

## NEW ZEALAND BLOOD SERVICE

### Minutes – NZBS Board Meeting

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Minutes of the NZBS Board

Meeting held at: New Zealand Blood Service  
71 Great South Road  
Epsom  
Auckland

In attendance: Mr David Chamberlain (Chair)  
Dr Jackie Blue (Deputy Chair)  
Dr Bart Baker  
Mr Raymond Lind  
Dr Paula Martin  
Ms Cathryn Lancaster

Apologies: Ms Fiona Pimm

Management: Ms Sam Cliffe (CEO)  
Mr John Harrison (CFO)

Board Secretariat: Vanessa Siddins (Board Secretary)

Date: 5 December 2019

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9.30am **BOARD ONLY TIME**

D Chamberlain thanked the Board for getting back to him so quickly regarding CEO Remuneration. S Cliffe has now received all the necessary paperwork. It was noted that the Board assessed S Cliffe as exceeding expectations.

D Chamberlain advised that nothing will happen with Board member tenure until the New Year now.

9.45am S Cliffe and J Harrison joined the meeting.

#### **ITEM 1.0 APOLOGIES**

F Pimm gave her apologies for this meeting.

#### **ITEM 2.0 INTERESTS REGISTER**

##### **2.1 Updates to the Interest Register**

There were no changes to the Interests Register.

##### **2.2 Declarations of Conflicts of Interest for this Agenda**

B Baker noted that he would abstain from the Palmerston North Dead of Lease item.

### ITEM 3.0 MINUTES OF PREVIOUS MEETING/ACTIONS REPORT

#### 3.1 Confirmation of Minutes – 31 October 2019

P Martin noted that on page 12, this segment in the third paragraph should read 'institutional arrangements as well as modelling work for the Ministry.'

**Motion:** The presented minutes of the 31 October 2019 NZBS Board meeting be amended to reflect the above changes and were otherwise accepted as a true and correct record of that meeting.

**Motion by:** P Martin

**Seconded by:** J Blue

**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:

Item 2.6 S Cliffe returned yesterday from the Asia Pacific Blood Network (APBN) AGM. There was an item on a horizon scanning exercise presented by Sally Thomas, Director International Services from the Australian Red Cross Blood Service (ARCBS). This included artificial intelligence, block chain etc. and how we could prepare ourselves for the future. S Cliffe suggested that she could ask Sally to come over and present to the Exec and Board. There is also the cellular therapy arena, we need to understand where to place ourselves, this could be done at one of the Board Strategy days. For cellular therapies we could invite P Browett and/or Rob Weinkove, Clinical Director at the Malaghan Institute of Medical Research. This could potentially be at the Board session in August. The Board agreed to hold these presentations with the Exec team. **ACTION 2.6**

Item 4.8 The Governance risk register is on this agenda, 5 December 2019.

#### 3.3 Matters Arising (Not Covered Elsewhere)

There were no matters arising.

### ITEM 4.0 CHAIRMAN'S REPORT

The Chairman had nothing to report that wasn't covered elsewhere.

### ITEM 5.0 CEO REPORT

S Cliffe noted that the organisation had achieved a huge amount this year and staff were tired. There is now a clear pathway forward and hopefully by the end of this week the consultation will be concluded with Waikato staff.

Royal Assent was granted on 16 November 2019 for the Organ Donors and Related Matters Bill. NZBS is working towards having the Project Manager in place by the end of this week for the transition of ODNZ to NZBS. S Cliffe received an updated project proposal from Luke Williams at Ernst & Young (EY) yesterday and will forward it to P Martin for her feedback.

P Martin noted that in her discussion with Luke Williams, the sector engagement would be mainly with NZBS and their part would be desk based. There was further discussion on how the Board could be involved as this work progressed. It was agreed that EY should be asked to present their progress to the Board on 26 February 2020 with sign off at the 28 May 2020 Board meeting. S Cliffe added that by April we'd like to have a plan for next the next three to five years that the Board and Health Sector are comfortable with. The functions for the National Agency are not difficult to produce, but accountabilities for DHBs and Ministries need to be worked through. S Cliffe added that we could send progress reports to the Minister as we go.

J Blue queried if the Board could see the marketing plan to understand how we plan to get more donations. S Cliffe noted that the plan is currently being finalised. B Baker highlighted that the IgO app for electronically approving immunoglobulin appears to be standardised to the Australian equivalent which worries him as it's more permissive. It was noted that British standards are tighter and that our CMO, Sarah Morley believes that we can moderate demand growth by education. She is working on this by supporting the clinical arena to manage this down.

We are still officially unable to engage with ODNZ staff and we may have to go through the Health Transfers Act, which is a transfer from one public sector to another.

Plasma is now sitting at over 15% growth and although we are still meeting demand, it can't last. The risk to be aware of is the adverse impact on the plasma buffer. The worst case scenario is that mid next year we will get to a low place in the buffer. The Adverse fractionation policy dictates that we always need four month's product on the shelves.

We can take more volume from each donation than we currently do if we change our nomogram. In Auckland we need our plasma donors to donate more often and increasingly we are rolling out Saturday opening. Our hit rates in Palmerston North, Dunedin and Tauranga are fantastic and we need to raise the level in Auckland and Christchurch. It can often come down to personal relationships with the apheresis coordinators.

J Harrison noted we've only ever lost two plasma pools with the last one in 2015 of which the impacts were still being felt years later. We'd need 13 tonnes to immediately pool again.

### **Heart Valves – transfer from ADHB to NZBS**

If the transfer from ADHB does go ahead, the next product could be corneal tissue which is currently located at the Auckland Medical School. The numbers are small, but we are developing a strategic plan around domestic tissue banking. There have also been conversations with some DHBs around milk banking. There are some community milk banks but they have no controlled process, screening, nor cold chain. Discussion followed around what a long term strategy might look like for tissue products that the organisation may end up holding, and how this may affect future budgets. It was noted that we are looking at small numbers, for example we don't hold a lot of skin due to the lack of deceased donors, but we do need to plan for growth.

The DHBs are unlikely to contest anything we want to take over, as long term, the Organ Donation and Related Matters Act is permissive and creates an aspiration. It was noted that the Minister's speeches would be used to interpret the Act. S Cliffe commented that we couldn't do it all at once. Heart valves will come sooner rather than later and once the Therapeutics Bill is through, some smaller organisations will not have the regulatory framework to hold human tissue.

### **MSM Review**

Dr Peter Flanagan will continue to lead this review, with Dr Patricia Priest as the independent chair. They have put together a panel including lawyers and clinicians etc and will kick off in March/April of next year. Firstly, they will determine terms of reference and scope. This will be an independent review that advises NZBS. They will be looking at international evidence and put it in the New Zealand context. S Cliffe and Dr Sarah Morley met with Jason Myers, Chief Executive of the New Zealand Aids Foundation (NZAF) last week, he will be part of the process too. NZBS pays for the review and provide the secretariat function, but we don't run it. The report will come to us as we commissioned it. Medsafe make the final decision with regards to any change in regulation. S Cliffe will forward the composition of the panel to the Board once she has the details. Once the panel has been agreed, then there will be a statement of the process going forward.

It was noted that there is some education needed for staff on the appropriate addressing of trans donors around how people are identified. We need to be sensitive to our trans/non-binary donors.

C Lancaster requested an update on the RATA project and if there had been any efficiencies? S Cliffe responded that the system had been rolled out in all NZBS sites with 90% working really well. Lessons had been learned, with historical anomalies to rosters and Wi-Fi the two main issues. The new system is safer and has better reporting, with the bulk of staff thinking it's fairer. Over time the electronic system will deliver efficiencies. It was further noted that there had been some union involvement with a staff member taking out a personal grievance as they vehemently objected to the biometric fingerprint scanner as the scan on scan off device.

**Motion:** The Board received and noted the Chief Executive's report.

**Motion by:** B Baker

**Seconded by:** R Lind

**Carried:** All present in favour

## **ITEM 6.0 DECISION PAPERS**

### **6.1 Annual Policy Reviews**

S Cliffe advised that management aren't suggesting any changes.

#### **6.1.1 NZBS Board Expenses Policy**

After a brief discussion the Chair felt that the policy remains fit for purpose and highlighted that no alcohol costs were to be paid for.

The NZBS Board reviewed the NZBS Board Expenses Policy and no changes were made.

**Motion by:** P Martin

**Seconded by:** C Lancaster

**Carried:** All present in favour

#### **6.1.2 NZBS Board Code of Conduct**

D Chamberlain reminded the Board that the customary method of communications is from the Board to the Chair then to the CEO. If it is something formal or serious it is always important to revert back to that structure. B Baker advised that as part of his role with Mid Central DHB, he interacts with NZBS on clinical matters. S Cliffe noted that from a management perspective, clear lines are really important. This keeps matters simple and transparent, therefore if the Board members communicate with the CEO, they should copy the Chair in.

C Lancaster suggested that it would be good in the next 18 months to do update of the Board Institute of Directors questionnaire analysis.

The NZBS Board reviewed and noted the NZBS Board Code of Conduct and no changes were made.

**Motion by:** J Blue

**Seconded by:** B Baker

**Carried:** All present in favour

### **6.1 NZBS Board Conflicts of Interest Policy**

The NZBS Board reviewed and noted the Board Conflicts of Interest Policy and no changes were made.

**Motion by:** C Lancaster

**Seconded by:** B Baker

**Carried:** All present in favour

#### **6.1.4 Conflicts of Interest Policy – NZBS Employees**

The NZBS Board received and noted the Conflicts of Interest Policy for NZBS Employees.

##### **6.1.4.1 Executive Team Conflicts of Interest Register**

The NZBS Board received and noted the Executive Team Conflicts of Interest.

## 6.2 Pricing Guidelines Policy annual review

J Harrison noted there were no substantive changes with only minor wording changes to the Pricing Guidelines Policy. There was discussion around ODNZ and it was re-iterated that this would have separate pricing/funding and therefore would not affect this policy, although there would need to be some sort of separate policy in future for the National Agency referencing back to the financial guidelines policy.

P Martin requested further explanation on page 4, item 8 second to last paragraph of the word operational inserted in front of capital? J Harrison explained that price setting to replace operational capital needs equated to the depreciation charge. The Chair suggested amending the final sentence to '*short to medium term capital*'. J Harrison noted that we need to be explicit allowing for day to day operational expenses. D Chamberlain queried if Item 8 first sentence needs to be clarified?

**Motion:** The Board having reviewed the Pricing Guidelines policy as presented noting the recommended marked up changes and approve the amended policy document together with the additional changes as above.

**Motion by:** P Martin

**Seconded by:** R Lind

**Carried:** All present in favour

## 6.3 Dead of Lease Renewal – Palmerston North Donor Centre and Blood Bank

B Baker abstaining from voting on this item.

J Harrison advised this was an annual review, noting that our building is slated for refurbishment. In this instance we have tried to get the lease into two distinct documents, Blood Bank and Donor centre. Next year it will be two separate lease documents. There are no changes to annual rent, this is a variation to lease.

**Motion:** The Board approved the execution of the Deed of Renewal and Variation of Lease with MidCentral DHB and in so approving authorised the Chair and Deputy Chair to sign the Deed of Renewal on behalf of the New Zealand Blood Service

**Motion by:** R Lind

**Seconded by:** C Lancaster

**Carried:** All present in favour noting B Baker abstained from voting

## 6.4 Dead of Lease Renewal – Dunedin Blood Bank

J Harrison advised that although we have been pressing for a new lease, we have been operating for three years without a lease for the Dunedin Blood Bank. We have entered into conversations with regards to six months' notice and have now had the wording changed to recognise practicalities of any relocation requirement. We are happy to have a sensible lease with the right wording around the relocation notice period. J Harrison felt that the rental increase was appropriate. At this point in time we now have leases for all sites.

**Motion:** The NZBS Board approved the new Deed of Lease for the Dunedin blood bank on the terms outlined and in so approved nominating the Chair and Deputy Chair to sign the lease documents on behalf of New Zealand Blood Service.

**Motion by:** C Lancaster

**Seconded by:** B Baker

**Carried:** All present in favour

## 6.5 Westpac Historic Rate Rollovers Conditions Letter

J Harrison explained that Westpac contacted us five months ago with regards to managing their rate rollovers, in particular the maturity date when we exercise forward cover. The NZBS Treasury policy sets the boundaries around how rolling forward is managed, with only one extension per contract for three months, any one contract permitted. Westpac were clear that the organisation needed to approve, and the Board be made aware of the mechanism. J Harrison further noted such transparency was positive with NZBS having a clear obligation to inform the Board.

D Chamberlain queried the Terms and Conditions for HRRs on pg 70, (1) a. (i). Pre-approval with Board. J Harrison noted that he will amend The Treasury policy to align to this. **ACTION 12.1.**

J Harrison will send a letter back with the Board signatures accepting their terms and conditions.

**Motion:** The Board having reviewed the Westpac Historic Rate Rollovers of Foreign Exchange Rate Contracts conditions letter hereby;

1. Acknowledge the terms of the Westpac HRR conditions letter and authorises the Chair and deputy Chair to execute the letter on behalf of New Zealand Blood Service.

**Motion by:** P Martin

**Seconded by:** C Lancaster

**Carried:** All present in favour

## 6.6 Waikato Relocation

S Cliffe explained that Hamilton is one of four of our manufacturing sites. It was proposed that it should be closed some years ago but this was over ruled at the time. It is close to Auckland and with the redevelopment of the Epsom site we quadruple our processing capabilities excluding Waikato. There had been discussions in the past that when Auckland and Christchurch were redeveloped, Hamilton and Wellington processing would close. The decision was made to keep Wellington running as it would have cost more to close it than keep it running. Our hand has now been forced by Waikato DHB to make a decision sooner rather than later about Waikato.

Concerns were raised by staff around clinical services, eg HPC (stem cells). Cranial bone flaps were also raised as an issue, but they could easily be stored in Auckland. HPC was the biggest concern, however it is not an issue as long as we share data with clinicians and they get timely access to products. It was noted that Auckland processed Wellington's HPC for years. The consultation with staff recommended to retain everything apart from component processing, relocating the donor centre and logistics hub and maintaining a good mobile presence. There are 14 FTE in the component processing laboratory and S Cliffe has engaged with that group multiple times. This has been a very transparent process with the Board paper, results and data being made available to them. S Cliffe noted she will be back down in the Waikato tomorrow, Friday 6 December to deliver the Board's decision.

There are some roles that would be created and possibly affected staff that could be redeployed. Three of the staff will be retiring in the course of the next year. The best thing for the organisation is to keep the laboratory open for the next 12 months, to plan properly for the transition to Auckland. It's a lot to ask of staff to stay, so we are proposing a two stage incentive payment, at 6 months and 12 months.

The organisation would like to give staff something worth staying for. Currently the offer is \$5,000 and an additional \$10,000 for each staff member, but we would like it to be \$6,250 and an additional \$12,500k (25% more). S Cliffe noted that union staff are on a generous redundancy provision. If the Board agree, the proposal is to vacate the current centre, with all component processing ceasing by the calendar year 2020 and a loss of 14 FTE. There would be two new roles created in Hamilton and two in Auckland. S Cliffe noted that staff are terribly sad, and those staff staying are sad for their colleagues. There weren't any real challenges around component processing, the challenges were the peripheral services.

There was general agreement from the Board that the increase in payment is a gesture of good will. The Board agreed S Cliffe could offer the extra amount with their blessing.

B Baker queried if there was any really negative feedback. S Cliffe noted that one of our doctors had been quite negative and was concerned there would be no role for him. There were concerns raised about clinical risk around HPC, but the

data to back this up didn't stack up. It was a good point raised in the feedback that Hamilton is most stable place in the country geographically.

Unions have been kept involved and we shared with them all the information that our staff have had. It was noted that the rest of the organisation also have had the same information as the Hamilton staff.

The Board felt it was a clear proposal, a good paper and nice to have the focus on the staff. They also felt that this had been a good process and agreed to the slightly higher incentive payments.

**Motion:** In reviewing the proposal, the Board:

1. Agreed that the proposed model for vacating the current NZBS Hamilton Donor Centre site should be to transfer Component Processing (except dispatch, bone banking, and dispensing) to Auckland by December 2020 and relocate other displaced functions into a single new Hamilton site (pending availability of a suitable site) by July 2022;
2. Noted that transfer of Component Processing functions as outlined to Auckland will result in the disestablishment of 14 NZBS employees in Hamilton, requiring appropriate transitional support;
3. Noted that transfer of Component Processing functions as outlined to Auckland will result in expenditures for transitional costs including retention and redundancy payments to staff. Further noting that the Board would like to see retention payments increased to \$6,250 and \$12,500;
4. Noted that relocation of Hamilton Donor Centre will provide an opportunity to expand collection capacity in support of ongoing increases in plasma demand.

**Motion by:** R Lind

**Seconded by:** J Blue

**Carried:** All present in favour

**Lunch 12.00-12.45pm**

## **ITEM 7.0 DISCUSSION PAPERS**

### **7.1 Governance Risk Register**

Discussion was held and it was decided that this item should be deferred to be worked through with a facilitator at a later date, perhaps the 26 February 2020 Board session. **ACTION 12.1.** D Chamberlain to follow up and confirm a facilitator then come back to the Board with a format for the day.

## **ITEM 8.0 MONTHLY / REGULAR REPORTS**

### **8.1 Director Finance's Report – October 2018 Year to Date**

J Harrison took the paper as read noting demand for red cells, platelets and cryoprecipitate had increased with 4.4% volume growth. The YTD result was a solid surplus of \$4.92m with a small surplus of \$389k reported for the October month. The surplus position will reduce over the balance of the year as the equipment and resources come on stream to lift the plasma collection volumes. There is an additional production pool planned in April and staffing increases are having an impact, NZBS currently has a forward contract weighted average at a AUD:NZD cross rate of 0.94 with the term deposit programme balance at \$7m.

Responding to B Baker's question from page 106, J Harrison noted that pricing comes out of the budgeting setting process as an annual process to apply from 1 July 2020. There was a further question on page 112 regarding product expiry costs. J Harrison advised expiry was much improved over last year with most of the expiry for fresh product. It was noted managing expiry was always challenging and NZBS settings were necessarily conservative to ensure the availability of the product at all times.

In response to the question around staff recruiting on pg 113, S Cliffe noted that we are ramping up staff in the collections area at the moment.

Redevelopment update by contract was advised as follows:

- Stage 1A – Atrium & Stairs. Contract complete with final account to Dilworth to be sent today. Final cost was \$2,498,746 versus the agreed budget of \$2.5m.
- Stage 1A - There is an additional cost of \$111,812 identified as building related remediations currently under discussion with Dilworth.
- Stage 1A – Cafeteria. Completed and handed over to NZBS on Monday 2 December. The facility will be officially opened Thursday 12 December for the site Christmas lunch.
- Stage 2 – Donor centre and support services. On programme and due to be completed prior to 20 December. Following the validation and regulatory compliance phase and the completion of Stage 2 new lift and lobby will commence operations in early March 2020.
- Stage 2 – New Lift and Lobby. On programme with completion currently planned mid to late February.
- Stage 2A – Civil Works. This contract has proven challenging with a range of unplanned factors arising, all of which have lengthened the contract timeline and added additional costs to this stage. With asphaltting now imminent, the civil works are expected to be completed by no later than 12 December.
  - Completing the new service yard and drive around will make a significant improvement to the management of the site as regards vehicle movements involving Donors, Staff, building contractors and the normal day to day logistics deliveries and pick-ups.
- Stage 2A – Ancillary Works. Progressing to plan including the required landscaping with the expectation of completion by Christmas.
- Stage 2B – Basement. The scope of these works has been broadened to look to incorporate a permanent training laboratory. While the ceiling height is a little lower than the ideal the main challenge is ensuring an adequate flow of fresh air in the facility.
  - If this can be worked out the facility will be a real positive addition to the site. On current programme Stage 1B is expected to be completed by end of February 2020.
- Stage 2C – Service Yard Strengthening. Contract has been let for \$174,688. Work will start in January 2020 and is planned for completion by end of February.
- Stage 1B – Atrium Floor and Side Corridors with demolition. The planning work is underway and has progressed to the point of lodging the Council building consent. Current programme has this work completed by 30 June 2020. Dilworth will be funding a good element of this work via their agreed capital contribution.
- Stage 2E - Generator – planning well advanced with a preferred location in the basement now decided. Expected to be completed by 30 June 2020.
- Stage 2F – Site Security System – full tender process has operated under the Director Planning & Supply Chain control. Now at the point of a preferred provider and in the final stages of completing the due diligence of that provider. Once the provider selected then a progressive implementation will commence focused on the external site requirements and level 1.
- Stage 3 – Ground Floor – the ground floor layout is locked down and the detailed design work is getting underway. However, a potential issue has arisen re the seismic strengthening work to be undertaken by the Landlord. NZBS have been clear with the Landlord of the need to bring the seismic rating to 100% of IL3.
  - NZBS does not want to progress its planning too far without a full understanding of what the structural strengthening works will involve noting the affected areas are the ground floor and basement. NZBS has requested as a matter of urgency a better understanding from Dilworth of just what will be involved with the planned works. Without works clarity and the taking of an integrated approach Stage 3 planning will inevitably be delayed which in itself has cost implications for NZBS.



**Motion:** The Board received and noted the Director Finance's report and update of the 71 GSR redevelopment progress.

**Motion by:** J Blue

**Seconded by:** R Lind

**Carried:** All present in favour

## **ITEM 9.0 PRESENTATION – Privacy update with Paul Holmes, NZBS Virtual Privacy officer from INFO by Design**

Paul Holmes, and Meredith Smith, Director Quality and Regulatory Affairs were welcomed to the meeting at 1.35pm.

Paul gave an overview of what personal information and privacy means in today's environment. He explained that personal information is Taonga (a treasure). People are giving us their information on the basis that it's valued and protected appropriately.

Everyone will have a different perspective, however from a Board and Governance perspective, we look at personal information as an asset. Effective management of personal information and privacy is essential for the organisation to make better business decisions. Key essential drivers are trust and community engagement.

Personal information is an asset and more than compliance, it can also be a liability. We could lose donors through loss of trust.

There was general discussion on the risks of migrating to the Cloud and Paul explained that it is not who you use, it is how it is configured. A lot of breaches have been around the test databases, organisations often make the mistake of using real data. Think about all the steps in the process to migrate to the Cloud. Some of the biggest organisations in the world have been susceptible to these things. It's a challenging area and we have to safeguard and protect personal information. Seeing privacy as an asset can help to build trust.

Privacy can be an enabler if it is designed as a business consideration rather than compliance. Publicly available information is not always acceptable to use, think about what the donors and stakeholders would be comfortable with. Current legislation was enacted in 1993 before internet. In New Zealand we are lucky to have principles led legislation.

Discussion followed around expunging records. The Privacy Act says that we can't keep information longer than we need. This is usually 10 years past interaction with an individual. As long as the information is being used for a legitimate purpose and not 'just in case'. Paul has reviewed the NZ Blood Service's Privacy Policy with Meredith's team. The organisation is in the upper quartile in maturity, in practices and culture, it has a better foundation than other organisations.

The Board are collectively Kaitiaki and must ensure effective governance structures are in place to protect personal information across NZBS. Set and articulate appetite for risk management on privacy. What is tolerance and acceptable boundaries, areas of zero tolerance? This is something to look at and think about how to manage. Meredith noted that the organisation is not currently reporting privacy information to the Board or Exec and that we should be reporting breaches etc.

The idea of this session is to set the right level of governance and framework. It was noted that the public are more forgiving as long as it not negligence. If there were a large attack it would spark an independent review and the Ministry would take over the communications around it and front it. Media would drive this as they'd go to Ministry for comment. If the right systems and processes were in place, we could be quick enough to front it.

Paul suggested that the Board should collectively discuss the following questions:

1. Given the operating environment, in what ways is the personal information we hold an asset? In what ways could it be a liability?
2. Given our personal information holdings and organisational strategy, what knowledge and expertise does the Board require to enable it to make effective decisions about optimising the value of and protecting the personal information?

3. What is our current attitude and approach to personal information? What is the desired state for privacy and how will directors, with the help of the executive team, implement and communicate the desired state and the plan for change?
4. Do directors understand the implications of the Privacy Act 1993 and the changes expected to be passed in 2020? Are there any additional steps we need to take to ensure compliance?
5. Are there clear roles, groups and lines of responsibility for personal information management that are appropriate for the size and value of our personal information holdings? Do we as a Board hold the organisation to account?
6. To what extent do key control areas (risk, compliance, internal audit) have a personal information and privacy component? How do we as a Board ensure that these areas are properly managed, resourced, represented and discussed candidly at a Board level?
7. How well are privacy processes and controls being executed across the organisation? Is there a systematic way this is monitored and is this regularly communicated to the Board?
8. Are there metrics for privacy performance and does the Board consider them as part of the organisation's incentive structures?
9. Do we as a Board discuss stakeholder needs, expectations and interests around personal information and privacy at Board meetings? Do we individually and collectively take them into account when making decisions?
10. Do we as a Board understand the ways that the organisation is (or isn't) earning stakeholder trust and building social licence? How can the organisation improve in this regard?

What does good look like?

- Privacy is a design principle not compliance
- Privacy impact assessments being completed
- Breach management and reporting process in place
- Donors understand how their information is being protected
- Privacy is a decision criterion at Board and Executive level
- Mistakes are owned and apologies freely given
- Privacy is part of the procurement process
- Good privacy is an enabler.

The New Zealand Government is considering a legislation change which is likely to happen in 2020. Paul advised that he is working through the privacy roadmap with Meredith and the team to get the right processes in place by July 2020.

The Board agreed that it was a very useful session and it was felt the organisation was good, but we could always be better.

## **ITEM 10.0 INFORMATION PAPERS**

### **11.1 Quarter 1 Ministry Monitoring Report**

J Harrison advised that we have a new Ministry account manager, Peter Jane. It was noted that the KPI around failure to supply is on the action register to be re-worded and will be updated for the 2020/21 Statement of Performance.

The Board received and noted the Quarter 1 Monitoring Report provided to the Ministry.

**Motion by:** C Lancaster

**Seconded by:** R Lind

**Carried:** All present in favour

## **ITEM 11.0 CORRESPONDENCE**

Not items of correspondence for this agenda.

**ITEM 12.0 GENERAL BUSINESS**

There were no items of general business.

**ITEM 13.0 BOARD MATTERS**

**13.1 Board Work Programme and Calendar 2020**

The NZBS Board Work Programme and Calendar 2018 was taken as read.

**13.2 NZBS Board Member Tenure Timetable**

The NZBS Board Member Tenure Timetable was taken as read.

**13.1 Confirmed Board meeting dates 2020**

The NZBS Board meeting dates 2020 was taken as read.

**ITEM 14.0 NEXT MEETING**

The next Board meeting will be a Teleconference on Thursday 31 January 2020.

**Close of Meeting:** The meeting closed at 3.50pm and the Board went for a tour of Stage 2 of the redevelopment.

**Certified as a true and correct record:**



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**David Chamberlain – Board Chairman**