

Te Whatu Ora | Health New Zealand Board

NGĀ MINITI A POARI O TE WHATU ORA

Meeting Minutes 28 April 2023

Date	28 April 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 Tipa 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) Board Secretariat: Catherine Foster (Board Secretary)
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In attendance for specific items: Ngā manuhiri	In attendance for specific items: Rosalie Percival (Chief Financial Officer) Carolyn Palmer (Lead System, Accountability & Performance) Tara McGibbon (Interim Chief Legal Counsel) Jeremy Holman (Chief Infrastructure & Investment) Andrew Slater (Chief People Officer) Tom O'Brien (Chief Advisor - People and Culture) Diana Sarfati (Director General of Health)
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Apologies Ngā tamōnga	Nil.
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1. Apologies and interests:

The Register of Interests was noted.

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

There were no apologies received.

2. Board only time

The Board met in closed session.

3. CE Public Report:

Public session

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

4. Karakia and mihi:

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

Key discussion points included:

- Immunisation: Priority for the Board, including targeting Communities with low immunisation rates.
- Age care: Board noted workforce shortage in aged care remained a concern. Board requested that aged care workforce is tracked to enable better planning in partnership with the sector. Nationalisation should mean that workforce can move around more easily. Board requested that Health services committee monitors this issue. **Action:** Add to Committee work plan.
- Workforce: Change consultation is underway with 6 Directorates out for consultation. Work continues to review contingency workforce ensuring we are building our internal people capability.
- Pharmacy: The Board requested information on how Pharmacy will be utilised, especially over winter. Options include expanding immunisation and assisting in long-term condition management.
- Investment in digital: The Board supported developing different models of care such as digital access to patient data for both the patient and clinician. Te Whatu Ora has inherited a myriad of systems and platforms that need to be streamlined to ensure patient benefits. Continuity of care is critical and ensuring different parts of the system are working together to deliver continuity as a team. Example includes comprehensive primary care teams with all members having access to the same data. There is a need to design patient centric systems.
- System variation: The Board discussed that there continues to be variation on criteria and thresholds across the Country to access care for example, cataract surgery. It is important to the Board that barriers are removed to ensure people can access care wherever they live.
- Sharing of knowledge: The board has learnt on their recent visit to Middlemore Hospital that Middlemore and Auckland hospitals were load sharing. The Board is keen to see that other regions can access the learnings from this situation and roll out across the Country. Management discussed that there are escalation pathways agreed across regions and improvement in communications between local, regional and national level to get nationally consistent approach and transfer knowledge easily across the system.
- Working collaboratively with unions and workforce: Board noted the importance of building relationships with Unions to jointly solve problems. Management reported there are a number of initiatives underway with unions including National working group on fatigue and National group on H&S. Working with unions and frontline staff is critical.

- Community Mental Health: The Board noted the acute mental health facility at Middlemore and wanted to better understand community facilities. NGO play an important role, however, do not have visibility on their reporting. Board keen to understand investment distribution from Community and acute facilities and range of service and facilities in across the country and pathway of care consistent.

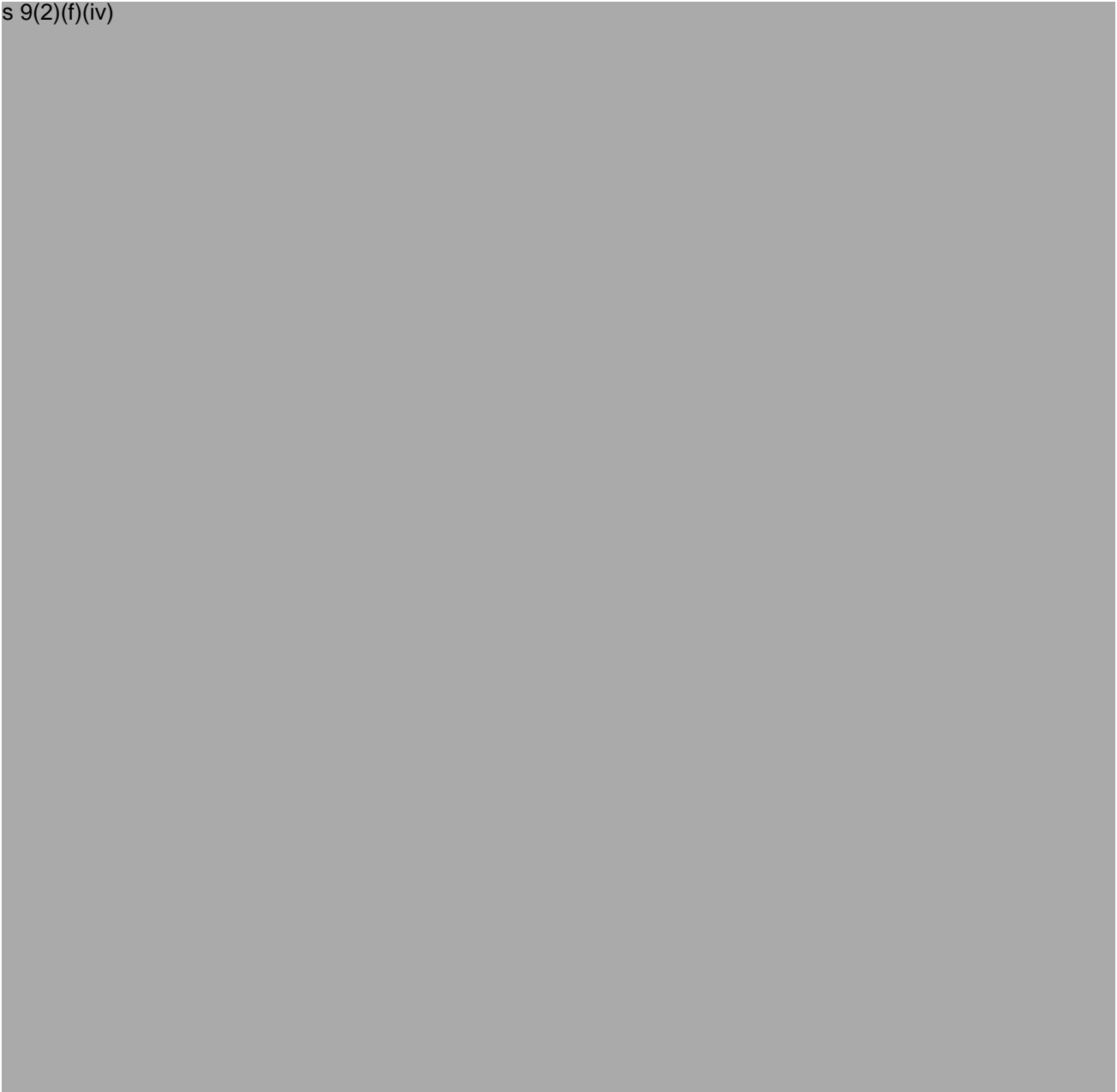
Action: Add Community mental health into Health Services Committee.

*****OPEN SESSION CLOSED. Closed Session closed at 10.20am.**

5. Closed CE Report:

D. Bramley, P. Andrews and P. Watson joined at 10.30am.

s 9(2)(f)(iv)



6. Budget 2023/24 Update:

Key discussion points included:

- Board noted the importance of building a case for investment, such as how investment in our people links to better patient outcomes.
- Board noted the importance of \$24b baseline being spent efficiently and effectively.
- Investing in workforce and investing in innovation are important areas for the Board. The Board does not want to lose the innovation seen during the height of Covid19 Pandemic. Te Whatu Ora must learn from what worked well and invest accordingly.
- Board confirmed that it wanted the outreach and aged care workforce funded through baseline.
- Board discussed the importance of ensuring there was enough in operating reserves in the event we have significant unplanned expenditure.
- The Board supported funding key priorities including waitlists, Winter and workforce along with cancer, chronic conditions, mental health, kahu taurima.
- Board noted the process in the paper was not accurate. Committees have recommended funding proposals that are to be considered by the Board. The Board needs to sequence decision making and consider interdependences as we are in a constrained funding environment and the Board needs to make choices on the totality of initiatives.
- Board emphasised the need of spending B22 money as well as investing in transformational shifts. Our ability to spend is a key consideration for the Board.
- The Board needs to understand the effectiveness of spend and not continue to fund activities where there is no analysis of effectiveness. Embedding financial and programme management will be critical.
- The Board emphasised funding priorities, ensuring we are investing in areas that will realise strategic shifts, get specific about output and outcome of the investment and building in innovation to everything we do. Board wants to foster a culture of trying new things, testing and using off-ramps if initiatives are not achieving intended results.
- Workforce: Board sort clarity on whether this investment would support current workforce or attract and grow new workers. It was confirmed that current investment is focused on


investment and retention of current workforce. Board requested sight of the Workforce Plan which understands our long-term workforce needs and workforce priorities.

BD-24-18: The Board endorsed the following recommendations with consensus:

- a) **Noted** this update on development of the 2023/24 budget;
- b) **Noted** this **paper** is Budget Secret and should not at this time be publicly released.

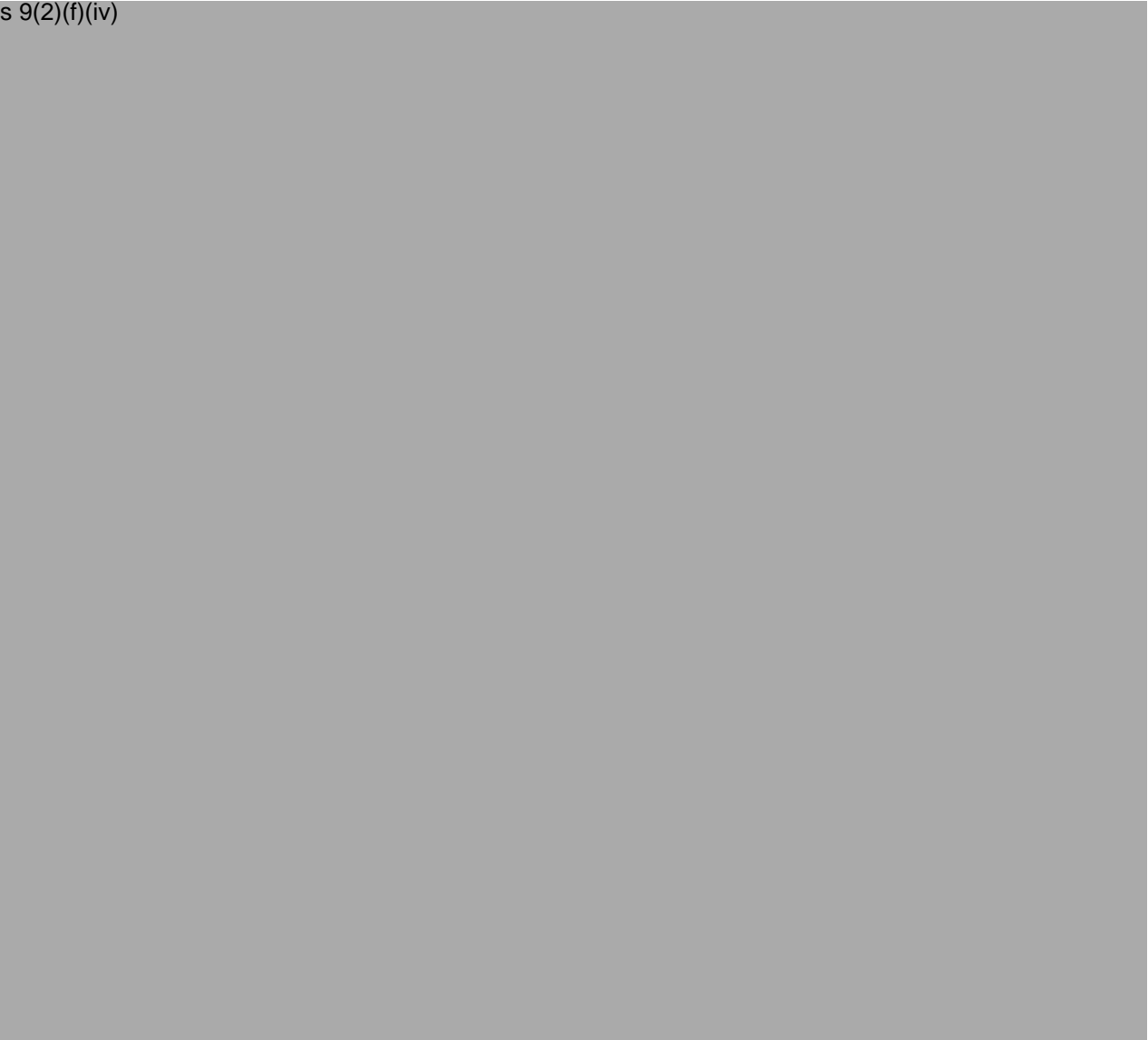
23/24 Funding Assumptions:

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23/24 Expenditure Assumptions:

s 9(2)(f)(iv)

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Statement of Performance Expectations Framework

Key discussion points included:

- Te Whatu Ora is at the beginning of its maturity journey, and that the 2023/24 SPE performance measures are largely inherited reporting measures that provide basic information about performance, and that these measures will be matured over time.
- The Board discussed measures which set a performance target of 90% and that consideration needs to be given to whether this sends a message that Board is comfortable with 10% not being achieved. The Board requested consideration be given to this and looking case by case as to the most appropriate measures of performance.
- The Board wanted to see achievable and immediate targets to demonstrate our performance. Need to consider what success looks like over the short and long-term.
- The Board requested measures are developed that are visionary and describe the end state. Measures must be outcome focused and stretch to meet targets.
- The Board requested hard measures on workforce are added.
- The Board requested that management notify the Minister that SPE will be updated before end of Finance year to include measures which are not finalised yet, including equity measures.
- The Board noted its intention to reduce the number of performance measures noting the need to balance this with demonstrating our performance.

- The Board did not want to see digital access to primary care in rural communities removed as this is an important metric for the board to monitor.
- The Board requested % of spend is removed as it is not a robust measurement of performance.


BD-24-19 The Board approved the following recommendation with consensus:

- **note** that Te Whatu Ora has statutory responsibility to prepare and publish an annual Statement of Performance Expectations (SPE), which sets out its annual performance expectations, expected revenue, and proposed expenses for the coming financial year
- **noted** that Te Whatu Ora's draft SPE for 2023/24 includes non-financial performance measures aligned to Te Pae Tata
- **noted** that Te Whatu Ora is at the beginning of its maturity journey, and that the 2023/24 SPE performance measures are largely inherited reporting measures that provide basic information about performance, and that these measures will be matured over time
- **noted** that we have consulted with Te Aka Whai Ora, Manatū Hauora - Ministry of Health, the Treasury and Audit New Zealand on the development of Te Whatu Ora's draft SPE for 2023/24
- **noted** that we have shared the previous version of the draft SPE with the Executive Leadership team and the current version attached incorporates Leadership Team feedback
- **noted** that the draft SPE 2023/24 was also provided to the Financial and Audit Committee for their endorsement, prior to provision to the Board
- **approved** the submission of the draft SPE 2023/24 to the Minister of Health, in line with the statutory obligation to provide this by 1 May 2023 (two months before the start of the financial year to which it relates)
- **noted** that the Minister has 15 working days to provide Te Whatu Ora with feedback on the draft SPE, after which we will resubmit the SPE to the Board for final approval and sign off
- **noted** that the final SPE 2023/24 is due with the Minister of Health by 30 June 2023.

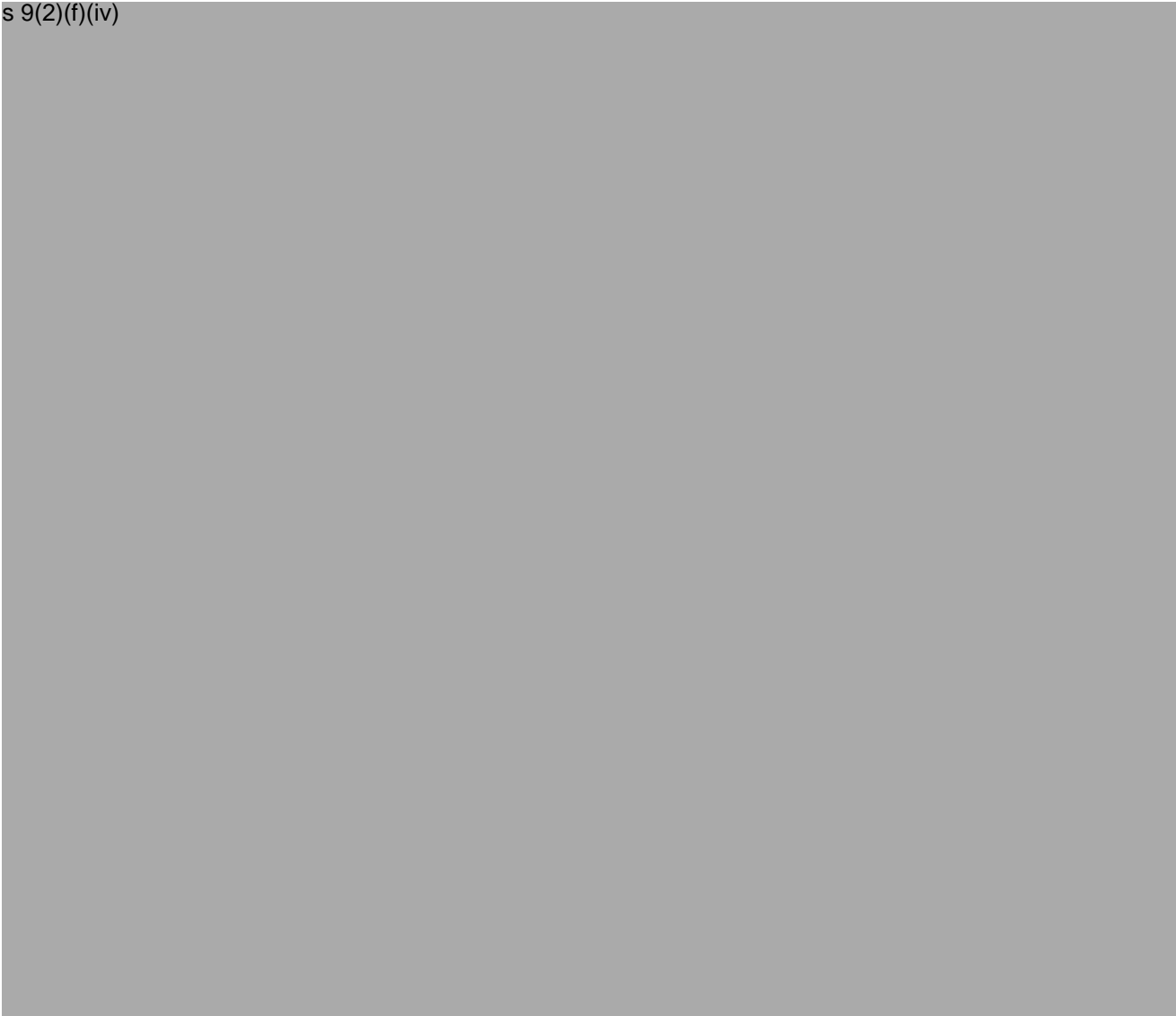
7. Budget 2024

s 9(2)(f)(iv)

s 9(2)(f)(iv)




s 9(2)(f)(iv)




Finance and Audit

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



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



Finance and Audit Committee Minutes – April 2023

The Board noted the Finance and Audit Committee minutes – April 2023.


The Board broke for lunch.

Health Services Committee


Matt Hannant and Dr. Nick Chamberlain joined the meeting at 2.20pm.

COVID-19 Funding

s 9(2)(f)(iv)




s 9(2)(f)(iv)



Telehealth Funding & Contract

s 9(2)(f)(iv)



Rheumatic Fever Roadmap

Key discussion points included:


- The Board supported funding for Roadmap coming from within baseline.
- The Board noted a recent drop in cases in Rheumatic Fever and requested that team investigate what is behind this to ensure that any important learnings can be understood and shared.

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


- a) **noted** the joint leadership of Te Aka Whai Ora and Te Whatu Ora on this mahi
- b) **approved** the publication and release the Rheumatic Fever Roadmap 2023-2028 on the Te Whatu Ora website
- c) **noted** the Roadmap will be launched by Hon Barbara Edmonds, Associate Minister of Health (Pacific Peoples) on 13 June 2023 in Tāmaki Makaurau.
- d) **noted** that the Health Services Committee has recommended that this paper proceed to Board.
- e) **noted** that at the Health Services Committee meeting of 20 April 2023 there was a request to strengthen the focus on sore throat management in the Roadmap, this paper addresses the key feedback and actions requested

National Contracts Uplift

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s 9(2)(f)(iv)




8. Capital and Infrastructure

M. Fowler and J. Holman joined at 3.08pm.

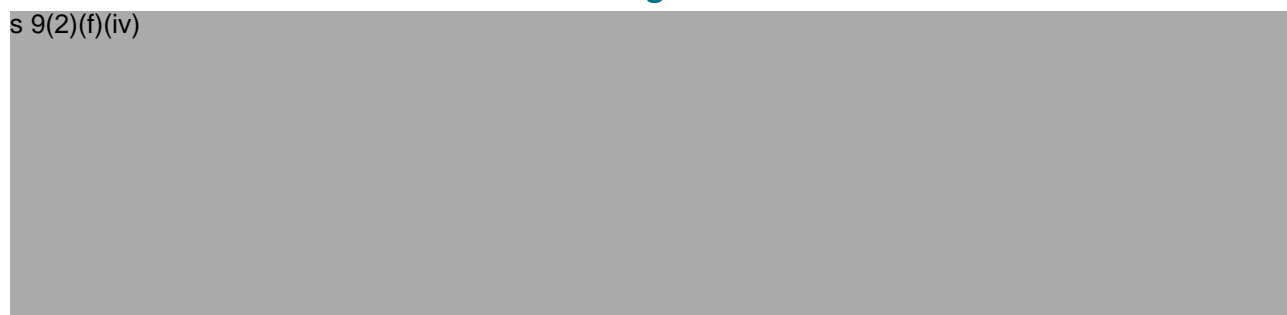
Front of Whare Business Case.

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Waitemata – Infrastructure Services Programme Tranche 1B

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s 9(2)(f)(iv)




Mason Clinic Land Vestment to Auckland Council

s 9(2)(f)(iv)




s 9(2)(f)(iv)




Palmerston North Regional Hospital Critical Interim Works – Electrical Programme Phase 2

s 9(2)(f)(iv)




Health Capital Envelope – Cost Escalations Following Confirmation of Strategy

s 9(2)(f)(iv)




s 9(2)(f)(iv)



9. People and Culture

s 9(2)(f)(iv)



10. Data Digital and Innovation

No decision items this month.

11. Clinical Quality Assurance

No decision items this month.

12. Health and Safety

Health and Safety Committee Minutes were noted.

The April Health and Safety Report was noted.

13. Director - General of Health Update

D. Sarfati joined at 2.49pm:

Key discussion points included:

- Focus on improving sector comms is critical and Manatū Hauora want to work to assist Te Whatu Ora.
- Social Wellbeing Board: Opportunities to work across government and breakdown silos between agencies such as Health and Education.
- Manatū Hauora work on strategies continuing at pace and feeding into development of GPS. Te Whatu Ora and Te Aka Whai Ora staff involved in their development.

s 9(2)(f)(iv)

- Board keen to develop useful topics for forward agenda items, key priorities include reform discussion and system level change.

D. Sarfati left at 3.00pm

14. Te Aka Whai Ora Update

Te Aka Whai Ora are looking towards it's first birthday which will also be at the time of Matariki. Team is working on telling story of first year of achievements.

Monitoring: Noting recent discussion at joint hui, more work is required to progress the monitoring framework. More opportunity to engage at May joint hui. Clarity of roles and responsibility remains critical.

15. Performance & Finance Reporting

C. Palmer and R. Percival arrived at the meeting at 3.35pm

March Financial and Non-Financial Report.

Key discussion points:

- Finance and Audit Minutes. The Board requested the draft minute be corrected that the Hutt DHB accounts were yet to be complete and Audit New Zealand were working through the accounts.
- DHB Audits: The Board recognised the work of the team to complete the DHB audits, which remained ongoing and for the team to escalate any issues as required.
- RMO Vacancy rate unreported. The Board requested this data nothing that while they rotate around the country their vacancy rate on a national level should be known and reported.
- Noting that some areas were still not reporting vacancy rates; the Board requested that management work with the areas that are not reporting that it is a Board requirement that all regions report accurate and timely data.
- Action: Lost time due to Injury: Pick up in Health and Safety Committee to provide appropriate oversight.
- Reporting against Te Pae Tata: The Board did not feel that reporting tells the story about how we are delivering on Te Pae Tata and visionary end state. Board requires an appropriate view of the organisations performance in real time. We must be thoughtful on what we are reporting in order to assess performance and system shifts.
- Board noted that the style of reporting is difficult to digest, and management confirmed that we will be moving to a dashboard report style.
- Planned Care: Board noted the establishment of a Planned Care oversight group and the importance of someone from Primary Care sector being on this group.
- The Board noted the importance for both the Board and management for the performance report to drive decision- making.

BD-24-31: The Board endorsed the following recommendations with consensus:

- a) **Noted** that this paper will be shared with the Te Aka Whai Ora | Māori Health Authority Board.
- b) **Discussed** the monthly financial performance report (Appendix 1) and non-financial performance report (Appendix 2).


Agreed the monthly reports (Appendices 1 and 2) be provided to Manatū Hauora, 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.

- d) **Noted** the draft Te Pae Tata Milestones report (Appendix 3) and that further input is required from the business to finalise this.
- e) **Delegated** the approval of the final Te Pae Tata milestones report for provision to monitors and the Minister of Health to the interim Chair.

- f) **Noted** that as the key performance metrics have recently been updated and we are awaiting the independent review report that the next update for the metrics is planned for May 2023.
- g) **Agreed** to not proactively release this paper and its appendices as there is a separate communication approach for performance reporting.

16. Legal Update

s 9(2)(h)



GOVERNANCE / BOARD ADMINISTRATION

18. Updates from Board Committees

Capital and Infrastructure Committee

Health Capital Envelope (Routine Reporting) Draft Minutes – 9 March 2023. Health Capital Envelope (Routine Reporting) Draft Minutes – 9 March 2023. Noted.

Health Services Committee

(Public Health, Community and Primary Care) Draft Minutes – 20 April 2023. Noted.

Data and Digital Committee

Monthly report - Draft Minutes – 21 April 2023. Noted.

People and Culture Committee

Monthly report - Draft Minutes – 14 April 2023. Noted.

Clinical Quality Assurance Committee

Draft Minutes – 6 April 2023. Noted.

15. Board administration

Board Administration

Register of Interests, Noted.

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.

Meeting Schedule, Noted.

For noting

Parliamentary Review – National Cervical Screening Programme (NCSP) - Noted.

Breast Screen Aotearoa (BSA) Quality Review - Noted.

Other business

Board member to provide Board Secretariat with visibility of invites to speaking events. The Board noted the importance of developing a stakeholder map.

The meeting closed at 4.35pm with Karakia.