

Te Whatu Ora | Health New Zealand Board

NGĀ MINITI A POARI O TE WHATU ORA

Meeting Minutes 24 March 2023

Date	24 March 2023
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Chair for the meeting Te Kaihautū mō te hui	Naomi Ferguson (Interim Chair)
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Board attendees Ngā mema o te Poari	Hon. Amy Adams Tīpa Mahuta Dame Dr Karen Poutasi Dr Curtis Walker Dr Jeff Lowe Vanessa Stoddart
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In Attendance Ngā manuhiri	Management: Margie Apa (Chief Executive) Peter Alsop (Chief of Staff) Board Secretariat: Catherine Foster (Board Secretary)
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In attendance for specific items: Ngā manuhiri	In attendance for specific items: Peter Watson (Interim National Director - Medical) - Open session.
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Apologies Ngā tamōnga	Nil.
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1. Karakia and mihi

The meeting began at 8:30am with Karakia, led by the Chair.

2. Apologies and interests

The Register of Interests was noted.

There were no potential conflicts declared or changes to the Interest Register.

3. Board only time

The Board met in closed session.

4. Closed session - Board Meeting with Minister Verrall

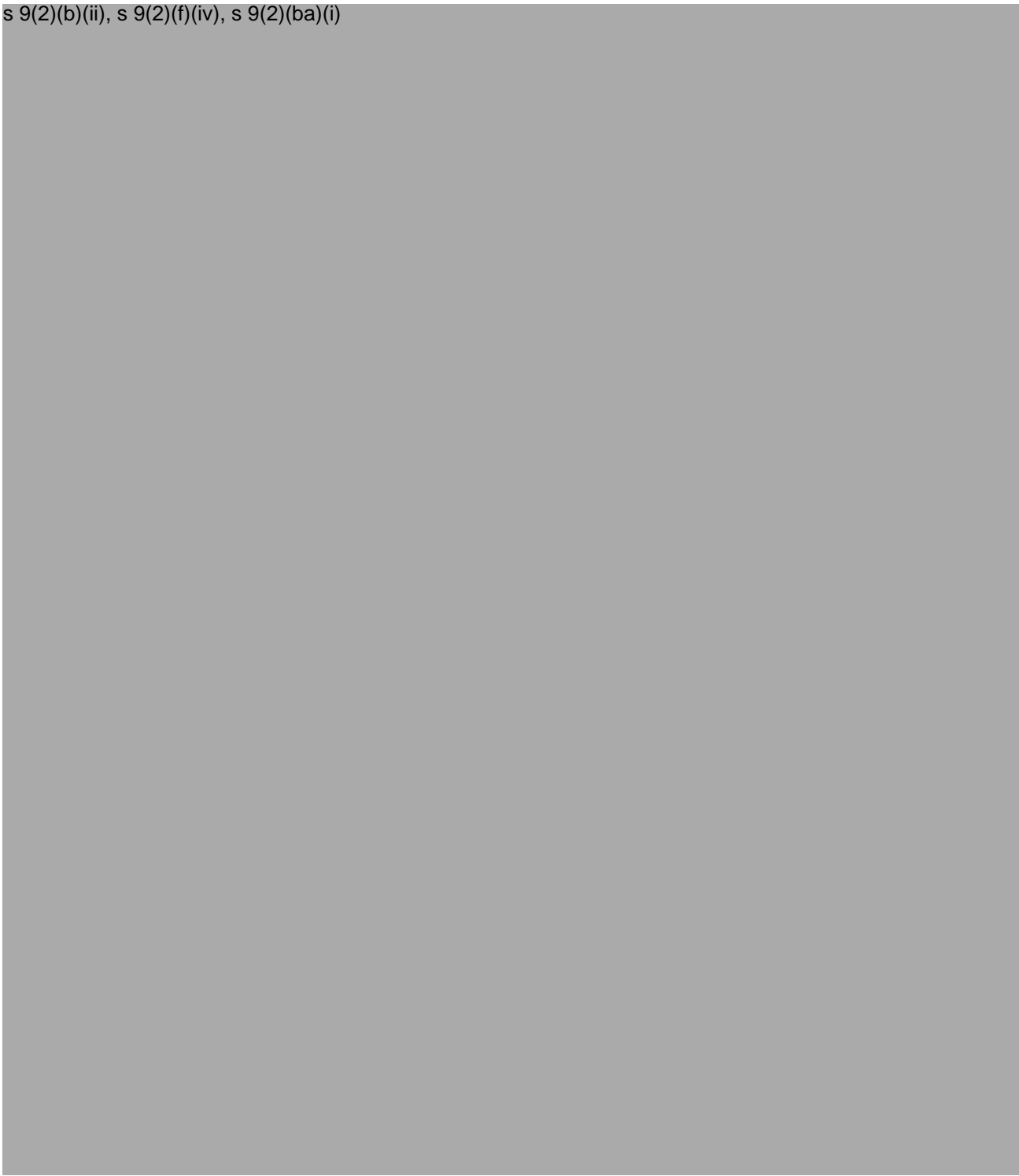
The Board met with Minister of Health in closed session.

5. Finance and Audit

5.1. Insurance Renewal Strategy

R. Percival joined the meeting at 10.00am.

s 9(2)(b)(ii), s 9(2)(f)(iv), s 9(2)(ba)(i)



6. CE Public Report

Public session

*****OPEN TO THE PUBLIC via Webinar Digital link*****

P. Watson – Interim National Director – Medical joined the open session.

Key discussion points included:

- **Workforce:** The Board and management recognised the contribution of the Te Whatu Ora's and health system workforce, including those directly and indirectly employed by Te Whatu Ora. The Board supported exploring all options which would provide relief to the strains on workforce including utilising kaiawhina workforce, exploring different models of care and using technology such as wearables in addition to acting on the feedback provided by front line staff. Board noted patients have an important role to play in selfcare which highlights the importance of data and making it accessible to patients.
- **Ongoing impact of Covid19:** The Board discussed that we continue to experience workforce away from work on sick leave as a result on Covid19 policy settings. Coupled with an ongoing demand this continues to put strain on workforce. BAU staffing levels have shifted up on previous years to respond to these factors.
- **Immunisation:** Taskforce report has been finalised for release. Board discussed the important role of Primary Care in increasing immunisation rates and the funding that is being provided to support them in delivery. Also noted the role of Pharmacy and their workforce in delivery vaccination.
- **Data integrity:** The Board noted that the public release of incorrect ED data was unsatisfactory, and that the Public should be able to have trust and confidence in published data. An internal review has been commissioned and findings will be shared with the Board in due course. The board supported the review and moving towards automated and digital systems to reduce human error.
- **Planned care –** Board noted progress is being made but there continues to be variation across the country. Focus is on theatre optimisation, offering and sharing improvements across the country to realise efficiencies and better use of current resources. The board noted the workforce is a critical enabler.

*****OPEN SESSION CLOSED. Closed Session closed at 11:00am*****

Items for Discussion

7. Closed CE Report

Key discussion points included:

- Kahu Taurima: The Board noted the programme and requested information on leadership of the programme. Update schedule for PHCPCC.
- Savings table: Board noted the information and encouraged savings to be reported showing reinvestments e.g., into additional or new posts.
- Cyclone recovery investment: **Action:** Share the paper with Board to provide visibility of investment in phyco-social and prioritisation.
- Workstream accountabilities: The board noted the integrated nature of workstreams. The board has governance oversight responsibilities, and management must be clear on accountabilities and holding to account. The Board supported developing a RACI table.
- The board encouraged further development of the whānau and consumer voice and build in customer centricity in all that we do.

Annual Report shaping narrative

Key discussion points included:

- The Board supported taking a joined-up and cohesive approach with Te Aka Whai Ora.
- Board supported developing a narrative that tells a story of the reform. See it as an opportunity to educate our audiences on benefits being realised through nationalisation. Readers should feel more informed of the state of the health care system including what's changed and what is changing.
- Board noted the importance of language, that it is for the Public, and we need to be honest and transparent.

Items for Decision

8. Public Health

A. Koornneef, D. Woodley and K. McCosh arrived at the meeting at 11.40am.

Implementation of Breast Screen Aotearoa Critical Infrastructure Business Case.

Key discussion points included:

- The Board noted that ownership of this is with Public Health and Data and Digital directorates. The Board wanted to see clarity of this ownership and accountability to ensure there is smooth delivery.
- BD-24-02 The Board approved the following recommendations with consensus:

- Approved the draw down approach to tagged contingency approved in Budget 21 for the BSA Critical Infrastructure Replacement Implementation. The approach recommended by ELT, based on revision of the required project costs and likely operational costs, is:
- Draw down implementation costs of \$50.247 million to the end of 2024/25. There is a high degree of confidence this is the required amount for the implementation phase. This is higher than the operating contingency of \$37.432 over this period and requires conversion of the capital contingency to operating funding.
- Draw down \$9.750 million per annum from 2025/26 for annual operating costs.
- Approved the attached briefing and business case.
 - A. Koornneef left the meeting.

Oral health

Key discussion included

- The Board noted that there is a capacity issue in the system due to a shortage of dental specialists. **Action:** People and Culture Committee to have visibility of this workforce in Workforce Plan.
- The board supported adopting an integrated service model across the continuum from 0-17 years. Noting the importance of stakeholder management as commissioning changes are rolled out.

BD-24-03: The Board adopted the following recommendation with consensus:

- a) **noted** the joint leadership of Te Aka Whai Ora and Te Whatu Ora on this mahi.
- b) endorsed the proposed priorities, timelines, and approach to developing a National Oral Health Equity Programme.
- c) noted following endorsement, a programme plan will be developed outlining the key risks, dependencies and linkages, programme logic and outcomes, reporting and accountability framework.
- d) noted Te Aka Whai Ora and Te Whatu Ora will need to build capacity to support establishment of the programme and equity actions that respond to the priorities.

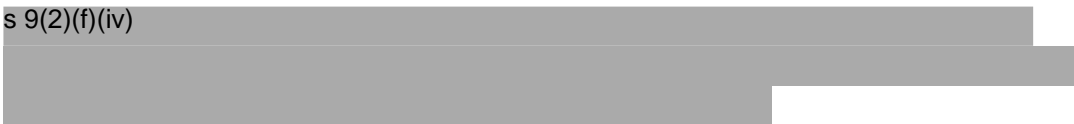
Smoke free campaign

Key discussion points included:

- s 9(2)(f)(iv)
- The Board supported a campaign that is valid, and evidence-based advocating for Public Health. The Board asked that management retain editorial control of all materials and scripts to ensure the focus is maintained on reducing smoking harm.
- Board noted that this campaign is intended to align with Smoke Free month. The Board encourage consideration of timing of the campaign that focuses on Public Health matters.

- The Board sought assurance that the aim is to reduce smoking harm. Management confirmed there is lead indicators on outcomes which will be measured as part of this campaign.
- Board requested more information on Vaping and how this fit within the campaign. A separate briefing is being prepared for Public Health Community and Primacy Care Committee.

BD-24-03 The Board endorsed the following recommendations with consensus:

- noted** that the development of a new quit smoking campaign is a key Budget 21 deliverable to support implementation of the Smokefree Aotearoa 2025 Action Plan (refer Appendix 2 – Resource Centre).
- noted** that a bold campaign approach is necessary to challenge usual beliefs and introduce new themes to reach and impact on the remaining smokers who have not yet been influenced to quit.
- c) s 9(2)(f)(iv) 
- d) approved the new quit campaign subject to the Board’s feedback being actioned including the consideration of timing and being evidenced based and public health focused, and with editorial control maintained by TWO.

Koornneef, D. Woodley and K. McCosh arrived at the meeting at 12.10pm

9. Data Digital and Innovation

Data & Digital Strategy and Horizon One Roadmap

Key discussion points included:

- Data, Digital and Innovation Committee noted the need to continue to develop measures and that document will continue to be worked through Committee.

BD-24-04 The Board endorsed the following recommendation with consensus:

- noted** that the Data and Digital Strategy and Roadmap have been developed with input from the Data, Digital and Innovation (DDI) Committee and Te Whatu Ora Executive Team; along with representatives from Te Aka Whai Ora Executive Team and Board.
- noted** the Data and Digital Strategy and Roadmap was recommended for submission to the 24 March Board at the 10 March 2023 Data and Digital Innovation Committee meeting.
- noted** the Roadmap is presented as a living document.
- d) it will be further iterated and periodically updated, as new information and priorities come to light, with material changes to revert to the Board for (re)approval.

- e) **additional** Te Aka Whai Ora content and outcome requirements will continue to be added in subsequent iterations of the document in partnership with and under the direction of Te Aka Whai Ora representatives.
- f) **noted** further work is being undertaken to develop a supporting set of measures in the next phase, with a focus on measures that link through to improvement in health system and patient outcomes.
- g) **approved** the Data and Digital Strategy (Appendix 1) and Data and Digital Horizon One Roadmap (Appendix 2).
- h) **Noted** that the author does not recommend this paper be released proactively. The paper includes information which is commercially sensitive and/or which will be referenced as part of the proposed consultation to staff. The intention is to create a summary for proactive release as a separate and subsequent activity.

10. Capital and Infrastructure

J. Holman, M. Fowler and A. Andrews joined the meeting at 12.15pm

Structural strengthening of Tauranga Hospital

Key discussion points included:

- The Board sought assurance that this work links to the Mental Health facilities work in Tauranga and Whakatane noting this element continues to work through Capital and Infrastructure Committee.
- Noted that this programme was urgent work to address issues in the kitchen.

BD-24-05 The Board endorsed the following recommendations with consensus:

- a) **noted** the single-stage business case (*Appendix 1*) and associated funding request for the structural strengthening of T20 and kitchen refurbishment has been recommended by the Capital and Infrastructure Committee (“Committee”).
- b) **noted** that s 9(2)(b)(ii) in health capital envelope funding has been allocated in Budget 2022 for this investment.
- c) **noted** the whole-of-life cost recommended option is s 9(2)(b)(ii) and is within the Board’s delegation, however, the Board may wish to seek approval from the Minister of Health as the investment is a Budget 2022 initiative and therefore a higher profile.
- d) s 9(2)(b)(ii) in health capital envelope funding to complete the required works.
- e) **Agreed** not to proactively release this paper as it is under active consideration.

Whangarei procurement strategy Decision/project Pihī Kaka

BD-24-06 The Board endorsed the following recommendations with consensus:

- a) **approved** an Early Contractor Involvement delivery model for Project Pihī Kaka.
- b) **noted** that the assessment discussed in this paper indicates that, compared with a range of alternative models, early contractor involvement will give the project the best chance of being delivered on time, within budget and to a high standard.

noted that the author does not recommend this paper be released proactively in full. This paper should be withheld in its entirety as it includes the procurement approach and criteria which has not been formally approved as it includes the procurement approach and criteria which is commercially sensitive.

Public works Act acquisition of Te Whatu Ora owned land by Kainga Ora and Auckland council

Note M. Apa was the previous CE of Counties Manukau DHB and T. Mahuta was a previous Member of the Counties Manukau DHB.

- s 9(2)(f)(iv) [REDACTED]
[REDACTED] **Action:** The Board requested a report back of what the money is being applied to via the Capital and Infrastructure Committee.

BD-24-07 The Board endorsed the following recommendations with consensus:

- a) noted that Ministerial approval will be sought for the disposal of the Te Whatu Ora owned land at Manukau Health Park to Kāinga Ora and Auckland Council under a Public Works Act acquisition order, as a condition of the Pae Ora Act as it relates to the disposal of land.
- b) s 9(2)(f)(iv) [REDACTED]
- c) s 9(2)(f)(iv) [REDACTED]
- d) approved that any future land disposals subject to a Public Works Act (“PWA”) acquisition order do not require Board approval, only that the Board be informed, because the PWA process precludes a decision to stop the acquisition.
- e) approved that all future PWA acquisition order Sale and Purchase Agreements are delegated to the Chief Executive, Te Whatu Ora for signing.
- f) approved that any future declarations of land being surplus still require Board approval, but that Te Whatu Ora can manage these disposals outside the Board process.
- g) approved that any future declaration of land as surplus should also be endorsed by the Te Aka Whai Ora Executive Leadership Team.
- h) noted that this paper will be shared with Te Aka Whai Ora for information.
- i) noted that the author does not recommend this paper, nor the associated ELT papers, be released proactively. The papers should be withheld in entirety as they are Confidential as per Section 9(2)(i) & (j) Commercial Activities and Negotiations. Disclosure of the information would not be in the public interest because of the greater need to enable the organisation to carry on, without prejudice or disadvantage, commercial activities and negotiations.

Tagged Contingency Drawdown

The Board endorsed the following recommendations with consensus:

- a) **noted** that a revised version of the tagged contingency paper was presented to the Capital and Infrastructure Committee on Thursday 9 March 2023.
- b) **noted** that a final copy of the tagged contingency paper will be circulated to Board members 'out of cycle' once the Capital and Infrastructure Committee members are satisfied that their feedback has been incorporated before being provided to Joint Ministers for their approval.
- c) **noted** that the author does not recommend this paper be released proactively. It should be withheld in its entirety as it is subject to Ministerial decision.

J. Holman, M. Fowler and A. Andrews joined the meeting at 12.30pm.

The Board broke for lunch

11. Primary and Community care

P. Carter joined the meeting at 12.50pm

Prevent and minimising Gambling Harm

BD-24-08 The Board endorsed the following recommendations with consensus:

- a) **noted** that this paper was reviewed by the Public Health, Community and Primary Care Committee, who recommended the paper, with the inclusion of some additional information, is submitted to the Board for approval.
- b) **noted** that following the Committee's feedback further details have been added on the Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25, the Public Health and Intervention service descriptions, the funding formula used to apportion the funding between different population groups and the risk section.
- c) **noted** that this paper has been approved by the Deputy Chief Executive, Service Development, Te Aka Whai Ora.

approved this paper for:

- d) expenditure of \$57.17 million over 42 months to fund new services to reduce and minimise gambling harm from 1 January 2024 to 30 June 2027, as outlined in this paper.
- e) Te Whatu Ora to conduct a single stage open market competitive RFP to identify suitable Pacific, Asian and general providers to deliver the new services to reduce and minimise gambling harm at a value of \$37.4 million over the contract period.
- f) Te Aka Whai Ora to conduct a two-stage open market competitive tender (i.e., ROI and RFP) to identify suitable Hauora Māori partners to deliver the new services to reduce and minimise gambling harm and inequities at a value of \$19.77 million over the contract period.

- g) a six-month extension (1 July 2023 – 31 December 2023) of the current public health and clinical intervention service contracts (at a value of \$6.79 million) to ensure service continuity until the RFP is complete.
- h) **noted** these services are funded by the problem gambling levy on the gambling industry.
- i) **noted** that the author does not recommend this paper be released proactively in full.

P. Carter left the meeting

12. People and Culture

D. Gellar joined the meeting at 1.00pm.

Te Mauri o Rongo Implementation Key discussion points included:

- The Board supported getting on and doing simple initiatives that will improve workforce day-to-day experience.
- Board noted that the safety of our workforce is paramount and that it needs to be included in horizon 1 initiatives.
- Board encourage management to think about workforce that are directly and non-directly employed.
- The Board highlighted the urgent need to articulate Horizon 3 so that everyone has a common understanding of what we are working towards. People and Culture Committee and Management to work together to articulate Horizon 2 and 3. **Action:** Management to confirm ownership of Horizon 3 narrative and plan for development.
 - Board noted that a large part of workforce remains uninformed on the reforms, and this is an important element of change communications that need to be developed quickly.


D. Gellar left the meeting.

13. Finance and Audit


R. Percival and M. Rivers Joined the meeting at 1.10pm

National Assurance Programme

s 9(2)(b)(ii), s 9(2)(f)(iv), s 9(2)(ba)(i)




s 9(2)(b)(ii), s 9(2)(f)(iv), s 9(2)(ba)(i)



Subsidiaries Update

s 9(2)(b)(ii), s 9(2)(f)(iv), s 9(2)(ba)(i)



s 9(2)(b)(ii), s 9(2)(f)(iv), s 9(2)(ba)(i)

Finance and Audit Committee Minute

s 9(2)(b)(ii), s 9(2)(f)(iv), s 9(2)(ba)(i)

DHB audits update

- 15 out of 20 are complete, with five DHBs still awaiting audit completion.
- Management are preparing a letter to contain representations from CE and CFO, additional to those in the Audit required representation letter, that cover all of the Annual reports that Naomi and Amy sign.
- The Board requested a summary table of year end results for all DHBs to provide the Board with visibility of year end results. The Board requested the Holiday's Act is separated out of this as it is a material number for DHBs.
- Board recognised the work involved by Management to complete the year end audits.

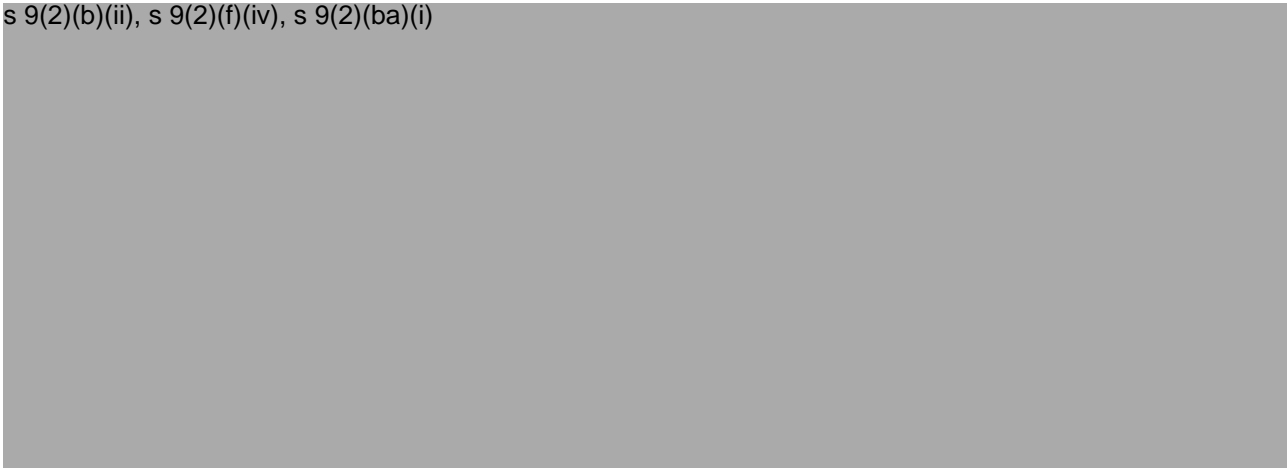
The Board

- a) **noted** the status of each of the outgoing DHBs Annual Audits.
- b) **noted that the author recommends** this paper be released proactively in full.

Budget 2023/24 – Assumptions and approach

s 9(2)(b)(ii), s 9(2)(f)(iv), s 9(2)(ba)(i)

s 9(2)(b)(ii), s 9(2)(f)(iv), s 9(2)(ba)(i)



R. Percival and M. Rivers left the meeting

14. Legal update


T. McGibbon, C. Fleming and V. Casey joined the meeting at 2.00pm

March monthly report.

The report was noted by the Board.

Tipa Mahuta left the meeting at 2.25pm.

s 9(2)(h)



15. Committees

Key discussion points included:

- The Board agreed to put the Sustainability Committee into abeyance, noting sustainability remains a priority for the Board however management needs to do more work so the Board is able to add value and provide governance oversight. **Action:** Management to report back to the Board on a Sustainability plan in due course.
- The Board confirmed that the quorum for each Committee should consist of three members, two of which are Te Whatu Ora Board members.
- The Board noted the need to look at the Public Health, Community and Primary Care Committee name now it includes Hospital and Specialist Services.
- Board discussed flow of information from Committee to Board and confirmed risk and reputation were important for the Board to consider. Work presented to Committees should be early thinking to test assumptions and appetite before taking decision items to Board.
- The Board noted the importance of having the right skill set on the Committee and visibility of forward planning to ensure right conversations are happening with Committee and Board at the right time. Board emphasised that Committee work programme should be driven by Management.
- The Board endorsed providing a Power of Attorney for the signing of deeds so they can be executed by management.
- The Board noted processes are still maturing including papers for noting and involvement with Te Aka Whai Ora.

BD-24-15 The Board endorsed the following recommendations with consensus:

- a) **Appointed** Karen Poutasi to the Capital and Infrastructure Committee, and Jeff Lowe to the Data and Digital Committee to bring the membership to three Board members.
- b) **Appoint** Vanessa Stoddart as a member of the Finance and Audit Committee.
- c) **Agreed** a quorum for Committees will be three members, two of which will be Te Whatu Ora board members.
- d) **Approved** the amendments to the Terms of Reference of the Public Health, Community and Primary Care Committee to include Hospital and Specialist services which will be received in 2 months' time to assess effectiveness of change.

- e) **Confirmed** the Chair is an exofficio on all Committees.

16. Items for noting

Health and Safety

Noted the Report and Minutes including the ACC Accreditation process which was endorsed by the Board.

17. People and Culture Committee

March Monthly Report

The Board noted the Committee minutes and items discussed.

18. Director - General of Health Update

D. Sarfati and S. Medcalf joined the meeting at 2.55pm

Key discussion points:

- Roles and responsibilities: Manatū Hauora to bring forward approach to monitoring to discuss with the Board. Important to develop a model which works for system include Te Aka Whai Ora, Ministerial Advisory Committee and Minister.
- Manatū Hauora are scoping work internally where responsibilities lie including Policy and operationalisation. There cannot be a disconnect between the two and there must be an alignment.
- Board welcomed feedback loops between the Director- General of Health and the Board to ensure relationship is strong and positive ways of working.
- V. Stoddart left the meeting at 3.15pm.

19. Manatū Hauora

System architecture (Pae Ora Strategies)

Key discussion points:

- The Board noted the close integration between Te Whatu Ora's work programme and strategic development. Important to integrate this into strategy design.
- Strategies are required under statute and set the priorities for the GPS which informs Te Whatu Ora's operations. It was discussed that strategies do not need to be developed from a clean slate and that there is a lot in existence already in the system. Do not want to create more work in an already crowded landscape. It was important that the strategies build on the reform agenda and what is already planned.

- Board supported the direction of travel being undertaken by Manatū Hauora noting that the system is in a constant state of change.
- Board discussed the importance of using common language as a system so there is a cohesive approach.

D. Sarfati and S. Metcalf left the meeting

19. Te Aka Whai Ora Update

- IMPBs continue to be stood up. National hui organised for May which Te Whatu Ora want to participate in.
- Te Aka Whai Ora are undertaking a governance review to assess effectiveness and Board performance.

20. Performance and Finance Reporting

C. Palmer and T. Maisey joined the meeting at 3.30pm

March Monthly Performance Report

- Key discussion points: The Board noted the report and requested that trends are always included for the Board.
- Board sought assurance there are appropriate processes in place to ensure reliable data is being reported. The Board noted that a review of the data systems was underway and asked that the report from this be brought to Board in due course.
- Board noted that minor procedures are increasing and asked for more information as to what was driving this.

BD-24-16 The Board endorsed the following recommendation with consensus:

- Noted** that we have restructured the monthly reports using the six priorities of Te Pae Tata.
- Discussed** the monthly financial performance report (Appendix 1) and non-financial performance report (Appendix 2).
- Agreed** the monthly reports be provided to Manatū Hauora, Te Aka Whai Ora | Māori Health Authority (“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.
- Noted** the March Te Pae Tata Milestones report (Appendix 3).
- Agreed** that the Te Pae Tata milestones report be provided to monitors and the Minister of Health alongside the monthly reports.
- Reviewed** the March 2023 Key Performance Metrics Summary (Appendix 4).
- Approved** the publication of the key performance metrics once final quality assurance processes have been completed.

- h) **Noted** that this paper will be shared with the Te Aka Whai Ora | Māori Health Authority Board.
- i) **Agreed** to not proactively release this paper and its appendices as there is a separate communication approach for performance reporting.
- j) **Noted** the Board Feedback Monthly Performance Reporting (Appendix 5).

Statement of Performance Expectations

Key discussion points included:

- The Board discussed timelines and that the DHB Audits need to be complete confirm Te Whatu Ora's opening balance sheet. The audits are expected to be completed by April 2023.
- The Board supported a reduction in the measures and focus on 12 indicators agreed by Cabinet.
- Output classes: This work is tied to appropriations and have been deliberately designed around a 2-year horizon. **Action:** Clarify Cabinet's expectations to ensure we are operating with that intention.
- The Board supported measures which actively push for better health outcomes. Measures must be patient centric.
- The Board is responding to the Minister's Letter of Expectation and will clarify the timelines for the key accountability documents, including SPE.

BD-24-17 Subject to the Board's feedback, the board endorsed the following recommendations with consensus:

- a. **Noted** that the 2023-24 SPE is due with the Minister of Health on 1 May 2023.
- b. **Noted** the proposed approach to the 2023-24 SPE, including using this as an opportunity to begin to reset our performance measures and better align these to the shifts expected in the reformed system.
- c. **Noted** that the outline structure of this paper has been shared with our monitoring agencies, including Treasury, Te Aka Whai Ora and the Ministry of Health, for feedback. This feedback has included recommendations for further financial information and reviewing the suitability of the output classes and is being incorporated into the draft 2023-24 SPE.
- d. **Noted** that the outline structure does not yet reflect the new Letter of Expectations, and this will be addressed in the draft 2023-24 SPE for the April 6 meeting.
- e. **Approved** the approach and outline structure for the 2023-24 SPE.
- f. **Agreed** not to proactively release this paper, as the 2023-24 SPE will be published once finalised.

Estimates Programme

Key discussion points included:

The Board sought assurance of alignment between key accountability documents including SPE. Board also noted the need to clarify timelines and need to reduce measures.

The Board:

- a) **Noted** that Te Whatu Ora is required to confirm performance measures to be included in the Budget Estimates for 2023/24.
- b) **Noted** that the performance measures were considered by the Finance and Audit Committee on 10 March 2023.
- c) **Agreed** to Option 2 (recommended): Agree to replace the existing measures with measures aligned to our other accountability documents, other than the two new measures that were previously subject to an exemption (Appendix 2).
- d) **Noted** that we have negotiated an extension to provide these measures to the Ministry of Health on 5 April 2023 ahead of submission to the Minister of Health.
- e) **Noted** that the author does not recommend that this paper be released proactively in full. The paper should be withheld in its entirety. This paper should be withheld under the following grounds, 9(2)(f)(iv), as the information provided is confidential advice to the government.

21 March Monthly Finance Report

Key discussion points:

- s 9(2)(f)(iv) **Action:** CFO to clarify this number for accuracy.
- Noted the financial performance of Te Whatu Ora for the month of February 2023.

C. Palmer and T. Maisey left the meeting.

GOVERNANCE / BOARD ADMINISTRATION

22 Updates from Board Committees

Capital and Infrastructure Committee

Verbal update received with no discussion.

Clinical Quality Assurance Committee

Verbal update received with no discussion.

Data and Digital Committee

Verbal update received with no discussion.

People and Culture Committee

Verbal update received with no discussion.

Public Health, Community and Primary Care Committee

Verbal update received with no discussion.

23 Board administration

Confirmation of Minutes

The minutes were accepted as a true and accurate reflection of the meeting.

Action Register

The Board's actions were noted without discussion.

Register of Interests

The Board noted the Register of Interests.

General business

There was no general business.

The meeting closed at 4.35pm with Karakia.