

NEW ZEALAND BLOOD SERVICE

Minutes – NZBS Board Meeting

Minutes of the NZBS Board

<u>Meeting held at:</u>	New Zealand Blood Service 11 Great South Road Epsom Auckland
<u>In attendance:</u>	Mr David Chamberlain (Chair) Dr Jackie Blue (Deputy Chair) Dr Bart Baker Ms Fiona Pimm Dr Paula Martin Ms Cathryn Lancaster
<u>Apologies:</u>	Mr Ray Lind
<u>Management:</u>	Ms Sam Cliffe (CEO) Mr John Harrison (Director Finance)
<u>Board Secretariat:</u>	Ms Vanessa Siddins (Board Secretary) Miss Karen Martin
<u>Date:</u>	28 February 2019

9.35am **BOARD ONLY TIME**

Discussion on the CEO salary has been recorded separately from these minutes.

In light of the recent Mainzeal ruling, J Blue queried what kind of liability insurance we have for Board members. It was noted that on the matter of our insurance, J Harrison is better to answer in detail and that the details are in Board Books. The NZBS Board have all signed a Deed of Indemnity. If for some reason a Board member is removed, the deed gives that Board member access to relevant Board material pertaining to their time as a Board member.

D Chamberlain referred to the Board Self-Assessment work and noted it was too early to commence this with new Board members and would bring this back to the Board later in the year.

In a meeting with Alex Beedell from the Ministry regarding Board appointments, D Chamberlain discussed the issue of four Board members finishing their tenure on 15 June this year. D Chamberlain has been on the Board for more than nine years and had thought he would be finishing up this year. It looks now as if he could possibly stay for another year which he would be happy to do. Alex had commented that in general if three Board members were up for renewal, the thinking was that two should be renewed and one should change. In response to the question of tenures always ending on the same date, D Chamberlain explained that this was not always the case and dates can get out of sync when there are delays.

10.15am S Cliffe, J Harrison and K Martin joined the meeting. D Chamberlain welcomed K Martin to the meeting and made introductions to the Board members.

ITEM 1.0 APOLOGIES

Ray Lind had provided his apology for this meeting.

ITEM 2.0 INTERESTS REGISTER

2.1 Updates to the Interest Register

C Lancaster advised the following need to be added to the register:

- Lancaster Consulting 2019 Ltd – Director fees
- Life Education Trust Canterbury – voluntary

J Blue enquired if personal relationships should be declared, eg R Lind had declared he is married to Dame Annette King. D Chamberlain clarified that this only needed to be declared if it's viewed as significant.

2.2 Declarations of Conflicts of Interest for this Agenda

There were no conflicts of interest acknowledged for any items on the agenda.

ITEM 3.0 MINUTES OF PREVIOUS MEETING/ACTIONS REPORT

3.1 Confirmation of Minutes – 6 December 2018 Board meeting.

It was noted that there were some small changes on pages page 4, item 6.0 and page 9, from P Martin in the presented version which was approved by D Chamberlain.

Motion: The presented minutes of the 6 December Board meeting were accepted as a true and correct record of that meeting.

Motion by: P Martin

Seconded by: F Pimm

Carried: All present in favour

3.2 Confirmation of Minutes – 31 January 2019 Board teleconference.

Motion: The presented minutes of the 31 January 2019 NZBS Board meeting were accepted as a true and correct record of that meeting.

Motion by: J Blue

Seconded by: C Lancaster

Carried: All present in favour

3.3 Schedule of Outstanding Action Items from Previous Meetings

The status of all action items as outlined in agenda item 3.3 were noted.

The following action items were discussed:

- 4.8 The quarterly organisational risk register is scheduled to be presented at the March Board meeting as a standing item. S Cliffe suggested that it would be useful to have the more in-depth session with the Executive management team in attendance. C Lancaster proposed that it would be helpful to have an independent facilitator for this session.
- 12.1 Deceased Organ Donation - S Cliffe received two phone calls yesterday (27 February 2019) from the Ministry of Health. She was advised that the paper was going to Cabinet on Monday, 11 March and therefore notification could potentially be released to the public as soon as Tuesday, 12 March. S Cliffe had formally requested with the Minister's office to see the paper, but this has yet to be forthcoming. As we don't yet know what's in the paper, we are concerned about messaging and have our communications team on standby. Without detail of form and function it is difficult to get clarity on how to progress.

Conversations will be needed between ADHB, MoH and ourselves. To date, the Board have only had one formal piece of correspondence on this matter. The ODNZ contract with ADHB has been rolled over until the end of June 2020.

J Blue stressed the need to go to the Minister's office as this has become urgent. S Cliffe noted that if this gets into the public arena without input from NZBS and ODNZ, it won't reflect well on either organisation. The Bill could potentially be public on Tuesday 12 March 2019. S Cliffe reiterated that we haven't seen the Cabinet paper that led to approval for the Organ Donation Strategy. P Martin commented that we need more clarity, if all the Ministry do is change the name on the contract, then nothing would change as far as increasing donors. NZBS need to be resourced and mandated to generate mature debate with New Zealand around deceased organ donation. It was noted that NZBS would likely have a name change. S Cliffe acknowledged the current situation is extremely frustrating, and that there is so much that could be done and feels that NZBS could add value quite quickly. We could put good governance in place and over time we could have these conversations with the people of New Zealand.

D Chamberlain reiterated he would follow this up with the Minister. There was discussion on the political sensitivity around this. It was also noted that the ODNZ Clinical Director, Stephen Streat had signalled his desire to step down at the end of June. S Cliffe commented that she would struggle with ODNZ recruiting a new Clinical Director at this time. The incoming NZBS CMO has already questioned if she would be accountable for organ donation clinical management.

12.2 Board Health & Safety visits:

- B Baker advised he will visit the static site in Palmerston North.
- F Pimm will visit the Christchurch Blood bank. It was noted that the Blood Bank at Christchurch Hospital is currently in the lower basement in cramped conditions. There is a pressing unresolved issue of where the Blood Bank will be situated in the new hospital. NZBS has had contact with Richard Seigne, Chair of the Transfusion Committee and he advised there was a meeting on 15 March where the location of the Blood Bank would be discussed. S Cliffe will put F Pimm in touch with Rebecca Horder from NZBS who can brief her on the outcome of the meeting before her Health & Safety visit.
- B Baker noted that there are no scheduled visits to Auckland Blood bank. S Cliffe responded that none of the Board have been to the refurbished Blood Bank at Auckland hospital and advised that B Baker is welcome to go to both the Auckland and Palmerston North Blood Banks.

3.4 Matters Arising (Not Covered Elsewhere)

J Blue referred to page 2, item 3.2 on the 6 December 2018 meeting minutes regarding action 11.2 on EAP services. She queried if S Cliffe had concerns about that fact that one of the leading causes of self-referral was anxiety. S Cliffe responded that she doesn't believe this is workplace anxiety, more a societal shift with more focus on mental health and wellbeing. **S.9 (2) (a)**. S Cliffe also noted that she is aware that there have been instances of staff cashing up additional leave. This had been discussed operationally and she wanted to see staff taking their leave. The requests tended to be more to be from Auckland based staff (usually hardship), and she signs these off only when recommended by managers. It was also highlighted that average sick leave across the organisation is eight days annually. S Cliffe advised that this is not high when compared across the Health Sector and that the Health & Safety team monitor this closely.

ITEM 4.0 CHAIRMAN'S REPORT

D Chamberlain reported that he had received an email yesterday from a 75-year-old donor who complained that we informed him he can no longer donate plasma because of his age. P Flanagan is responding to that complaint and will speak to the donor personally. S Cliffe noted that the criteria is clear and there is discretion until a donor's 76th birthday. Post 75 years there is an annual medical and with apheresis the limit is 71 years of age. P Flanagan's view is we could possibly align plasma and whole blood age limits, but this would need to go through Medsafe. We are looking into his case noting P Flanagan is very prompt in dealing with these issues.

ITEM 5.0 SELECT COMMITTEE RESPONSE APPROVAL

The following points were discussed:

- The comments that F Pimm sent by email were taken on board and changes made.
- J Blue had comments on some of the information that she would take off line with S Cliffe.
- J Blue noted that some of the figures around turnover looked as if they were transposed incorrectly as they were different in different answers – S Cliffe undertook to check this.
- C Lancaster noted the eTraceline go live date in question 10g should have been 2017 not 2018.
- S Cliffe advised that we last appeared before the Health Select Committee in 2017
- S Cliffe noted that the finance team did an outstanding job along with V Siddins in pulling all the data together.
- The final version of the response document will be posted in the resources area of Diligent.

ITEM 6.0 CEO REPORT

S Cliffe reported that there is a high level of excitement within the organisation around our key initiatives. However, we need to ask ourselves if we are trying to do too much? We shouldn't underestimate impact of the redevelopment at Dilworth House. There is a huge impact on J Harrison and it also radiates out to the teams. During the stage 3 laboratory redevelopment, every piece of equipment will have to be moved and revalidated which will be a huge amount of work. It's going to be a challenging year due to the redevelopment and the planning around Organ Donation transition. This will tie up resource and we need to be realistic about some of the pressures on the organisation.

Therapeutics Products Bill

Meredith Smith, our Director Quality & Regulatory Affairs is working closely with the Ministry who have indicated that due to the specialised nature of our work, NZBS is a special case. Our team have been to workshops with the Ministry and have further conversations planned. P Martin queried if there would be any impacts from the Bill on ISBT 128? There may be requirements under the new Bill that mean we have to move to ISBT 128 which S Cliffe noted might be useful if this were the case to justify the price increase to DHBs. D Chamberlain noted that in the past there was fear as to how a change to this Bill would impact on costs for the organisation. S Cliffe commented that harmonising the legislation would bring in best industry practice and she would welcome a better regulatory framework. For example, private orthopaedic surgeons import bone and are currently unregulated, whereas our tissue bank has bone and is highly regulated through IANZ and Medsafe. It was noted that laboratories are regulated but others including private surgeons and the medical school are not.

Whangarei Blood Bank

The Blood Bank at Whangarei are currently trying to introduce a new staff model. As of yesterday, some of the support NZBS provides ceased, although they know we are on the end of the phone if they need help. There have not been any incidents reported recently. At this stage we believe they are safe and they will likely go for IANZ re-accreditation in May 2019. Communications will go to them today from S Cliffe stating which corrective actions are outstanding and that we are here to help. Rosters have historically not been strong enough with more scientists needed during the day and more on call during the night. Our team have done a good job supporting the Blood Bank and have gone above and beyond the call of duty.

Christmas closures

This wasn't a perfect situation as we were possibly too cautious and risk averse. We did better with collections than we expected which gave us more confidence to really look at the numbers. Lessons have been learnt, and there was an interesting dynamic around managing the process. C Lancaster reflected that this was a good example to sector about how we are trying to keep costs down. S Cliffe noted that it also reduced some of our leave liability. It is worth noting that some centres such as Epsom and Christchurch will never close during these periods.

Chief Medical Officer recruitment

Sarah Morley is commencing her appointment on 10 June 2019 and will be a great addition to the organisation. P Flanagan will undertake her supervision with Professor Peter Browett as the secondary supervisor. The information about this appointment is still confidential.

NZBS 2018/19 Statement of Performance Expectation

The NZBS Statement of Performance Expectation was tabled in the House on 13 February 2019. S Cliffe noted we had not yet received our 2019/20 Letter of Expectation. It was noted that S Cliffe had received a call from the Ministry asking if there was anything that she would like put in the Letter of Expectation that would be helpful to NZBS.

6.1 NZBS Strategic Priorities

S Cliffe advised that this is work in progress and will never be perfect. We needed to find a way of presenting it that made sense for us. Items below the red line have not been committed to yet, and those above the line are currently being worked on or will be in the next three months. It gives a sense of multiple streams of activity, working smarter and more efficiently and getting KPIs in there that make a difference. Items in red boxes we have to do, are already work in progress or regulatory. The green boxes denote agreed resource.

Donating Kindness is our anti-bullying toolkit for difficult conversations. This falls within the people and capability plan and there is a lot of activity in this space. We have real diversity in age and culture within the organisation and we want to leverage their strengths as well as understand their needs. We often ask staff to put their hands up for projects, but it always tends to be the same people. We have some female staff (predominantly Chinese/Indonesian) that don't put their hands up and we don't want them to be overtaken by colleagues. We want to see what sits underneath this pool of fabulous women who quietly, diligently work in the background. F Pimm commented that this may be a cultural dynamic. We are using a new productivity model to determine how many staff we need and some of our Business Improvement work dovetails in this. These productivity models are hugely beneficial, but can be a bit challenging because it represents change but people are now starting to shift their mindset.

Document refresh – we currently have 6000 active documents and the document burden is huge which gets in the way of staff doing their work. Every time we make a change we have to change SOPs, we can't remove them, but we are looking at how to get reduce the burden. The amount of work managing documents to comply with regulations is huge.

We are working alongside the Government CIO around Cloud strategy. This won't touch core blood systems eg. eTraceline and eProgesa. Office 365 will be one of the first items to move into the cloud. Moving to the cloud is expected to save us money over time and we have a lot of systems that will benefit including our donor registration system, blood bank analysers, logistics etc. We plan to streamline the process for regular donors with an electronic health questionnaire which will help improve the donor experience.

Plasma Strategy – we are working on a consolidated plan for our ongoing approach for supply of plasma products and currently have a team working on this. The strategy will come back to the Board for sign off.

Below the line is our DRM system (donor registration), we are the only organisation in the world using our current system and this will need to go out to tender in the near future.

ISBT 128 is in the planning stages of developing the business case.

S Cliffe advised that any further areas the Board wanted to know about, she could provide more detail.

C Lancaster advised that she liked the layout and would like to formalise this at Board level. Perhaps chose the top four or five and report on them, like we have done for the RATA project. F Pimm also liked format and the way it connected things together. S Cliffe noted that she has told the Exec that if projects are not scoped properly they will come off the list.

It was also noted that there is a lot of activity that doesn't appear at all, mostly business as usual, support for Whangarei Blood Bank and business improvement work.

S Cliffe noted that the RATA project was progressing better than it had been. Some teams had been using it for six months now and the burden on team leaders has reduced. It was explained for the newer board members that this project threw up how many anomalous agreements we had, there were multiple across the organisation. There had also been IT challenges, with issues around wifi which was frustrating for staff and managers. Teams were able to override the system when wifi didn't work. C Lancaster suggested it would be useful for someone to talk to Southern DHB, as they are at the same point in process, albeit with different software. J Harrison noted that the process had flushed out local practices that weren't necessarily best practice. D Chamberlain queried if there were money saving on rostering? S Cliffe responded that rostering is being done more appropriately, but we need to overlay it with the awards. The new system gives team leaders more time to do their core roles, it's a big shift from the heavy paper and resource process we have migrated from.

The Board received and noted the CEO report.

Motion by: B Baker

Seconded by: F Pimm

Carried: All present in favour

6.2 71 GSR Redevelopment – Project Governance Update

71 Great South Road Redevelopment

J Harrison noted was a comprehensive report as a lot had happened over the past couple of months. Unfortunately, we are still waiting for Ministry approval which could potentially pause the tendering process for stages 2 and 2a. Fortuitously we had extended the tender timeframe to make sure a good number of tenders were received. S Cliffe read out the following email dated 27 February 2019 from Alex Beedell at the Ministry:

'The redevelopment paper is currently with the Treasury. We are conscious of the paper's importance to NZBS' operations and will continue to work with the Treasury to ensure it has all the information it needs to approve the final draft. Jenny and I have a meeting to discuss the paper with Minister Clark's office this afternoon, we will use this as an opportunity to brief staff before the paper is submitted to the Ministers of Health and Finance for approval.'

As the paper is the Ministry's advice to the Minister you'll appreciate that until it is read by Minister Clark it remains confidential. However, I can confirm that the paper includes NZBS' advice on the redevelopment together with information from the 2018/19 SPE, the scoping document and the information that the Ministry requested from NZBS last month

Please let me know if you require any further information. I will be in touch to confirm once the paper has been submitted to the Ministers of Health and Finance.'

C Lancaster queried if this is something the Chair needed to raise with the Minister? D Chamberlain agreed he would do so. **(ACTION 2.1)**

J Harrison noted an equity injection from the Ministry would be the best outcome for NZBS if the delay is because they are seriously considering this option. S Cliffe highlighted that if this were the case it would mean we could begin the ISBT project next year. J Harrison advised that everything was progressing well with all key stakeholder relationships involved in the redevelopment. Our internal communications mechanism was working well with pro-active communications to affected staff around alerting staff to deliveries and noisy works. The delivery schedules have mainly been early mornings or evenings and we work around donor opening hours. Weekly videos are posted for staff to view showing the progress. Our Project Manager, David Kruger has been brilliant, he is strong on Health & Safety and he has been good at engaging with GHD and holding them to agreed timelines.

All parts of the stage 2 have now been out for tendering and by the end of 2019 calendar year all of level 1, site works, drive around, yard upgrade should be in place. Stage three is a different dynamic with the accreditation, validation and interface with Medsafe causing stage 3 timelines to be extended. We will see Auckland processing work shifted to other facilities for a period and will continue to plan for completion by late 2021.

The cost envelope is being tested now we know more, but overall J Harrison felt we were fine given the level of contingency in the original cost envelope. As Chair of the Redevelopment Steering Group J Harrison felt good progress had been made and was very pleased to have David Kruger as Project Manager along with Louise Dibley as Technical Project Manager for workstream 3. NZBS has ensured the redevelopment activity has been appropriately resourced.

B Baker asked for J Harrison to talk through the \$1.3m cost for the basement? J Harrison advised it had become clear from the planning to date that the basement space would need to be utilised. As well the detailed planning work done with logistics demonstrated it would also make sense to use the basement area.

J Harrison advised the basement cost was indicative at this point and may be reduced with more planning. Utilising the basement will give us better storage facilities and also more space for future logistics expansion. J Harrison confirmed the basement spend was in the 2019/20 capital plan to be funded out of our own reserves. D Chamberlain queried long term storage in Auckland if Hamilton is seen as one of the seismically safest places in New Zealand.

F Pimm referred to the letter from Minister on skills development in tenders and asked how we have included this in our tenders? S Cliffe responded that NZBS were not running the tenders but we made sure that GHD who ran the tenders included this question in their tender requests

The Board received and noted the CEO report.

Motion by: B Baker
Seconded by: F Pimm
Carried: All present in favour

ITEM 7.0 DECISION PAPERS

7.1 Audit NZ audit fee settings – 3 Years to 30 June 2021

J Harrison presented the Audit NZ fees setting for the three years to 30 June 2021, noting it is slightly north of CPI accepting in subsequent years they will have more work to do around the redevelopment. It was noted that this was not a contestable process.

F Pimm commented that if it's non-contestable the Board has no choice but to accept it? J Harrison clarified that we could contest the fees but not the organisation carrying out the audit. It was noted that Audit NZ generally spend more hours than they allocate for the audit and that we give them high quality working papers. J Harrison also noted that he accepts they have ongoing costs of retaining staff operating within a sought after high turnover sector. Over the last 4-5 years we have seen a significant improvement in the quality of staff. F Pimm advised that of all the Boards she sits on this is the most smoothly run audit.

S Cliffe commented that she had confidence in both our Finance team, and the Audit NZ team. J Harrison noted that this is Athol Graham's final year as NZBS auditor and that Jo Smaill would be the new auditor for the final two financial years of the three year audit term. J Blue commented that she had worked with Jo Smaill at the Human Right's Commission and had always had a good working relationship with her.

Motion: The Board approved the proposed audit fee settings and authorised the Chairman to sign the proposal to conduct the audit as acknowledgement of NZBS acceptance of the proposed audit fee settings for the 3 years to 30 June 2021.

Motion by: C Lancaster
Seconded by: J Blue
Carried: All present in favour

7.2 2019/20 Refreshed Budget and 3 Year Outlook

S Cliffe advised that following last month's teleconference it was understood that the Board were reasonably comfortable and in agreement with the proposed budget and that not a lot has changed in this refreshed version.

J Blue asked about the significance of Monofix. It was explained that this used to be a product manufactured during fractionation, but as it was being prescribed for one patient that patient had been moved to recombinant product.

J Harrison noted that the first cut was completed off five month indications but the seven month forecast afforded a better outlook for the financial year. The refreshed budget has come off a higher base, with the refreshed revenue level driven by demand across the board. It's been a positive refresh with the banking governance criteria now sitting within the required ratios although NZBS still exceeded the 37.5% debt cap. The Financial Guidelines Policy will be presented to Board next month. Demand level in February has been sustained with revenue around \$10.3m expected driven by IVIg demand which showed no sign of slowing. C Lancaster queried any further insight on the increases? C Cliffe noted we were hoping that the rollout of the IgO app (electronic approval system for Immunoglobulin) will give us a much better granular view and we'll be able to see what the decisions were driving the increases. B Baker commented that it can be down to one new prescriber from overseas for instance a doctor that has come from Australia, they can have different views on what they prescribe. S Cliffe noted that our thresholds are strictly enforced, and we may find the IgO app actually reduces demand.

D Chamberlain agreed that this is a slight improvement and if no further discussion, it can be left to S Cliffe to present the increase to Rosemary Clements, lead DHB CEO.

J Blue queried if we are nervous about keeping up with demand? S Cliffe noted that the only concern was being able to collect enough source plasma to meet fractionated product needs. We can flex but need lead time to do this we do know what we need to do for expected growth. This is linked to the piece of work we are doing on the Plasma Product Strategy and we need to understand that self-sufficiency comes at a cost., it was noted that IVIg has traditionally been volatile and can be driven by one or two new users. There was further discussion on the ethical framework around the stewardship of voluntary blood donations and the ethics around the supply of blood to private hospitals paid for by the public system.

Motion: The Board formally approved the refreshed 2019/20 budget plus 3 year financial outlook in the knowledge the approved financials will be incorporated in the *2019/20 Statement of Performance Expectations*, the first draft of which will be presented to the March 2019 Board meeting for its consideration.

Motion by: C Lancaster

Seconded by: J Blue

Carried: All present in favour

ITEM 8.0 DISCUSSION PAPERS

8.1 Audit NZ Audit Plan for the financial year ending 30 June 2019

Audit NZ highlighted the focus of the coming audit in addition to normal their audit duties:

- Redevelopment of 71 GSR
- Planned organ donation administration change from ADHB to NZBS
- Inventory

J Harrison advised this was the Board's opportunity to feedback any other matter they wanted Audit NZ to review.

The Board received and noted the letter from Audit NZ with no additional items to be added.

Motion by: P Martin

Seconded by: J Blue

Carried: All present in favour

ITEM 9.0 MONTHLY / REGULAR REPORTS

9.1 Director Finance's Report – Financial Performance – 7 months to 31 January 2019

J Harrison took the paper as read and noted that January was an excellent month with revenue of \$11.34m. Pooling generated favourable outcomes and improved the reported result. The higher expiry was due to the Christmas closures where some over collection did occur. Within the term deposit portfolio, rates had tracked up with BNZ now holding \$4m of the portfolio. The treasury management saw buy orders placed at good rates that raised our weighted cover, noting going forward any contracts north of 0.95 represented good buying. J Harrison was happy with the treasury management and how we are travelling. The Production Plan is in the process of being updated which could influence the full year outlook if changes are made. The spot rate at the end June is expected to see a strong Kiwi dollar well above 0.95 which will adversely impact the full year result when marked to market.

Renewal of the Dilworth deed of lease and rental agreement is work in progress and will be bought back to the Board on completion of negotiations.

Motion: The Board received and noted the Director Finance's report.

Motion by: J Blue

Seconded by: F Pimm

Carried: All present in favour

9.2 Q2 MoH Monitoring Report – 3 Months to 31 December 2018

It was noted that the headline achievements/activities on page 109 contains a good summary of this report. J Harrison clarified that FACT refers to ISBT 128.

J Blue referred to performance measure 4.3 with reference to not achieving the targets for recruiting Maori and youth donors. S Cliffe noted that this is influenced by our ability to access schools and universities. It's good awareness to go to schools, but we can have up to 50% deferral rates, therefore we won't always exactly achieve our targets around youth. With our Maori/Pacific targets, this is more about converting to the bone marrow registry because the registry has insufficient Maori donors at present.

J Blue noted the increasing demand around plasma collection which was focused on male donors. S Cliffe noted male donors can be for fresh plasma or frozen source plasma for fractionation, it can be either. S Cliffe noted other countries are moving away from testing each donation for source plasma for fractionation and B Baker explained that fractionated product doesn't pass on anything because of what is done with the manufacturing process.

S Cliffe noted that the Carter Marshall report from 1996 is worth reading as it describes how the Ministry operates, the fragmented system and the need for one Blood Service. This report can be found in Diligent resource library under 'Board – Other Resources'

Motion: The Board received and noted the Quarter 2 MoH Monitoring Report

Motion by: C Lancaster

Seconded by: B Baker

Carried: All present in favour

9.3 Q2 Health & Safety Report – 3 Months to 31 December 2018

S Cliffe noted that we had amended our Driver Medical Policy and that this is now back with the union for their acceptance.

Work related incidents are up with mobiles featuring highly. We are working on a strategy for mobile operations, particularly around set up/pack down. We have an aging workforce, with many smaller, older and female staff working on the mobiles. We are looking at putting some of the set up/pack down work out to contractors, but we are not sure if we will be large enough to attract a national contractor. S Cliffe noted the set up/pack down is hard work and often completed in overtime. We are also tendering for new beds which will be easier to manoeuvre. It's also noted that we take more stock than we need on the mobiles. There was further discussion around specialised vehicles with donor beds and interview rooms inside. D Chamberlain commented that his impression of our mobiles is that they are big old and clunky. S Cliffe noted that this organisation is good at the technical side of what it does, but the donor side has been neglected. We want to give donors the best most efficient service and mobiles are 50% of whole blood collections. We have recently piloted in Auckland the return of cheese and crackers and donors love that it's back.

Motion: The Board received and noted the Quarter 2 Health & Safety Report

Motion by: P Martin

Seconded by: F Pimm

Carried: All present in favour

ITEM 10.0 INFORMATION PAPERS

10.1 Contracts & Leases Register

S Cliffe noted the next big contract to be signed will be with Atlantis for our Call Centre operations.

The Contracts and Leases register was provided for information to the Board and was received and noted.

ITEM 11.0 CORRESPONDENCE

11.1 Letter from SSC - Information sharing Model Standards – 19 December 2019

S Cliffe noted that there may be issues under the positive vetting that we do. With reference to our secondary employment policy, the CEO signs off all requests.

J Blue queried what happens if a donor is found to be HIV positive and doesn't want their GP notified? B Baker advised that the issue is between the donor and the TMS. HIV is only notifiable to the public health authority as a measuring mechanism and doesn't trace back to patients.

This letter was noted by the Board.

11.2 Letter from MoH – Changes to the Procurement of Construction Projects 19 December 2019

This letter was noted by the Board.

ITEM 12.0 GENERAL BUSINESS

There were no items of general business.

ITEM 13.0 BOARD MATTERS

13.1 Board Work Programme and Calendar 2019

The NZBS Board Work Programme and Calendar 2019 was taken as read.

13.2 NZBS Board Member Tenure Timetable

The NZBS Board Member Tenure Timetable was taken as read.

ITEM 14.0 NEXT MEETING

The next Board meeting will be on 28 March 2019 at 71 Great South Road, Epsom.

Close of Meeting: The meeting closed at 2.30pm.

Certified as a true and correct record:



David Chamberlain – Board Chairman