie Ormrod, <i>(Item 12.2)</i> Mark Powell, (Group Manager, Community Health System Improvement & Innovation), <i>(Item 12.3)</i> Emma Prestidge, (Secondment External, Quality Assurance and Safety), <i>(Item 12.4)</i> Stuart Bloomfield, (Interim Lead Data & Digital), <i>(Item 13)</i> Leigh Donoghue, (Chief Data & Digital Officer), <i>(Item 13)</i> Marc Rivers, (Independent Chair, Finance & Audit Committee), <i>(Item 14)</i> Bruce Northey, (Interim Chief Legal Counsel), <i>(Item 16)</i>
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Apologies	
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1. Board only time

The Board met in closed Board only session.

2. Karakia and mihi

The meeting formally opened at 9.35am with Karakia, led by Dr C. Walker.

3. Apologies and interests

There were no apologies received.

4. CE Public Report

The CE gave a verbal update.

Key discussion points and response to questions included:

- A PowerPoint presentation was given noting the reform journey, embedding Te Tiriti o Waitangi, the workforce, the health care system.
- The importance of focusing on 'green shoots' is important with the system shift.
- The team in Tairāwhiti were acknowledged for their work following the recent weather events and the subsequent community impact. From a health perspective, local teams have been set up to support staff, provide shift cover, communications and the like.
- Draft Charter – Health NZ. The development of the draft Charter commenced with the Transition Unit and is now being progressed by Te Whatu Ora and Te Aka Whai Ora, fulfilling sections 56-58 of the Pae Ora Act. The Charter will support health sector principles, sitting alongside professional codes and obligations. Those involved to date were thanked.
- Wait list – work continues to reduce wait lists. Those involved in planned care at the hospital level were acknowledged.
- The CE and Board members thanked and acknowledged Pete Watson for his work as Interim National Director, Medical. Pete's role finishes 30th June 2023.
- Winter Plan – actions are progressing. A campaign has been launched to remind communities of options for healthcare, including a trial of additional funding for Pharmacies to provide support for minor ailments. The trial has been focused on 'hot spot' areas, data is being collected to determine effectiveness.
- Reference was made to a recent Pharmacy Conference where ideas for working together were shared. There was also enthusiasm for the trial of treating minor ailments.
- Immunisation – the first immunisation week has been run outside of the COVID-19 response to co-ordinate a whole system delivery model. This includes a trial of 690 pharmacies. Feedback is being received on the approach.
- The Board supported the immunisation week initiative.
- Workforce update on Simplify to Unify – work is underway, with a workforce plan being developed. Good relationships with the tertiary sector providers are being developed along with a collaborative effort to support people into the workforce pipeline.
- In response to a question regarding Simplify to Unify, it was noted that consultation had closed and over 13,000 submissions/input were received. Consideration of the submissions is underway alongside the Unions.

- Rural workforce – a combination of both workforce and innovation is needed to address supply and demand issues. Reference was made to the advancement of telehealth as well as prototypes of remote monitoring devices for patient use and clinician monitoring. An update on these prototypes will be provided to the Board at a future meeting.
- National Engagement Forum – in response to a question, it was noted that the forum discusses national issues related to the workforce. There is monitoring of the workforce shortages related to health and safety as well as other issues the impact the workforce. There is also engagement at a regional and local level.
- Clinical Networks – the networks are being established and will be co-chaired by Te Aka Whai Ora and Te Whatu Ora and have interdisciplinary representation for each region along with consumer participation. The networks are a key lever in reducing variation and supporting an equitable health system nationally. The first four areas are cardiac, stroke, trauma and renal. Once the Chairs are appointed, an invitation will be extended to attend the Health Services Committee.

The open meeting closed at 10.20am.

5. CE Closed Report

Peter Watson joined the closed meeting at 10.25am.

Key discussion points and response to questions included:

- Nursing pay equity – agreement has been reached in mediation for backpay/pay equity rates. Clauses are to be reviewed in the coming week.
- The Board would like to understand actual pay for a nurse and the long-term financial impact once the agreement is in place nationally. Modelling on the cost of the workforce will need to be compiled, noting there is variation across the country at this time.
- **Action:** The Board requested a one-pager on what an actual ‘in-the-pocket’ salary, including a comparator (such as teachers), is for nurses.
- **Action:** If available, the Board would like information from the CFO on the long-term financial impacts of the nursing pay equity agreement.
- Productivity review – work is underway to obtain data to review by district and region to ensure appropriate processes are in place.
- Manatū Hauora – there is ongoing dialogue regarding monitoring and new processes. A workshop was held to progress the work. A new process to monitor Capital will be trialled. There will be engagement with the Board on this process.
- Workforce Plan – to be released early July. The Plan/release needs to demonstrate the success of the reform and progress made.
- Wellington outage – it was noted that due to the failure of cooling infrastructure, approximately 80 specialist visits had to be rescheduled for people. The Board requested assurance that radiotherapy (cancer) treatment was not rescheduled.
- Briefing for Incoming Minister – it was agreed to revisit the timeline and iterative discussion for the BIM preparation, including earlier timeframe for review by the Board.
- Joint Te Whatu Ora and Te Aka Whai Ora Board hui – next hui is scheduled in August and will be the last before the election. Hui agenda to include election preparedness, timelines and prep for post-election.
- Peter Watson retired from the meeting.

6. Capital & Infrastructure Committee

6.1 Project Whakatapuranga – Nelson Hospital Redevelopment Programme Business Case

Jeremy Holman, (Chief Infrastructure & Investment), Aaron Matthews and Monique Fowler joined the meeting for section 6 of the agenda.

Naomi Ferguson introduced and summarised the following items.


Key discussion points and response to questions included:


- Position statement (paragraph 22 of the report) – the Board were asked to support the position statement wording. Amendments were requested, see action point following.
- It was noted that there has been benchmarking against the Dunedin, Whangarei, Totara Haumaru and Waipapa new builds.
- The NZ hospital building industry is a competitive market with a small pool of designers; it is not a mature market. There is an approach to save costs through standardised processes for Nelson and Whangarei builds in picking up existing designs. A paper is being developed to map a standardised approach.
- **Action:** The Board is to be provided with a list of all projects showing inherited projects and new projects being considered to go forward. Detail to also be provided on funding for the projects (existing or funding required).
- Need to ensure clinician involvement for clinical environments is clearly outlined for all models of care. This will include bed numbers, consideration of changing demographics and health needs.
- The Board would like to see per-metre build costs, property size, seismic and IT infrastructure costs included in business cases.
- The CE to discuss with the infrastructure team a recent Cabinet paper prepared by Manatū Hauora related to conditions, funding and report backs.
- **Action:** It was agreed that the position statement (paragraph 22 of the report) be amended to note capital will be required from the Government and that the statement reflects current need (not just future). The statement was amended as follows (changes shown in bold):

*“As a major hospital and a key part of the national hospital infrastructure, the redevelopment of Nelson hospital will be one of the investments required across the portfolio of Te Whatu Ora to address challenges regarding seismic resilience, poor state of the facilities, and insufficient capacity to meet the **future** needs of the population. This will require progression and action to address the current risks and impact on health services. The progression of Project Whakatapuranga into the initial works and design stage through tranche one is a priority for the Te Whatu Ora Board **and will require additional capital investment from the Government**. Te Whatu Ora will be assessing other investments for the timing and sequencing to manage the pipeline of investments and fiscal affordability.”*


The Board resolved to:

- noted** that the Capital Infrastructure Committee (“Committee”) has recommended that this paper proceed to Board.
- noted** that at the Committee meeting of 8 June 2023, a number of key discussion items were raised on the Project Whakatapuranga – Nelson Hospital Redevelopment Programme, this paper addresses the key feedback and actions requested.
- noted** that the Project Whakatapuranga PBC and option 1 – Intermediate was endorsed by the Project Steering Group (“PSG”) on 2 June 2023.
- noted** that the Project Whakatapuranga PBC seeks Cabinet approval for the redevelopment of Nelson Hospital campus, agreement to progress to a Detailed Business Case (“DBC”), and approval to release funding for design and early enabling works from the existing \$150 million Budget 2022 Health capital appropriation.

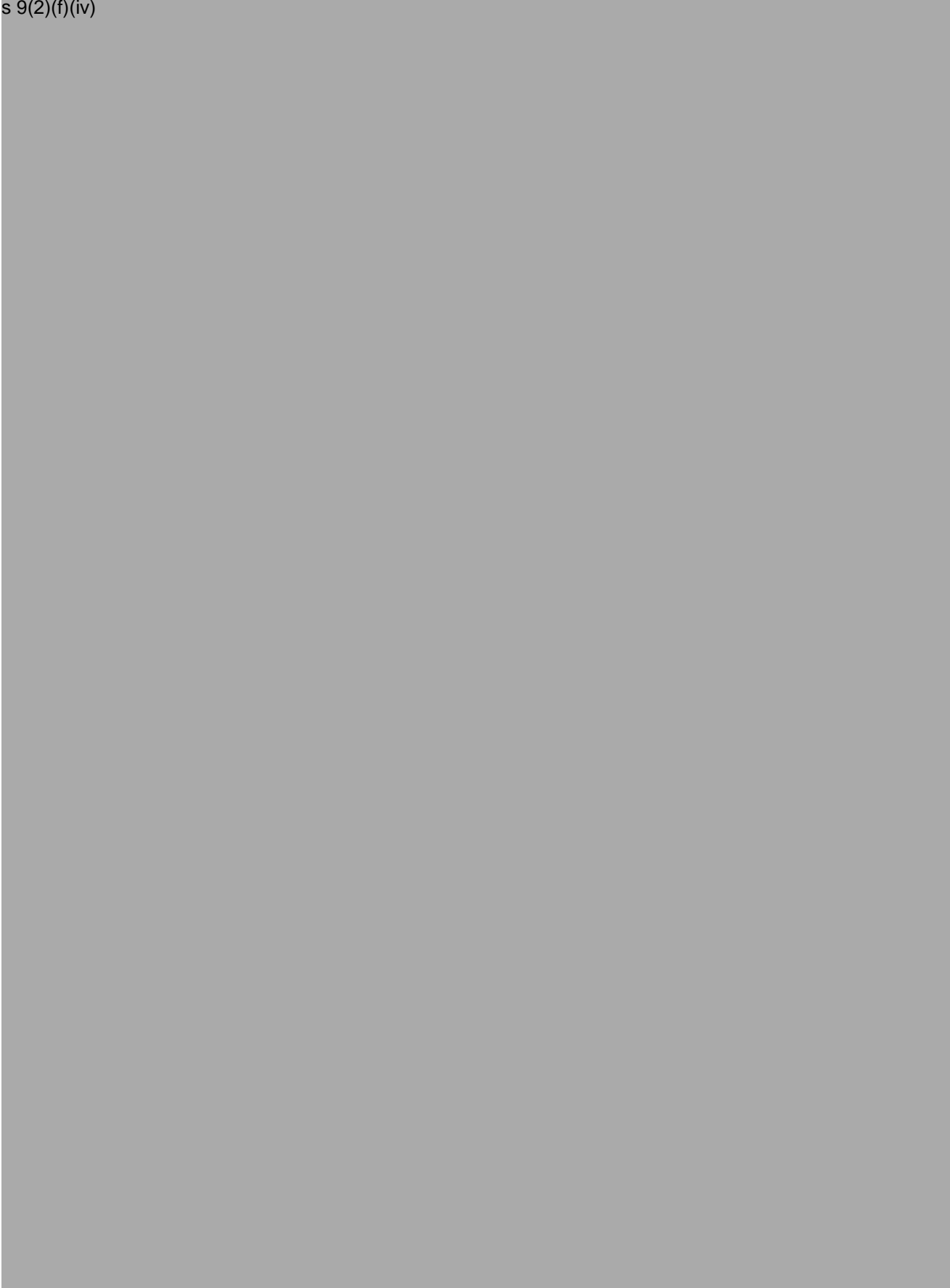
- e. **noted** that the Minister of Health and Minister of Finance (“Joint Ministers”) agreed on 31 May 2023 that the Project Whakatapuranga PBC should be submitted to Cabinet for consideration in July 2023, and indicated support for Option 1 – Intermediate as the preferred option for further development.
- f. **noted** that a DBC will be progressed to inform an investment decision on Phase 2, for consideration by Cabinet in 2025.
- g. **approved** the recommendation to Joint Ministers to release \$73 million from the existing \$150 million Budget 2022 Health capital appropriation. The requested funding for release will be allocating the following:
s 9(2)(b)(ii) 
- h. **approved** the PBC for submission to Ministers ahead of a Cabinet decision in July 2023.
- i. **recommended** a statement on the priority of Nelson Hospital redevelopment relative to other Health infrastructure investments. This will be required by Ministers when they consider the PBC.
- j. **noted** that the author does not recommend this paper be released proactively in full. The paper should be withheld in its entirety as the PBC is under active consideration and is commercially sensitive.

s 9(2)(f)(iv) 

s 9(2)(f)(iv)



s 9(2)(f)(iv)



6.7 Infrastructure Cabinet Annual Report Back

Key discussion points included:

- The report to be proof-read and the Board to be assured no substantial changes made following feedback from Manatū Hauora.
- Reference to clinician/stakeholder input to be brought forward in the report.
- The final version of the report is due Monday 26th June.

Subject to the bullet points above being actioned, **the Board resolved to:**

- a. noted** that at the Committee meeting of 8 June 2023 a number of key discussion items were raised on the Infrastructure Annual report back to Cabinet, this paper addresses the key feedback and actions requested.
- b. noted** that this paper will be shared with Te Aka Whai Ora.
- c. approved** that the report back can proceed to Cabinet.
- d. noted** that the author recommends this paper be released proactively in full.

6.8 Risk and Assurance Campus-Wide Infrastructure Project

Key discussion points included:

- Need to ensure legal compliance is embedding in the risk assessments being undertaken.
- Query if all risks are being included and how different lists are linked, such as seismic.
- It was agreed that there is a wider piece of work, that of critical risks and quantum. It is an important component of the total picture of risk and required spend in the infrastructure space.
- Action: The team is directed to compile a best-known assessment of the full list of risks.

The report was received.

7. Draft Government Policy Statement

Simon Medcalf joined the meeting for this item.

Key discussion points included:

- Noting the role of GPS and the accountability cycle; three key areas are setting priorities for the whole of health system, set expectations towards the priorities, set money for budget decision, and set outcomes and measures for monitoring the system.
- Health equity is the overarching goal that the priorities give effect to.
- GPS is in the early stages of development, consideration to be given to the following three years and the detailed priority areas set out.
- There needs to be consistency in approach, wording and framing across documents, including the GPS.
- Note that less specificity enables flexibility to meet the needs of the reform going forward. Consider less specificity to enable those in the system to respond to issues in 2024-2027.
- Need visibility of Te Tiriti as well as alignment with Te Pae Tata.
- The strength of the document to shift the system needs to be clear, firstly through equity and access points and secondly, prevention.
- Need to put the consumer at the heart; a move from consumer at the heart to consumer voice has been noted and encourage to be 'at the heart'.
- There is a sense that the priorities are enablers; need to ensure consistency across the multiple priorities.

The Board received the paper, noting its feedback provided in the bullet points above.

Dame Karen Poutasi stepped down from the Chair and Amy Adams took the Chair for item 8.

8. System Shifts – Progress & Outlook

A. Anderson, N. Chamberlain, F. Dougan, D. Bramley L. Donoghue A. Slater and R. Percival joined the meeting for this item.

An apology was received from R. Manuel.

Key discussion points included:

- The CE introduced this item noting the purpose of the day was to reflect on the system shift and help set framing for the budget 2024. ELT joined the meeting to outline what the system shifts mean in practice, the purpose of the reform, improved system care and the workforce offering a better workplace experience.
- It was agreed that the slides presented by ELT would be provided to the Board to review and give feedback at a future session. The ELT members briefly summarised each of their slides.

Dame Karen Poutasi returned to the meeting and resumed the Chair for item 9.

The Executive Leadership Team members retired from the meeting

1.02pm – 1.20pm the meeting adjourned for a lunch break.

s 9(2)(f)(iv)

9. Current year

Rosalie Percival, Carolyn Palmer and Lisa Williams joined the meeting for this item. Peter Alsop acknowledged and thanked Carolyn Palmer for her work; Carolyn is returning to her role at Treasury. He also welcomed Lisa Williams who had joined the team as Head of SPP.

9.1 Financial & Non-Financial Monthly Report

Rosalie Percival summarised the report. It was noted that the dashboard was only submitted for the agenda, additional detail can be circulated after the Board meeting.

Key discussion points included:

s 9(2)(f)(iv)

s 9(2)(f)(iv)

The Board resolved to:

- a. **discussed** the monthly performance dashboard (Appendix 1).
- b. **noted** that this paper will be shared with the Te Aka Whai Ora | Māori Health Authority Board.
- c. **noted** the Te Pae Tata milestone update (Appendix 2).
- d. **agreed** that the monthly performance dashboard (Appendix 1) be provided to Manatū Hauora and Te Aka Whai Ora in their monitoring capacities, and the Minister of Health as a part of fulfilling the Board's responsibility to provide clear and effective performance information.
- e. **agreed** to not proactively release this paper and its appendices as there is a separate communication approach for performance reporting.

9.2 Annual Report Plan

Key discussion points included:

- The theme is the five system shifts.
- Suggest the Plan be used to explain the scope of Te Whatu Ora versus Manatū Hauora.
- Ensure early success stories are included.
- Ensure consistent approach in language/terms.
- Needs to read as end user centric narrative.

Noting the feedback above, **the Board resolved to:**

- a. **approved** the proposed storyboard to inform the Annual Report lead author.
- b. **proactively** release this paper without redactions.

10. 2023/24

10.1 Draft Operational Plan

Key discussion points included:

- Focus on key areas for 2023/2024.
- Noting that the Board are asked to support the Plan, the Executive Leadership Team will sign off. The recommendation will be amended to reflect this.

- Ensure that the use of waka/whare metaphors are being used consistently; changes to be in consultation with TAWO.
- Ensure clinical networks are included at all levels.
- The Board Committees to receive the relevant operational plans.
- Ensure consistent wording across all documents/plans.

The Board resolved to:

- noted** that the Operational Plan 2023/24 has been designed to be a short form plan that links to other documents and plans, including the individual business unit Operational Plans, to contain one source of the truth.
- noted** that future operational planning will be integrated into the New Zealand Health Plan planning cycle.
- discussed** the 2023/24 Operational Plan which is attached as Appendix one of this paper.
- noted and reviewed** the draft '2023/24 business unit deliverables' that are listed in pages 26-31 of the attached draft 2023/24 Operational Plan.
- Supported** the draft content of the 2023/24 Operational Plan, noting that the Plan is the Executive's accountability.

10.2 Statement of Performance Expectations / Budget 2023/24

- It was noted that the targets should be positively framed.
- It was agreed that Naomi and Dame Karen would sign the Statement prior to submission to the Minister.

The Board resolved to:

- noted** that, since the Board last considered the SPE in April, feedback received from yourselves, the Minister, monitor agencies (Manatū Hauora, Te Aka Whai Ora, and Audit New Zealand) and ELT has been integrated into the SPE document
- noted** that all required financial performance information has now been integrated
- approved** the submission of the SPE to the Minister of Health
- provided** the signatures of two Board members to the SPE document prior to submission to the Minister
- noted** that Te Whatu Ora is required under the Crown Entities Act to publish the SPE on our website as soon as practicable after providing the SPE to the Minister
- noted** the Minister has requested that Manatū Hauora reduce the set of iGPS measures, and that if this occurs, we would be able – under the Crown Entities Act 2004 – to amend and re-publish our SPE to reflect any changes.
- approved** the submission to the Minister of the current SPE 2022-23, now updated with all required financial information now that the DHBS' balance sheets have been finalised and approved.

11. 2024/27

11.1 Development of Te Pae Tata (2024-27)

John Wansbone joined the meeting for this item.

Key discussion areas included:


- There are eight priorities to start building the structure and implementing the design of the plan.
- Te Aka Whai Ora endorsed and supported the approach; the teams are working closely together.
- There will be some elements of the development process that will be managed by the Board Committees.

The Board resolved to:

- noted** this paper will be considered at separate Board meetings scheduled on 14 June 2023 (Te Aka Whai Ora) and 25 June 2023 (Te Whatu Ora).
- noted** good progress has been made regarding Phase One and both Executive Leadership Teams support actions to commence Phase Two activity.
- noted** Manatū Hauora is scheduled to present to the Te Aka Whai Ora Board and Te Whatu Ora Board on 14 June and 25 June respectively on the Government Policy Statement (GPS) for Health (2024-2027) progress to date and next steps.
- endorsed** joint feedback to Manatū Hauora to maintain a GPS that is focused on setting government policy as opposed to a more prescriptive option to ensure that the anticipated scope of our work on Te Pae Tata (2024-2027) is maintained.
- endorsed** the eight current priorities for inclusion in Te Pae Tata (2024-2027) noting additional priorities may be identified through other streams of work, which will be presented back to Boards for consideration.
- endorsed** the development of Te Pae Tata (2024-2027) as a stand-alone plan noting that the Te Pae Tata project team will work with specific Te Whatu Ora and Te Aka Whai Ora functions to strengthen and integrate Te Pae Tata planning.
- endorsed** the ingoa *Te Pae Tata* for the full-scale NZ Health Plan (2024-2027) or provide an alternate ingoa.
- endorsed** the stakeholder engagement approach proposed in this paper.
- proactively** release this paper post both scheduled Board meetings.

11.2 Budget 2024 – Progress Update

s 9(2)(f)(iv)



s 9(2)(f)(iv)

12. Health Services Committee

12.1 Extension of Covid-19 Tele-health services beyond July 2023

N.Chamberlain & Matt Hannant joined the meeting for this section of the agenda.

Key discussion points included:

- s 9(2)(b)(ii)
- It would be useful for the Board to understand what the environment was like pre-COVID to better understand current performance.
- The service was commissioned under COVID-19 emergency powers and was built on tools such as Healthline. A lot of work has been done to expand the service with Iwi providers as well as work on a broader strategic view.
- The Board would like to understand the procurement approach going forward.
- A further report to the Board will be submitted prior to 31 December 2023.

The Board resolved to:

- a. noted that the Health Services Committee (HSC) has recommended that this paper proceed to Board.
- b. noted that the level and nature of services delivered will be determined by demand and policy decisions including the potential removal of mandated isolation.
- c. noted that the extensions recommended are in line with Joint Minister funding decisions.
- d. noted that at the HSC meeting of Thursday 8 June 2023 a number of key discussion items were raised and are briefly responded to in this paper.
- e. noted that this paper will be shared with Te Aka Whai Ora Board.

s 9(2)(b)(ii)

- h. noted any further requests for extensions will reflect the intent to transition COVID-19 services to the new “business as usual”.
- i. noted it is anticipated all COVID-19 specific telehealth services will end by 30 June 2024.

12.2 Determination of Locality Boundaries

Abbe Anderson and Kylie Ormrod joined the meeting for this item.


Key discussion points included:

- The final letter referred to in recommendation b) has not yet been received. Need to ensure it is received before submission to the Minister.
- Need to refer to IMPBs before local Government.
- To Board to be provided with confirmation of the 22 localities.
- The Board agreed that their endorsement is subject to written confirmation from the Councils. It must be received prior to wider dissemination, including the Minister of Health.

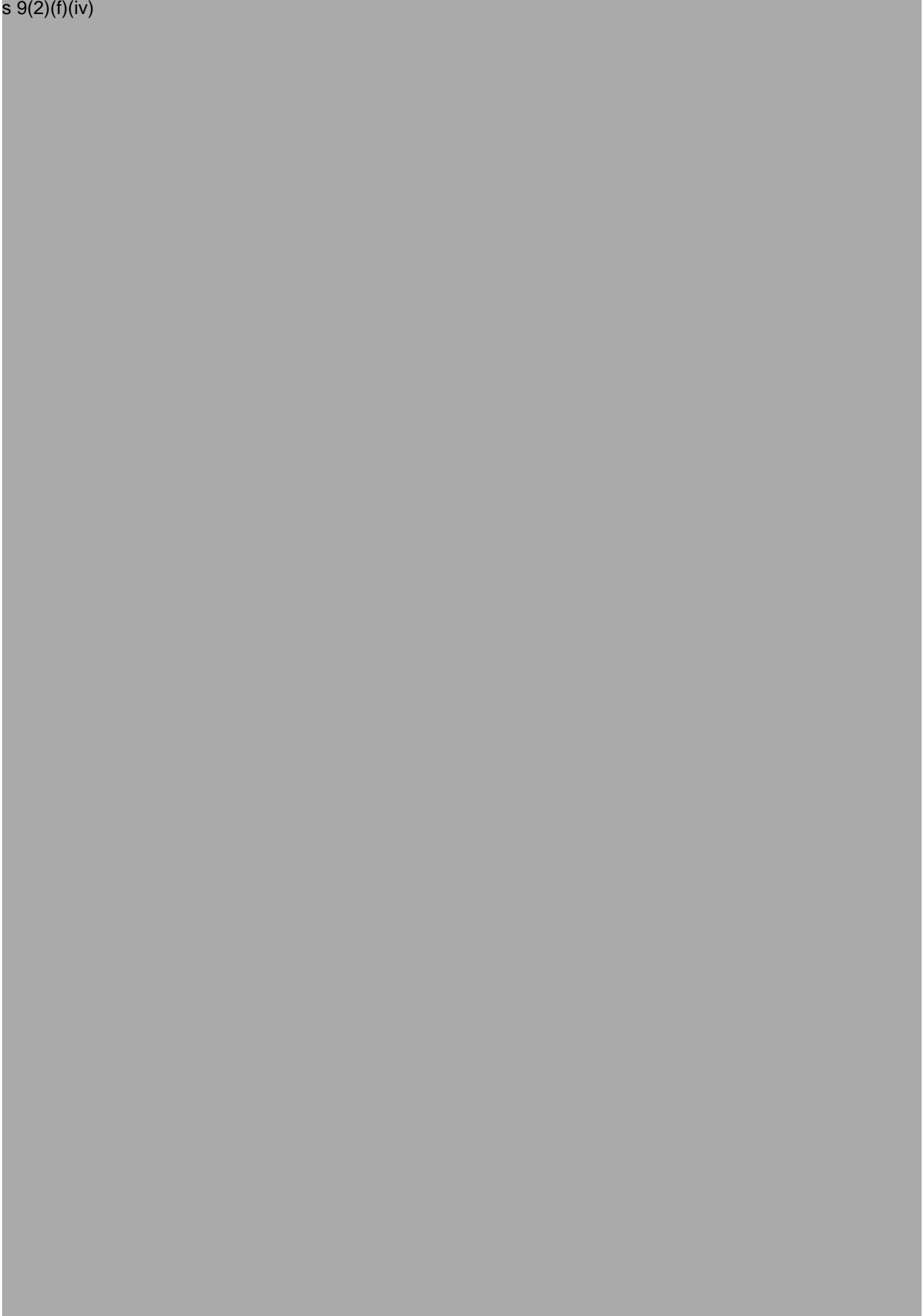
The Board resolved to:

- a. noted** that seven IMPBs have provided, OR are in the process of providing, additional locality boundary recommendations for Board consideration
- b. noted** that the relevant local authorities have been consulted and endorsed the relevant IMPB locality boundary recommendation OR are in the process of being consulted and providing endorsement on the relevant IMPB locality boundary recommendation
- c. noted** that this approval paper is Step 3 in the locality determination process (see appendix 1, figure 1)
- d. endorsed and agreed** in principle the additional 22 provisional locality boundaries (see appendix 1, table 1)
- e. endorsed** the initial boundaries for wider community consultation including the Minister of Health and her Associate Ministers of Health, subject to written confirmation from the Councils being received and provided to the Minister of Health.


s 9(2)(f)(iv)



s 9(2)(f)(iv)



s 9(2)(f)(iv)



13. Data & Digital Committee

13.1 National Data Platform


S. Bloomfield, L. Donoghue joined the meeting for this item on the agenda.

Amy Adams summarised the item.

- It was noted that HIRA is a health information exchange platform. The platform is for sharing information across care settings to improve care.

The Board resolved to:

s 9(2)(j)




- noted** the Data, Digital and Innovation Committee recommended the NDP SSBC at the June 2023 meeting, subject to Management providing clarification key points (included at *Appendix 1*).
- noted that the author does not recommend proactively releasing** this paper due to current commercial sensitivities.


Naomi Fergusson retired from the meeting at 3.35pm.

14. Finance & Audit Committee


s 9(2)(i)



s 9(2)(i)



s 9(2)(i)



15. Health, Safety & Wellbeing Committee

15.1 Health, Safety & Wellbeing Meeting Notes – 16 June 2023

The update was received. See comments under item 18 of the minutes.

16. Legal Update


16.1 Power of Attorney

The recommendation was approved, noting that any use of the Power of Attorney will be reported to the Board when exercised.

The report was received.

16.2 Indemnity

S9(2)(k)



S9(2)(k)

17. Te Aka Whai Ora Update

Key discussion points included:

- IMPBs are supportive of the locality conversations underway. A hui is scheduled in the coming week, it will be an open invitation; Board members can contact Tipa direct for details.
- A review is underway by the Hauora Māori Advisory Committee.
- The Therapeutics Products Bill was well received and demonstrated differing ways of working and advice.

18. Committees

Updates from Board Committees

18.1 Capital and Infrastructure Committee

- Draft notes - 8 June 2023
- Monthly Report – June 2023

The Board resolved to:

- extended** the appointments of S. Pritchard and L. Ieremia on the Capital and Infrastructure Committee for one-year.
- delegated** the approval to extend external Board Committee appointments to the Board Chair and relevant Committee Chair as members terms expire.

18.2 Finance and Audit Committee

- Draft Notes – 9 June 2023

- Monthly Report –2023

18.3 Data and Digital Committee

- Draft Notes – 9 June 2023
- Monthly report - June 2023

18.4 People and Culture Committee

- Meeting held at the Greenlane Clinical Centre (GCC). A presentation received from Dr Mataroria Lyndon.
- Committee thanked and acknowledged the payroll and HR systems team based at the GCC.
- The first holidays act payments are near, it is important communications are ready.
- Draft Notes – 1 June 2023

18.5 Health Services Committee

- The Committee Chair noted Union representatives have joined the meetings, giving an opportunity for the Union voice to be heard at Board Committee level.
- The Committee had received a report on Lone Workers which highlighted risks in our processes and procedures for these workers.
- Draft Notes – 8 June 2023

18.6 Clinical Quality Assurance

- Draft Notes – 1 June 2023

19. Board Administration

19.1 Board Administration

Board packs

- Reference was made to the volume of the Board agenda packs. To be reviewed.
- Amy Adams retired from the meeting at 4.00pm.

19.2 Register of Interests

- Dame Karen advised that her registered interest as an external reviewer for HQSC performance review can be removed.
- Dame Karen also noted her perceived interesting related to an Independent Reviewer of Children's Sector Agencies Response of Suspected Abuse. The case is now in the media.
- The CEO interests will be added to the register for information.
- Dr Jeff Lowe advised of two complementary registrations for a GP Conference. He would like to use one.
- With regard to recent media stories related declaration/register of interests of other entities, and example was given of declaring banking associates, insurance and the like; it was agreed that members could declare medical insurance if they choose too.
- The Board are asked to declare gifts over the value of \$50.

19.3 Confirmation of Minutes

- The minutes of the Board meeting held on 26 May 2023 were accepted as a true and accurate reflection of the meeting.

19.4 Action Register

- The Board's actions were noted without discussion.

19.5 Meeting Schedule

- Next meeting scheduled in Wellington.
- **Action:** Extend an invitation to the Minister of Health to join part of the July Board meeting.
- **Action:** The Board requested time with the Director-General of Health.

20. General Business

- Request that the CE update report include a brief on meetings held, particularly engagement with communities and stakeholder groups.
- Note there is room for the People and Culture Committee to provide the CE support around ELT KPIs.
- Note the role of the Service Improvement and Innovation unit and the transformation overlap; the SI&I national director could present at the Board workshop on the SI&I role.

The meeting closed at 4.20pm with Karakia.