

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 Mr Ray Lind
<u>Apologies:</u>	None
<u>Management:</u>	Ms Sam Cliffe (CEO) Mr John Harrison (CFO)
<u>Board Secretariat:</u>	Ms Vanessa Siddins (Board Secretary)
<u>Date:</u>	28 March 2019

9.25am **BOARD ONLY TIME**

D Chamberlain spoke to the Minister earlier this week regarding the sign off on approval for extending the banking facility. The Minister assured David this was being attended to.

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

There was a fire drill from 9.30-9.45am with S Cliffe and J Harrison joining the meeting at 9.45am. C Lancaster also joined meeting at 9:45am

ITEM 1.0 APOLOGIES

There were no apologies for this meeting.

ITEM 2.0 INTERESTS REGISTER

2.1 Updates to the Interest Register

Paula Martin advised that her husband Michael Papesch is Chair of Kidney Health NZ

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 – 28 February 2019 Board meeting.

Changes were noted for amendment on pages 1, 2, 3, 4, 5, 6 and 7.

Motion: The presented minutes of the 28 February 2019 NZBS Board meeting were accepted together with the above changes as a true and correct record of that meeting.

Motion by: F Pimm

Seconded by: P Martin

Carried: All present in favour

3.2 Schedule of Outstanding Action Items from Previous Meetings

The status of all action items as outlined in agenda item 3.2 were noted.

The following action items were discussed:

- 12.1 S Cliffe advised the Auckland Blood Bank is now fully operational, and she is happy to arrange a visit for the Board. This is the biggest blood bank in country with 30% of products issued via this blood bank. It took a long time to convince ADHB that the Blood Bank needed to be bigger and on-site, but we got there in the end. B Baker noted that he's keen to do a Health & Safety trip. R Lind would be pleased to visit Garran Blood Donor Centre - Canberra. S Cliffe to organise an ARCBS introduction for R Lind.
- 2.6 B Baker noted that there are a lot of interesting things happening in the clinical development space currently including: cell therapy, frozen platelets and cancer therapies. This item can be looked at again once the new CMO, Sarah Morley is on Board. P Martin commented that the scope could be quite different once organ donation becomes part of NZBS.
- 10.4 J Harrison advised he would be happy to talk Board members through 'standard costing' and manufacturing methodologies to help put the financial statements into better context.
- 4.8 S Cliffe and D Chamberlain are hoping to get a facilitator for the Governance Risk Register session at the May Board meeting.
- 5.4 The eTraceline post-implementation review is due to be presented at the May Board meeting.
- 7.2 S Cliffe noted that the Plasmas Strategy was a work in progress.
- 1.3 J Harrison advised that the review of the debt cap within the Financial Guidelines Policy is referenced in the Director Finance's report.
- 2.1 S Cliffe had a call from the Ministry this morning regarding the outstanding approval for 71 GSR Redevelopment. It is currently with the Minister, it had been signed off by Treasury, and it would be hopefully done by today.

3.4 Matters Arising from the Minutes (not covered elsewhere)

With reference to the complaint that was raised in the Chairman's report, the patient was reinstated. P Flanagan has committed to initiate a review of the age criteria for apheresis to align with whole blood criteria.

There was discussion around the issue of never having seen the Organ Donation Cabinet paper. S Cliffe noted that the Bill doesn't mention the word deceased, which is not something that was discussed prior to this. It doesn't specifically mention tissue either and it would be good to know what the thinking was around these aspects. J Blue queried if it was appropriate to submit on the Bill as we need clarification. R Lind then asked if the Chair and CEO would speak at the Select Committee and it was confirmed NZBS would attend.

B Baker raised item 11.2 - the letter from MoH on changes to the Procurement of Construction Projects. He queried if we had assurances on commitment to training from our suppliers? F Pimm felt strongly that our suppliers had to have this in

place or be working towards it. R Lind added that only 10% of suppliers have apprentices. J Harrison noted that he had taken that point on board, and that we don't know how many of our suppliers were running apprenticeships or training. F Pimm commented that if there are no apprenticeships, workers may not get opportunities nor pay rises for their years of working for a company. A large proportion of Maori and Pacific are in these types of roles. J Blue commented that we can insist on some degree of apprentices or accredited program. R Lind agreed and noted that there was a change in culture around training. J Blue suggested that we could ask for workforce profiles. S Cliffe advised that there is a governance control group for the redevelopment and that the Board can put it to this group. D Chamberlain noted that it would be good to get some reporting from our contracting firm and how the training aspect was incorporated into tenders. It would also be good to get a report back on those suppliers who won tenders on how they responded to the training question. We could also ask GHD what other Public Sector clients are doing.

ITEM 4.0 CHAIRMAN'S REPORT

D Chamberlain referred to the correspondence from Kidney Health NZ to which he and S Cliffe had responded. It was noted that the first action was a meeting with ADHB on how to plan the transition of ODNZ to NZBS. S Cliffe had also been approached by Nick Cross, Chair of the Renal Transplant Service, based in CDHB. D Chamberlain advised that out of courtesy we should speak to ODNZ before talking to anyone else, and progress from there. S Cliffe commented that it's important that we understand the full scope and that we'll need an advisory group to help us through the transition process. We don't yet know who we will be working with at the Ministry as regards making this happen.

ITEM 5.0 CEO's REPORT

NZBS National Emergency Response Team Christchurch Shooting Incident

S Cliffe explained that it had been an incredibly busy month operationally with a lot of the last week being spent with Muslim staff here in Auckland and around the country. She highlighted that our staff did an amazing job both locally and on a National level, with Christchurch Blood Bank pushing 500 issues out in a very short space of time. We didn't run out or run short of blood products and the Police were allowing our blood service van through the cordon. The emergency response team moved product effectively around the country as needed. S Cliffe was incredibly proud of all the staff involved.

Justin Scott, Director Planning & Supply chain joined the meeting at 10.45pm.

J Blue asked how we were able to get the required products into the Blood Bank? J Scott responded that we quickly knew the number of victims and that we'd need O Positive for males and O Negative for females. The Blood Bank emptied its supplies very quickly and as well as red cells and platelets, we needed Fresh Frozen Plasma and Cryoprecipitate, effectively the full fresh product range.

We were able to monitor Blood stock levels in real time via eTraceline. It was a very chaotic period for the Blood Bank and in emergencies like this, we issue to mock patients for the purpose of issue speed. A lot of patients had massive internal injuries. We flew stock to Christchurch and our urgent courier network also picked up stock from other centres. Our courier company Pace Couriers did a great job for us and they micromanaged every order as did our logistics team.

There was a period when we didn't know if Pace were operating and we were also using our vehicles as there were cordons around the donor centre. Blood products came from Auckland, Wellington and Waikato to supplement stocks over the weekend period. B Baker asked if we'd had standard stocks in Christchurch at the time? J Scott responded that stocks were all above minimum and at optimal levels.

There were five donors in Hamilton that we requested to donate over that weekend period which produced 15 bags of platelets. At that time, we didn't know if the Christchurch Donor Centre would be open on the Monday and we don't collect platelets over the weekend. At the time we had optimal stock on hand for platelets (150). J Scott set up a CIMS (Coordinated Incident Management System) structure with the National team and local team in Christchurch who were supporting the Blood Bank and Donor Centre.

Two experienced Blood Bank scientists were sent from Auckland on the Saturday/Sunday to help with reconciliation in eTraceline. Each unit needed to be traced back to individual patients.

There had been donors trapped in the Donor Centre during the incident as it was within the Police cordon. It was noted that they were able to get out around 5pm, but one donor stayed longer as she was waiting to be picked up by her husband. Two experienced regional managers based in Christchurch were able to take control of the Donor Centre and had made contact with each donor.

There was discussion if staff had worked 24/7. It was noted that the day staff stayed on into the night with the addition of a Transfusion Medical Specialist (TMS). With up to 10 staff in the Blood Bank, they struggled with heat in the room as it was so cramped. There were nine MTPs from the shooting, with six running at once, it is unusual to have multiple MTPs running at once.

S Cliffe commented that the Canterbury DHB steering group still did not have the Blood Bank on the plan with the acute services move in August and NZBS needed to again raise clinical risks to CDHB especially in light of these events.

D Chamberlain queried what would have happened if there was an incident at another centre at the same time? S Cliffe responded that if it was of similar magnitude, we would have needed more staff and donors involved. D Chamberlain highlighted that we are required to supply at all times so it would be interesting to understand how we would be able to cope if two sites were involved.

S Cliffe noted there will be scenario planning for the Auckland facility redevelopment if for any reason we go offline, identifying what can we move to other sites and will ensure we will have good plans in place. R Lind queried if we have international protocols, contingency and scenario planning with Australia. For example, a protocol that mapped out for events such as an earthquake in Wellington. S Cliffe noted that she has a close working relationship with ARCBS (Australian Red Cross Blood Service).

F Pimm, relayed that staff in the hospitals and other emergency services insisted on staying at work without worrying about their own personal situation noting that mental health anguish will likely come out later. It's important not to let staff carry on working beyond the 48 hour period, otherwise there could be long term harm. S Cliffe commented that we had wrap around services to make staff feel safe. J Scott noted that we were also mindful that the Blood Bank is situated next to the morgue, which was experiencing increased activity. There were families of victims in that area until the last of the burials which had been confronting for our staff.

B Baker commented that the organisation had done really well and it didn't happen by accident. This is a testament to how well NZBS had planned for serious events.

D Chamberlain conveyed, on behalf the Board that they were all incredibly proud and thanked J Scott personally as well as the wider team.

Deceased organ donation

S Cliffe noted she will be visiting NHS Blood & Transplant on her trip to Europe for ISBT in June. P Martin highlighted that the Minister's letter talks about engaging with ADHB. It's important to signal that we are going to talk to other stakeholders.

DHB price increases

S Cliffe has a meeting with Rosemary Clements, Lead DHB CEO on 8 April 2019. There had been concern around the response overall from DHBs as they were being pressured to curb their deficits and NZBS was anticipating push back to its signalled weighted increase of 3.79% for the 2019/20 financial year.

Christchurch Blood Bank

C Lancaster asked what the next critical point was with regard to the relocation of Christchurch Blood Bank. S Cliffe advised that we needed to shift the narrative to clinical risk, which is now being quantified by the team. There will soon be a meeting of Clinical Heads of Department and we have the backing of Richard Seigne, Chair of the HTC. S Cliffe noted that she had raised the Christchurch blood bank matter on numerous occasions and with the Director General of Health. R Lind asked if we have a relationship with the Ministry's capital committee? We could let them know that at a governance level our Board were very concerned.

71 Great South Road Redevelopment – Project Governance Update

National Office has now relocated to 71 Great South Road and S Cliffe confirmed it's a good working environment. We have created a really great space and have made it clear to the rest of the staff that it's for everyone not just National Office. Stage 1A, the Atrium roof, stairs and cafeteria are now in progress noting the landlord is meeting \$2.5m of this Stage's cost.

We are making progress on the Ministry approval, although J Harrison noted the draft letter for Ministerial approval needed a rework. The refreshed cost envelope has increased to \$21.16m compared with the original budget of \$18.88m. D Chamberlain queried if we can afford this now that the NZBS contribution has increased.

J Harrison noted the basement amount had been budgeted in the 2019/20 capital plan and had allowed for further flexibility if required within the planning process. J Harrison is happy with where we are particularly having sighted Stage 2 tenders.

Productivity modelling

We are working on process mapping combined with productivity modelling and are not looking at reducing staff. There are so many business improvements and initiatives, that we will need all the staff. We are not looking at pure financial savings as we have an ageing work force and we need to change or we will not compete in the modern environment.

Plasma Strategy

P Martin queried if there was an opportunity for the Board to be involved in discussions along the way. S Cliffe suggested that we put this on the May Board agenda and get Peter Flanagan and Ray Scott to discuss this with the Board. They can give an overview of the skeleton of the strategy along with some of the analysis. There are some philosophical and operational questions to be answered, along with ethical and political issues. We need to understand where we want to be and to be well progressed by the middle of this year. **ACTION 3.1**

Whangarei Blood Bank

We are now happy with how things are progressing at the Whangarei Blood Bank and believe they are clinically safe. There have been changes in staff which has helped. B Baker queried if any other Blood Banks are up for IANZ accreditation that we should be worry about. S Cliffe noted that we have two that we keep an eye on, one is DHB run and one run by a private lab provider.

IANZ would let us know if any others were on their watch list. R Lind asked if Dr Shane Reti had shown interest in the performance of Whangarei Blood Bank and should we proactively give him some form of reassurance? S Cliffe responded that there had been no contact since the question asked at the Select Committee appearance. S Cliffe didn't think it was the role of NZBS to engage with him. NZBS keeps the Minister informed via the Ministry's Chief Medical Officer.

RATA project

S Cliffe confirmed some of the teams had struggled with the system's rollout, depending on the complexity of the site. S Cliffe noted that the new model is completely fair and ensures the workload is shared. There have been some hard conversations for managers to have with staff around historical rostering practices.

We have areas, for example manufacturing, where there is only work when the blood comes in. The model is showing there may be new ways of doing things, without changing terms of the collective. Younger staff like the new rostering system as it's transparent and fair. The rollout has certainly been more complex than we first thought, but we have a very good Project Manager, Pamela Clark. Positively there is now more transparency around rosters and productivity with mapping processes and documentation matching.

People and Capability Plan

We are currently refreshing our leadership programme and S Cliffe plans to have Sue Jenson, Director of Human Resources & Organisation Development present on the subject at a future Board meeting. The People Development manager role is now starting to pay dividends, including leadership development training and new interactive training with intuitive modernised modules.

There was discussion around the Donating Kindness programme and it was noted that the programme had not finished being rolled out. To date, it has only been for managers, but we are working on how we communicate to the wider staff. Should bullying be classed as a Health & Safety concern? Complaints tend to be at middle management level. S Cliffe

doesn't feel like we have a bullying culture but is open minded on this point. We need to be clear between incidents of bullying and about performance management and expectation setting.

We need to give staff the mandate to raise an issue. The Donating Kindness materials will be available at the May Board meeting or they can be sent as pdfs on Board member request.

The Board received and noted the CEO report and appendices.

Motion by: J Blue

Seconded by: C Lancaster

Carried: All present in favour

ITEM 6.0 DECISION PAPERS

6.1 Draft 2019/2020 Statement of Performance Expectation

It was noted that this was a working draft and sets the overall direction of travel for financial and key performance indicators both of which are formally measured. There have been no changes in our strategic goals, although reflected in this update is the 2019-2020 Letter of Expectation which brings references to organ donation and environmental sustainability.

The sustainability piece will require quite a bit of effort from the organisation. We don't have all the metrics required easily at hand but have committed to doing the best we can.

The 2019-20 Letter of Expectation requires that we refresh our Statement of Intent as well which will give us the opportunity to update it in terms of our roles changes and will also include business improvement activities. This will be done during the next financial year.

Amendments noted were:

- Address and date need to be updated
- Page 2 – 'NZBS confirms the Government's intention...' this should say 'NZBS are aware of...' rather than confirms

It was noted that we set the measurement figures ourselves and there is not much narrative. We do need to work on definitions of products and services.

C Lancaster queried the measures, as in the Ministers letter there is a focus on equity which is likely copy and paste from the DHB's letter, do we have to relate this to our measures?

There was discussion around Maori and youth donors, and it was noted that the measures had not been achieved. There was a suggestion that the goal was more about expanding our pool of donors. S Cliffe noted it was also about our commitment to supporting the bone marrow registry.

F Pimm felt that a better way to phrase this is a reflection of population rather than equity, and that if Maori are comfortable to come in at a level that reflects our population then we are probably doing ok. S Cliffe noted that we don't run and maintain the bone marrow registry, it's run by Leukaemia & Blood Cancer New Zealand. There was discussion around the conversion from blood donation to bone marrow and the limited funding to do only so much tissue typing per year. There were also a couple of family operated trusts, both are Maori and want to promote the bone marrow registry. The trusts want to join our blood drives to promote the bone marrow registry. There are issues around how it is not always straight forward to identify if donors are Maori/Pacific on a mobile.

If NZBS ran the register and we had a clear mandate, then we could have a more sensible conversation around this subject. F Pimm commented that if we take that measure out, then she would like to see some sense the Maori and other ethnic communities are comfortable to be donors. Maori experiences of our health services have not been that good, in past experiences. S Cliffe noted that we needed to leave it in for this year. More in depth discussions will come with ethical considerations around the organ donation process.

We had an incident this week at Auckland University. The room allocated to the mobile was dirty, hot and cramped, with dead rodents and fleas which contravened GMP requirements. It was also situated a long way from the car park. At some

venues, we get in their way, therefore we need champions inside the organisations to support us. S Cliffe will try to engage with the Ministry of Education again. We would like to engage with Dilworth and other neighbouring schools more as we always need volunteers and it's not an arduous job.

F Pimm had a question around immunoglobulin, pg 41 regarding year on year growth, forecasting 7%. J Harrison noted that forwards projections were a conservative approach. We needed to give ourselves a bit of leeway and ensure our positioning in price allowed for a potential downside compared with what we are forecasting. S Cliffe noted that this is about financials not collections.

D Chamberlain commented that we can't forecast demand and volatility can be high. B Baker noted that we are way under international comparisons and probably immunoglobulin usage will continue to grow. There was discussion around elaborating the narrative a bit more and to write 'expecting moderate growth', instead of 6.47. It was noted that past performance is not necessarily an indication of future outcome.

C Lancaster queried liquidity on pg 59, if we forecast it month by month what is the buffer? J Harrison explained that the biggest dip point in any month is just before the 20th with the timing of payroll runs influencing that position. There are also dips when payments are made to CSL, which is generally every two months. NZBS has organised its term deposits to mature at the beginning of month which provides flexibility to either roll over or shift to working capital if there was a forecast need. Current NZBS cash build up was heartening compared to what we had originally been forecast. Cash management incorporating the redevelopment will be very carefully managed within any given month and the longer term outlook.

D Chamberlain referred to pg 59 and noted the fixed price increase is actual rather than forecast. Key assumptions – one and two are in same box. He requested we add dollars to column three.

There was a query around staff costs, which needed a change to the wording.

J Harrison noted that could potentially seek email approval from the Board if required prior to the next Board meeting on 30 May 2019.

R Lind commented that this was a brilliant piece of work, integrating so many variables.

The Board received and reviewed the initial working draft Statement of Performance Expectations (SPE) and provided the above feedback on the working draft noting NZBS planned to also similar feedback from the Ministry of Health and Audit NZ prior to the document being finalised.

Motion by: R Lind
Seconded by: J Blue
Carried: All present in favour

6.2 Audit Engagement Letter – 3 years to 30 June 2021

There was an oversight by Audit NZ and this letter requiring authorisation should have been presented in package of information contained in the February Board papers. It was noted that this is Athol Graham's last year as our appointed Auditor.

Motion: The Board authorised the Board Chairman to sign the acknowledgment section of the letter of Engagement on behalf of the Board.

Motion by: B Baker
Seconded by: P Martin
Carried: All present in favour

6.3

S.9 (2) (b) (ii)

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

ITEM 7.0 DISCUSSION PAPERS

7.1 Q2 Organisation Risk Register

S Cliffe advised that the organisation risk register had been reviewed with the Executive team and any changes made appeared in bold. The only high-risk item continues to be Cybersecurity. Consideration will need to be given to any new risks with regards to additional functions. Currently we are not sure if they are organisation risks as we don't have the information needed to understand what the functions will look like.

Item 3 around volatile growth patterns in IVlg is not as high a risk as it was when it was put on the risk register. None of the ratings were changed in the latest review. Some items are very low risk, for example item 12 around reputational risk through a new or existing virus. It was noted that even if the risk is low, at times the consequences are so severe they need to be on the risk register. B Baker commented that the risk of a new virus popping up would always be there, eg the Zika virus came and went.

With regards to Cybersecurity, it was noted that even with all appropriate measures in place, the Australian Parliamentary system had been hacked and they had to spent millions on the recovery. The KPMG cyber security report on NZBS was completed in 2018 a copy of which is the resources library within Diligent if Board members would like to review it.

One of the findings was that was not mature enough in the governance aspects. There was further discussion around high levels of risk, with investment potentially more targeted towards recovery. How do we get up and going again, how do we recover, backups, accessibility etc.

B Baker highlighted that the item 6 risk is now lower now we have the new CMO appointed and an additional TMS starting in the coming months. S Cliffe agreed we needed to down grade this item.

The Board noted that they have received the report and they've reviewed the organisational risk register with management.

Motion by: C Lancaster
Seconded by: F Pimm
Carried: All present in favour

7.2 Q2 Governance Risk Register

D Chamberlain commented that items such as cyber risk was really for management, and that the Board need to ensure that management are managing the business in a risk aware way. We were looking at bringing in a facilitator, Lara Hillier, Partner at PwC that we have used previously to further develop the register. We'll explore and focus on the Governance risk register with Lara and look at what sort of reporting we should be seeking from management.

S Cliffe noted that larger organisations have a staff member specifically focussing on risk management matters. We also don't have an audit risk and finance committee noting there is a lot of complexity of risk in this area. D Chamberlain will discuss this with S Cliffe and will organise a facilitated session.

F Pimm noted she'd like to get away from fine points to a greater strategic discussion, what does risk mean for the organisation? D Chamberlain advised that the NZ Standard requires us to have this risk matrix.

F Pimm would like a discussion around real things rather than scores, for example where someone purposefully mislabels blood. R Lind commented that if someone sets out to purposefully do something, it's how we recover from this as we can't anticipate what will happen. We need to be checking that management are running the business in a risk aware way.

The Board noted that the Governance risk register had been discussed and will arrange a facilitated session to discuss these matters further.

7.3 Q2 Cybersecurity Report

S Cliffe noted that the IS team are working their way steadily through the KPMG report. They are currently reviewing policy settings and internal Governance. They are pleased with the phishing results, which are down to 10%. We've had a couple of incidents, not malicious, nor serious.

Motion: The Board received and noted the Q2 Cybersecurity report.

Motion by: C Lancaster

Seconded by: P Martin

Carried: All present in favour

ITEM 8.0 MONTHLY / REGULAR REPORTS

8.1 Director Finance's Report – Financial Performance – 8 months to 28 February 2019

J Harrison took the paper as read and noted that the full year forecast now incorporated a lower closing spot rate to that of the last forecast which used a 95.971 spot rate.

There had been an upgrade to NZBS financial systems last week which had gone smoothly. The upgrade programme had been the responsibility of the Financial Controller who did an excellent job with a seamless transition to Microsoft GP2018.

The Dilworth rental assessment work is in progress and we are hoping the valuers can meet next week to compare their respective valuation positions. F Pimm noted this this was a very sensible way to progress a rental review process

The Chair received and noted the Director Finance's report.

ITEM 9.0 INFORMATION PAPERS

No papers for this agenda.

ITEM 10.0 CORRESPONDENCE

10.1 Letter from Minister of Health – Letter of Expectation 2019-2020

This letter was noted by the Board.

10.2 Email from Kidney Health NZ – 19 March 2019

This email was noted by the Board.

ITEM 11.0 GENERAL BUSINESS

There was discussion around organ donation with P Martin referring to the Carter Marshall report. When she was in the Ministry a few years ago, there was a review of deceased organ donation and transplantation. The then Minister received conversations from members of the public about a register. Minister Coleman and Peter Dunne, gave the sector working group six months to complete a review. This sector working group review included: intensivists, Australia organ and tissue authority, ODNZ, patient representatives and Kidney Health NZ.

What a national agency actually looks like has never been given much thought, but was agreed in principle. NZ Blood Service seemed like most the obvious option for assuming a national agency role. This has left us in an interesting situation which is quite short on detail. S Cliffe expressed concern that we need to be proactive on what the scope, structure, funding needs to look like. S Cliffe believed NZBS should be mandated to lead the transition.

J Blue and B Baker left the meeting at 3.15pm.

AOB

R Lind advised the Board about a governance workshop created by Monash and Harvard universities. Within the Health Sector there had been concerns at the lack of governance training for DHBs, and a three-day workshop is being held on 21-23 February next year. The Board might like to consider if they want to participate. R Lind to come back to the Board with a proposal. **ACTION 3.2**

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 Thursday, 30 May 2019 at 71 Great South Road, Epsom.

Close of Meeting: The meeting closed at 3.30pm.

Certified as a true and correct record:



David Chamberlain – Board Chairman