

Minutes

interRAI Governance Board

Date	Tuesday 9 August 2016
Location:	TAS Board Room 3A1, Level 3, 186 Willis Street, Te Aro, Wellington
Members	<p>Chris Fleming (Acting Chair) CEO Nelson Marlborough DHB – Lead DHB CEO for Health of Older People</p> <p>Dana Ralph-Smith General Manager- Adult Rehabilitation and Health of Older People, Counties Manukau DHB – Funder Representative</p> <p>Dr Nigel Millar – Chief Medical Officer & Geriatrician Southern DHB – Clinician and interRAI Fellow Representative</p> <p>Judith Davey – Senior Associate, Institute for Governance & Policy Studies, Victoria University & Voluntary Policy Advisor Age Concern – Consumer Representative</p> <p>Roy Reid – Treasurer, Chair Age Care Committee, Grey Power – Consumer Representative</p> <p>Jan Adams –Acting CEO, Bupa Care Services – Health Professional Representative</p> <p>Max Robins – CEO CHT and Deputy Chair NZACA – ARC Provider Representative</p> <p>David Chrisp – General Manager Access Home Health Ltd – Home Care Representative</p> <p>Matthew Parsons – Professor Medical & Health Sciences University of Auckland, Chair Gerontology Nursing, Waikato DHB – Research Representative</p> <p>Dr Chris Hendry – Nurse Consultant and Part-time Lecturer at Otago University – Health Informatics Representative</p>
In Attendance:	<p>Michele McCreadie – General Manager interRAI Services, TAS</p> <p>Dr Brigitte Meehan – Manager interRAI National Services</p> <p>Karina Kwai – Manager, Health of Older People, National Services Purchasing, Ministry of Health</p> <p>Mark Anderson – Technology Vendor Manager, Ministry of Health (Observing)</p> <p>Deb Mulliss, Jackie Treweek – Secretariat, TAS</p>
Apologies:	<p>Dana Ralph-Smith – Board Member</p> <p>Matthew Parsons – Board Member</p> <p>Jan Adams – Board Member</p>

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1. Welcome – Agenda Overview	<p>Item 1.1 Agenda Overview and Apologies</p> <p>The Acting Chair opened the meeting at 9.25 am welcoming members and noting that Mark Anderson from the Technology and Digital Services Group in the Ministry of Health (MoH) was attending the meeting as an observer in a support capacity to Karina Kwai and asked that Board members introduce themselves.</p> <p>The Acting Chair introduced Jackie Treweek who had joined the TAS team advising that Jackie would now be providing secretariat services to the Board.</p> <p>The Acting Chair provided an update on the appointment of a replacement Independent Chair noting that five applications had been received following the expressions of interest process. A preferred candidate had been identified and a recommendation made to the Director-General of Health for consideration. The Acting Chair advised the preferred candidate had good health sector experience and had been involved in elements of aged care, and that if the recommendation was accepted the new Chair would attend the October meeting.</p>

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	<p>Once formal notice of the appointment was received the Secretariat would provide an induction pack for the new Chair.</p> <p>Action: <i>Secretariat to provide induction pack for new Chair once formal notice of appointment was received.</i></p> <p>The Acting Chair noted apologies had been received from Dana Ralph-Smith, Matthew Parsons and Jan Adams.</p> <p>Item 1.2 Declaration of Interest Register The Acting Chair called for advice on any Conflicts of Interest.</p> <p>Chris Hendry provided a written update and requested that the following changes be included in the register:</p> <ul style="list-style-type: none"> • Affiliate of the New Zealand Institute of Community Health Care • Managing service development projects for Nurse Maude • Senior Lecturer, Postgraduate Nursing Studies, University of Otago • Adjunct Professor, Health Sciences, Canterbury University • Independent Health Service Development Advisor focusing on rural health for DHBs • Qualified Health Services Auditor and Equip Assessor • No longer a member of the Health IT Board. <p>Nigel Millar asked that the register be updated to reflect previously declared interests.</p> <p>Action: <i>Secretariat to update register to reflect changes.</i></p> <p>Item 1.3 Minutes from meeting held 1 June 2016 Chair moved to confirm the Minutes of 1 June 2016 this was carried by the Board.</p> <p>Item 1.4 Action Register.</p> <p>02/16-06 Standard suite of interRAI Services national data analysis reports. Explore opportunity to enhance the interRAI assessment tool. On agenda at Item 3.1. Closed.</p> <p> Explore what type of reports could be made available for Home Care providers. Work underway. Ongoing.</p> <p>05/16-01 Submit the Northern Regional Health Board’s request to enhance the interRAI assessment tool. On agenda at Item 3.1. Closed.</p> <p>05/16-02 Raise the process issue of accountability between the interRAI Board and the IT sub group. On agenda at Item 3.1. Closed.</p> <p>05/16-08 Credentialing of external trainer. Verbal update provided. The Acting Chair requested that a formal report be provided to the next meeting.</p>

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	<p style="text-align: center;">Ongoing.</p> <p>06/16-01 Training Demand – draft response to Simon Wallace outlining interim solution to respond to the high demand for training. Action completed 2 June 2016. Closed.</p> <p>06/16-02 Training the interRAI Sub Acute and interRAI Acute Tool – write to Waikato DHB outlining the Board’s views on proposal. Action completed 21 June 2016. Closed.</p> <p>06/16-03 Draft Governance Board work plan. On agenda at Item 5.1. Closed.</p> <p>06/16-04 Draft Health of Older People Strategy. Action completed 13 July 2016. Closed.</p> <p>06/16-05 Software Services – Board’s priorities in relation to the planned software enhancement and planned upgrade for October/November 2016. On agenda at Item 3.2. Closed.</p> <p>06/16-06 Software Services – Paper providing an overview of history to the awarding of the Momentum interRAI Software Contract, the upcoming renewal, and advise any plans the MoH may have for this contract. On agenda at Item 3.3. Closed.</p> <p>Item 1.5 Matters Arising</p> <p><u>Trialling the interRAI Sub Acute and interRAI Acute Tool</u></p> <p>Michele McCreddie provided an update on the work being undertaken with the Accident Compensation Corporation (ACC) on identifying and assessing a tool to replace their current methodology. A copy of the letter sent to the Waikato DHB outlining the Board’s view on the proposal was provided in the meeting papers for information.</p> <p>Michele McCreddie advised that a teleconference had been held with Professor Len Gray of the Centre for Research in Geriatric Medicine, Brisbane, Australia, Matthew Parsons and representatives from ACC on 4 August 2016 to discuss the trialling of the interRAI Post Acute Tool which is part of a new suite of acute interRAI tools.</p> <p>Professor Gray spoke to the work undertaken on the development of the short screener (for Emergency Departments), adult acute care and post acute tools noting that the tools were in the final stages of development and he was in negotiations with software vendors. It was intended that the series of tools would be launched at their conference in Brisbane in February 2017.</p> <p>The next step was a comparison of the Australasian Rehabilitation Outcome Centre (AROC) FIM tool that ACC currently uses, with the new interRAI Post Acute Tool.</p> <p>Michele McCreddie advised a meeting had been scheduled in Hamilton at the end of August with ACC, Mathew Parsons and the Waikato DHB Institute of Healthy Ageing to discuss a potential proposal to pilot a new interRAI tool.</p>

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	<p>Michele McCreadie informed the Board that work was underway to develop a framework for the governance of current and new interRAI assessment tools.</p> <p>Max Robins enquired whether there was a budget allocated for software enhancements which included the introduction of new tools. The Acting Chair advised the funding for support of the current tools was negotiated with the MoH and that any instances of expansion required specific information on resourcing implications.</p> <p>Nigel Millar noted the involvement of ACC in the development of an improved journey from hospital to home for older people and the potential use of an interRAI assessment tool in that process as being a real step forward in improving the quality of care. He asked the Board to consider how it might inform the respective Ministers of Health, ACC and Senior Citizens to encourage discussion on all of government cross-sector alignment.</p> <p>The Acting Chair identified a challenge was to ensure interRAI was adequately resourced in the engagement with ACC in order to understand the implications. Michele McCreadie advised that interRAI's involvement to date had been to support the process while reiterating that interRAI was in the process of developing a Governance Framework.</p> <p>The Acting Chair asked that any correspondence relating to the Governance Board and/or members be copied to the Chair for information.</p>
<p>2. Ministry of Health</p>	<p>2.1 Health of Older People – Strategy Update</p> <p>Karina Kwai provided an update on the progress being made on the Health of Older People (HOP) Strategy refresh, noting:</p> <ul style="list-style-type: none"> • The consultation phase was underway ending 7 September 2016. • Consultation workshops had been scheduled across the country on the following dates with registration details available on the MoH website. <ul style="list-style-type: none"> ○ Christchurch – Monday, 15 August 2016 ○ Dunedin – Tuesday, 16 August 2016 ○ Wellington – Friday, 19 August 2016 ○ Auckland – Monday, 22 August 2016 ○ Hamilton – Tuesday, 23 August 2016 • The HOP Strategy team was meeting with specific groups at their standing meetings during the consultation time to hear their views. • Submissions can be made via the HOP Strategy site on the MoH website. • The HOP Strategy team would like to hear from the Board as interRAI was mentioned in several points in the Strategy. • Jim Nicolson would attend the 21 October 2016 Board to present a report on submissions received. • Following the closure of the consultation phase submissions would be

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	<p>considered and incorporated into a final draft which would go to the Minister of Health for approval prior to being submitted to Cabinet.</p> <p>The Acting Chair advised there was a relatively strong push at the Expert Advisory Panel to replace the 'Health of Older People' Strategy with a 'Healthy Ageing' Strategy.</p> <p>Nigel Millar commented the strategy referred to using the data but did not appear to have sufficient emphasis on interRAI assessments being person centred and would enable better understanding and knowledge of a person as they travelled through the health system</p> <p>It was noted that Board Members in their various roles outside of the interRAI Governance Board would be involving in making submissions.</p> <p>Michele McCreadie advised the interRAI Services Management Team feedback would be included in the submission from TAS, and noted the general view that the team was pleased to see the recommendation around quality indicators.</p> <p>Discussion was held on reference to the interRAI tools in the strategy and whether the concept of the wider integration of the use of the tools was reflected adequately from previous discussions.</p> <p>The Acting Chair indicated it would be useful to compare the priorities contained within the interRAI NZ – Future Direction three year Strategic Plan and the HOP Strategy to ensure alignment.</p> <p>Action: <i>Michele McCreadie to circulate the interRAI management submission (part of the TAS submission) on the HOP Strategy to interRAI Governance Board members so they were aware from a Board perspective what was being submitted.</i></p>
<p>3. Software Services</p>	<p>At 10.04 am Andrew Downes joined the meeting</p> <p>3.1 interRAI Software Services and Planned Software Enhancements Michele McCreadie introduced Andrew Downes, National interRAI Software Services Manager employed by Healthshare, (providers of the interRAI software services). Andrew was attending the meeting to support the presentation on the proposed software enhancements.</p> <p>Nigel Millar advised that as a member of the software governance group he considered that the implementation of the national interRAI software service had been hugely successful considering the challenge that a number of residential care organisations had, including limited IT capability and the requirement for extensive training support.</p> <p>Andrew Downes advised that the user group referred to in the document comprised of representatives of home care assessors, and suggested to the Board that they may consider it timely for the group to be re-established to cover a wider spectrum and include aged residential care.</p>

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	<p>Max Robins highlighted there had been considerable resistance in aged residential care to interRAI noting that this was due in part to user awareness and understanding of how the system works and the benefits. It was noted that involvement of the aged residential care group, not only in relation to the software itself but also the application of it with respect to how assessments were undertaken, was essential for greater understanding and acceptance.</p> <p>Action: <i>Michele McCreadie to undertake a review of the software user group to include:</i></p> <ul style="list-style-type: none"> • <i>Representation from the wider sector</i> • <i>Development of a Terms of Reference</i> • <i>Revise the process for submission of requests for software enhancements</i> • <i>Communication of the process for submission of requests.</i> <p><u>Financial Summary</u> Discussion was held on the finances and Andrew Downes clarified that funding identified for enhancements over the period 2016/17 was for software only.</p> <p>The Acting Chair enquired when the service and maintenance contract with Momentum was due for renegotiation. Mark Anderson advised that the next opportunity to enter into a competitive tender process was in four years' time, noting that the MoH did not recommend challenging the current service and maintenance contract as part of the contract extension, as at this point of time, it was likely that the baseline costs could rise.</p> <p>Andrew Downes advised that if contract service credits were not used in the allocated financial year, only 20% could be carried forward.</p> <p><u>Referral Management</u> Andrew Downes advised that a second version of the enhancement specification was being consulted with DHBs following updates being made to incorporate feedback that there were wider implications for NASC processes.</p> <p>The Acting Chair requested that the specification be consulted with a wider cross section of groups in order to obtain feedback which may influence the prioritisation of enhancements.</p> <p>Action: <i>Michele McCreadie to discuss the updated Referral Management specification with HOP Steering Group and Joint ARC Steering Group and the Home and Community Health Association.</i></p> <p>The Acting Chair asked that Andrew Downes inform the Board of his priorities in the event that it was necessary to delay some of the enhancements.</p> <p>Andrew Downes indicated a key enhancement was for user legal management which would provide a legal way to ensure centralised tracking with protection against security breaches, and recommended that this remain in scope.</p> <p>The interRAI New Zealand Governance Board:</p>

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	<p>Agreed it was not in a position to endorse the commitment to all software enhancements over the next 2 years without the referral management enhancement being scoped including high level costing.</p> <p>Noted that during the scoping process interRAI management would give consideration to a staged enhancement approach, recognising the commitment to spend the contract service credits for the financial year.</p> <p>Action: <i>Michele McCreddie to scope the referral management enhancement (including high level costing) and review the software enhancement prioritisation process.</i></p> <p>3.2 Renewal of National interRAI Software Contract Karina Kwai introduced the paper providing an overview of the history of awarding of the Momentum Healthware interRAI Software Contract, the upcoming renewal and advice on MoH plans for this contract.</p> <p>Karina Kwai advised that the MoH was in the process of extending the contract which ends on 31 August 2016 under the same terms and conditions for a further four years noting the MoH had a strong vendor relationship with Momentum Healthware.</p> <p>Karina Kwai asked for any feedback on the future direction and how the MoH and the Board could approach that collectively in the future.</p> <p>Mark Anderson noted there was no requirement to go back out to tender at any particular date and that it was a matter of good practice. The MoH had chosen four years as it was MoH normal practice not to renew any specific schedule for a longer period than the previous which in this case was five years.</p> <p>The Acting Chair asked that discussions on the Board's long term plan for renewal of the national interRAI software contract to be scheduled in August 2017.</p> <p>Action: <i>Secretariat to schedule discussions on the Board's long term plan for renewal of the national interRAI software contract at the August 2017 meeting.</i></p> <p>3.3 Clinical Validity of interRAI Data Nigel Millar raised the issue of clinical validity of interRAI data and asked the Board to consider how it wished to control the way software vendors or organisations represent the interRAI data in their systems.</p> <p>Nigel Millar proposed that in the instances of interRAI data being taken and utilised outside the current framework, the way it was represented should be authorised by the interRAI New Zealand Governance Board.</p> <p>The Acting Chair commented that interRAI NZ should continue to provide guidance and support on validation, and suggested that a general expectation on the use of information be developed that preserves the context and intent of the data. The</p>

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	<p>Acting Chair also noted the advantages of interRAI NZ contributing to the national discussion on the integrity of the use of clinical information in the various settings.</p> <p>Action: <i>Michele McCreadie to draft a position statement on the clinical validity of interRAI data for the next meeting.</i></p> <p>It was noted that Nigel Millar would provide a copy of the position statement to interRAI International following endorsement by the Board.</p> <p>At 11.19 am the meeting adjourned and Andrew Downes departed the meeting.</p>
<p>4. Education and Support</p>	<p>At 11.27 am the meeting reconvened.</p> <p>4.1 Agreements for use of the interRAI Assessment System Brigitte Meehan introduced the paper <i>'Agreements for use of the interRAI Assessment System' (the Agreement)</i> summarising the agreements made about the use of interRAI assessments in New Zealand over the last eight years.</p> <p>Brigitte Meehan advised that to date, agreements had been recorded in several documents. The aim of <i>'the Agreement'</i> document was to collate all decisions into one document. It was noted that if endorsed by the Board <i>'the Agreement'</i> would be reformatted and placed on the interRAI New Zealand website for reference.</p> <p>Michele McCreadie noted it would be a living document and would be updated and presented to the Board on a regular basis.</p> <p>David Chrisp asked if Community Health Assessment was commonly used. Brigitte Meehan advised that although not commonly used (two residential care villages in Auckland and Christchurch) it was increasing in popularity due to a software upgrade.</p> <p>Discussion was held on the Contact Assessment Telephone Assessment Protocol noting the following:</p> <ul style="list-style-type: none"> • The previous Minister of Health had requested the protocol be included in interRAI agreements that the MoH had with DHBs. • From a consumer perspective it was highlighted that the majority of older people would not admit they require assistance and were apprehensive of telephone calls. • During training assessors were educated to use the contact assessment over the phone to assist in making a decision on whether a service can be put in place immediately or whether the person requires an assessment visit. • Suggestion that the protocol be repositioned to reflect its application for screening and rapid response rather than a protocol of choice. • The Acting Chair noted that from a governance board perspective the

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	<p>Board was responsible for ensuring that the interRAI tool was being used in the way it was intended, and that the appropriateness of face to face vs telephone assessments was a separate issue to be debated in a broader group which should include consumer representatives.</p> <ul style="list-style-type: none"> • A review schedule would be developed to ensure the summary agreements document was kept up to date and accurate. The document would be updated to include version control and review date. <p>The interRAI New Zealand Governance Board:</p> <p>Noted the summary of agreements.</p> <p>Noted that these have been collated from various documents and approved by the Health of Older People Steering Group on 22 June 2016.</p> <p>Noted the ‘Which Assessment When’ document (Appendix 1) would be provided in a user friendly format on the interRAI New Zealand website.</p> <p>Endorsed the Agreements summarised in this document noting version control and review date would be included.</p> <p>Noted that the contract assessment telephone assessment protocol would be repositioned to clarify its application for screening and rapid response rather than a protocol of choice.</p> <p>Action: <i>Brigitte Meehan to update the document to include version control and review date and develop a schedule for ongoing reviews.</i></p> <p>4.2 Accreditation of interRAI Education and Support Programmes Brigitte Meehan provided a verbal update on the accreditation of interRAI Education and Support programmes noting that all paperwork and processes have been established, and the trial was underway with CHT Healthcare Trust (CHT) and Christchurch Polytechnic Institute of Technology (CPIT). Bupa New Zealand would join the trial in September 2016.</p> <p>A full report would be available at the October 2016 Board meeting.</p> <p>Action: <i>Brigitte Meehan to provide a full report at the October 2016 Board meeting.</i></p>
<p>5. Governance</p>	<p>5.1 interRAI NZ – Future Direction a Three Year Strategic Plan Michele McCreddie introduced the paper seeking approval for the three year strategic plan ‘interRAI NZ – Future Direction’.</p> <p>Michele McCreddie advised that the strategic plan had been updated to incorporate comments received during consultation noting late comments received from the New Zealand Christian Council for Social Services (NZCCSS) had not been included. The Acting Chair indicated that the feedback received from NZCCSS can be an issue for discussion at the next review in 2017.</p>

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	<p>The Acting Chair requested that the strategic plan be updated to reflect earlier discussion of the long term plan for renewal of the national interRAI software contract in August 2017.</p> <p>The dates and frequency of meetings for 2017 would be placed on the agenda for discussion at the Board meeting on 2 December 2016.</p> <p>Michele McCreddie advised that an updated interRAI Governance Board work schedule and action plan would be provided to the Board.</p> <p>The interRAI New Zealand Governance Board:</p> <p>Approved the three year strategic plan ‘interRAI NZ – Future Direction’. Noted the plan would be published on the interRAI NZ website.</p> <p>Action: <i>Michele McCreddie to draft a letter to the Director-General of Health providing a copy of the ‘interRAI – Future Direction’ for The Acting Chair’s signature.</i></p> <p>5.2 Position Statement on interRAI and casemix in New Zealand Michele McCreddie introduced the paper seeking approval to the Position Statement on interRAI and casemix in New Zealand.</p> <p>The interRAI New Zealand Governance Board:</p> <p>Approved the Position Statement on interRAI and casemix in New Zealand.</p> <p>Noted the Position Statement would be published in the Governance section of the interRAI NZ website.</p> <p>At 12.00 pm the meeting adjourned for lunch.</p> <p>At 12.30 pm the meeting reconvened.</p> <p>5.3 Update on development of interRAI Governance Framework Michele McCreddie introduced the paper noting that a person had been appointed for a three month period and work was underway to develop an interRAI NZ Governance Framework.</p> <p>Michele McCreddie advised the framework would include guidance, protocols, procedures and templates to assist people to:</p> <ul style="list-style-type: none"> • Develop a proposal to pilot or introduce a new interRAI assessment tool • Undertake a best practice evaluation of a pilot of an interRAI assessment tool • Develop a business case to introduce or roll out an interRAI assessment tool.

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	<p>Michele McCreadie noted that consultation would occur with the current pilot (Palliative Care) and proposed pilot (ACC Hospital to Home project) to ensure documentation was user friendly.</p> <p>The interRAI New Zealand Governance Board:</p> <p>Nominated Dr Chris Hendry, David Chrisp and Dana Ralph-Smith as members of the Board who were interested in contributing to the development of the framework.</p> <p>Noted the progress made on the interRAI NZ Governance Framework.</p> <p>Noted the draft Framework would be presented to the Board on 21 October 2016.</p> <p>Action: <i>Michele McCreadie to present a draft framework to the Board on 21 October 2016.</i></p>
<p>Update from interRAI International</p>	<p>Brigette Meehan provided a verbal update from interRAI International and spoke to the interRAI Self-Reported Quality of Life (QOL) Survey and Users Manual which had recently been produced. It was noted that the manual worked across health services including home care, aged residential care and mental health care and asked the customer's viewpoint of the quality of the services they were provided.</p> <p>Brigette Meehan advised the manual was the first instrument that included New Zealand data which had been internationally tested and validated and was available on the interRAI website for purchase.</p> <p>Judith Davey suggested it be publicised amongst the Association of Gerontology and asked if there was a summary available which could be placed in a newsletter. Brigette Meehan would develop a one page summary for the tool for distribution as part of the Communications Strategy.</p> <p>Nigel Millar undertook to engage with universities regarding the development of an app to be used with the tool.</p> <p>The Acting Chair enquired whether there was a succession plan for the introduction of new interRAI Fellows. Brigette Meehan and Nigel Millar advised that an Associate had been recently appointed, and a research programme had commenced led by Hamish Jamieson (PhD) based in Christchurch.</p> <p>Action: <i>Brigette Meehan to develop a one page summary for the survey tool for distribution as part of the Communications Strategy.</i></p>
<p>6. Update from the Ministry of Health</p>	<p>Mark Anderson provided an update to the Board on the organisational change currently being undertaken at the MoH and how the MoH was approaching software arrangements during this time and highlighted:</p> <ul style="list-style-type: none"> • A key sign of change was that the MoH no longer referred to IT or information systems, which were now referred to as new capability around technology and digital services.

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	<ul style="list-style-type: none"> • The new organisational structure was announced in December 2015 with the majority of the new appointments occurring between March and May 2016. • The role of Chief Technology and Digital Services Officer had not yet been appointed. • Any decisions on long term software models would be delayed pending the finalisation of the MoH organisational structure over the period 2016/17. • The Director-General of Health had broadly indicated that there would be three Deputy Director level positions, one each for Physical Technology, Biotechnology and Digital Services. • The MoH had committed to working collaboratively to ensure minimal disruption during the process. • A key principle underlying the new structure was ensuring that technology and digital services was an enabler, not a driver of business and clinical transformation of the sector. <p>Michele McCreadie advised that the delivery of interRAI services was dependent on software and the contractual process was currently complex, noting it would be an advantage if there was an opportunity to streamline the contracting and governance mechanism in the longer term plan.</p> <p>Nigel Millar noted that the interRAI project would form a good case study in terms of learnings from zero to technology driven in a naïve area of health, and acknowledged the work undertaken on the architectural design.</p>
<p>7. Operational Reports</p>	<p>7.1 Quarter 4 interRAI Services Operational Report</p> <p>Michele McCreadie introduced the Quarter 4 dashboard reporting on progress on the main streams of work, and highlighted to the Board that the new interRAI New Zealand website went live on Monday 8 August 2016.</p> <p><u>Governance</u></p> <ul style="list-style-type: none"> • Post Project review – Stages 1 (document review) and 2 (key informant interviews) have been completed. • Design of survey completed and would be distributed to Aged Residential Care (ARC) facilities scheduled to commence on Tuesday 16 August 2016. • Focus group interviews were being developed for ARC providers. <p><u>Education and Support Services</u></p> <ul style="list-style-type: none"> • End of year activity targets have been exceeded noting: <ul style="list-style-type: none"> ○ 960 registered nurses trained, with 881 achieving competency ○ 241 ARC Managers trained in Long Term Care Facility (LTCF) ○ Very low failure rate of 7%

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	<ul style="list-style-type: none"> ○ 95,008 total LTCF assessments completed. ● Reduced number of Quality Reviews undertaken due to a focus on training. <p>Nigel Millar commented that due to the complexity and large volume of data involved, that the option of undertaking Quality Reviews based on a statistical model be considered in future.</p> <p><u>Data Analysis and Reporting</u></p> <ul style="list-style-type: none"> ● The accountability and benchmarking reports were progressing well with the Q4 2015/16 reports being available to DHBs on 8 July 2016. ● A presentation to an ARC provider group in August 2016 on a standard suite of national reports (including mock up reports) was planned. ● Discussions have commenced with the Home and Community Health Associations regarding a similar suite of reports. ● A workshop would be held for facility managers. <p><u>Integrated interRAI Education and Support</u></p> <ul style="list-style-type: none"> ● Have experienced delays in implementing an integrated interRAI Education and Support model. ● In the final stages of transferring nine staff members from DHBs to TAS and recruitment to vacancies would commence soon. ● New service would commence on 1 October 2016. <p>Action: <i>Michele McCreadie to investigate an opportunity of celebrating the milestone of completing 100,000 assessments.</i></p> <p>7.2 Overview of interRAI Services Financial Situation Michele McCreadie introduced the report noting an adjustment would be made for the 2015/16 year, primarily due to the delay in implementing the integrated Education and Support model, which was shown as revenue in advance for the next financial year.</p> <p>The Acting Chair requested that further detail be provided for him as Chair.</p> <p>Karina Kwai advised the MoH were working with the interRAI team on finances for future service delivery.</p> <p>Action: <i>Michele McCreadie to provide a copy of the end of year financial report prepared for the MoH to the Chair for information.</i></p> <p>The interRAI New Zealand Governance Board:</p>

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	<p>Noted the overview of the interRAI Services financial situation at the end of the 2015/16 and the proposed draft budget for 2016/17.</p> <p>Noted that funding for 2016/17 had not yet been agreed with MoH.</p>
<p>8. General Business</p>	<p>8.1 Annual Report</p> <p>Action: <i>Michele McCreddie to provide to the Chair, for presentation to the Director-General Health, an interRAI New Zealand Annual Report. The report will be presented in two parts, the first will cover the Board activity from October 2015 to June 2016, and the second part will cover the operational activities of interRAI New Zealand for the period July 2015 to June 2016. The Chair to include comment on the Board's performance in the covering letter.</i></p>
	<p>The meeting closed at 1.24 pm</p>
<p>Next Meeting</p>	<p>Friday 21 October 2016 9.30 am to 3.00 pm TAS Boardroom, Willis Street, Wellington</p>