

Minutes

interRAI Governance Board

Date:	Monday 23 October 2015
Location:	TAS Board Room 3A1, Level 3, 186 Willis Street, Te Aro, Wellington
Members:	<p>Paul McDonald (Chair) Professor and Pro Vice Chancellor of Health, Massey University Auckland</p> <p>Chris Fleming (Deputy Chair) CEO Nelson Marlborough DHB – Funder Representative</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 Canterbury 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 – Director Nursing, Quality & Risk, 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 – Research Representative</p> <p>Dr Chris Hendry – University of Canterbury, Director NZ Institute of Community Health Care & NZ IT Health Board – Health Informatics Representative</p>
In attendance:	<p>Graham Smith – Chief Executive, TAS</p> <p>Michele McCreadie – General Manager interRAI Services, TAS</p> <p>Dr Brigette Meehan – Manager interRAI National Services</p> <p>Karina Kwai – Manager, Health of Older People, National Services Purchasing, National Health Board, Ministry of Health</p> <p>Deb Mulliss – Secretariat, TAS</p>
Apologies:	<p>Chai Chuah – Director-General, Ministry of Health</p> <p>Jill Lane, Ministry of Health</p>

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1. Welcome - Minutes and action register	<p>Item 1.01 Agenda</p> <p>The Chair opened the meeting at 9.36 am welcomed members and confirmed apologies. The Chair also noted that although this was the inaugural formal meeting of the Board he would like to suggest that they conduct themselves in an informal manner and this was agreed.</p> <p>A general round of introductions was made.</p> <p>Michele McCreadie advised that she would have to depart the meeting at midday.</p>

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	<p>The Chair then outlined:</p> <ul style="list-style-type: none"> • That the Board representation covered a number of Institutional providers. • interRAI provided a set of quality tools. • The Board could improve practices collectively. • They would need to make informed choices. • They had the opportunity to advance policy and practices. • It was important to benchmark ourselves. <p>As Chair it was his role to facilitate all these possibilities. There was broad representation from across the sectors. As a Board they would be working towards what was in the best interest of the country while representing their own organisations and a particular point of view.</p> <p>There was a general discussion on the various perspectives that the Board members brought to the table.</p> <p>Item 1.2. Conflict of Interest</p> <p>The Chair introduced the paper noting that the draft Terms of Reference contains a section on the management of Conflicts of Interest. The paper recommended that a register would be established and maintained by the Secretariat and reviewed as an agenda item at each meeting.</p> <p>Chris Fleming raised the point that the Institute of Directors noted individuals had interests rather than conflicts of interests as they were not necessarily the same.</p> <p>After discussion it was agreed to amend the recommendations to remove the word <i>Conflict</i> and establish a Declaration of Interests Register.</p> <p>Motion</p> <p>Jan Adams put forward the motion that the Board agree to the recommendations as amended.</p> <p>Seconded by Roy Reid.</p> <p>The interRAI Board:</p> <ul style="list-style-type: none"> • Agreed to Adopt the amended Declaration of Interests Register and for the register to be maintained as an up-to-date record of any declared interests and the strategy adopted to manage the interest. • Agreed to review the Declaration of Interests Register as a standard agenda item at each Board meeting. <p>The following Board members noted:</p>

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	<p>Chris Hendry:</p> <ul style="list-style-type: none"> • Co-located with Nurse Maude • Adjunct Ass Prof VOC – interRAI partnership with Canterbury District Health Board • Member of Health IT Board • Undertakes Research in Aged Residential Care – will identify any project that has potential conflict with role on Board <p>Nigel Millar:</p> <ul style="list-style-type: none"> • Noted he was an interRAI fellow. <p>Max Robbins Robins:</p> <ul style="list-style-type: none"> • Noted his role as a Chief Executive of an Aged Care Facility. <p>Jan Adams:</p> <ul style="list-style-type: none"> • Noted her role at Bupa Care Services. <p>There was a general discussion on areas of interest noting the positions members held in their organisations or communities meant they had interest covering a number of areas such as access to data and training. There was also the potential for requests for data to come from their own organisations.</p> <p>Action</p> <p>The Board members agreed to declare any interests as they worked through the agenda noting that on occasions a Board member could remain in the room for the discussion but not take part in a decision.</p> <p>It was agreed that the Chair would have special powers to withhold full circulation of agenda papers if there were a clear conflict of interest for a Board member.</p> <p>10.05 am. The meeting took a short break to facilitate photographs being taken of the Board members and to set up a PowerPoint presentation.</p>
<p>2. interRAI Overview</p>	<p>10.16 am. Nigel Millar presented a PowerPoint presentation and provided an overview of the development of interRAI International and the establishment of interRAI in New Zealand. The purpose of the presentation was to ensure the Board members all had the same basic understanding of interRAI.</p> <p>11.10 am. At the conclusion of the formal presentation the Board members engaged in a discussion on the use of the interRAI tools, on how the data sets could be used and the need for a set of rules on the use of data. It was noted that this issue would be covered later in the day under a separate agenda item.</p> <p>The Chair provided an update on his recent conversation with the Director-General of Health noting Chai Chuah’s apology for not being able to attend this meeting</p>

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	<p>and of Chai's desire to engage with the Board at its next meeting. The Director-General had spoken of the Government's desire for a return on investments made, and that the Board would need to be aware of the soon to be released for consultation, '<i>Refreshed Strategy for Health</i>' and its implications for older people.</p> <p>Karina Kwai noted the \$40 million invested to-date in interRAI and that the Ministry of Health would remain engaged in ensuring the value of this investment. The Board members then held a general discussion on how the Board could support interRAI from a strategic perspective.</p> <p>The Chair noted that one deliverable from the Board was a report, in due course, to the Director-General of Health on the Board's work plan.</p> <p>The Chair and Nigel Millar spoke about the recent interRAI International conference held in Auckland, the visit by some international guests to Wellington and the meeting with the Associate Minister of Health.</p> <p>It was noted that the next interRAI International Conference would be held in Canada in April 2016. The Chair requested that Nigel Millar and the TAS representative/s attending the Conference provide a formal report back to the Board on their return.</p> <p>The Chair on behalf of the Board thanked Nigel Millar for his presentation.</p> <p>12.00 pm Meeting broke for lunch</p>
<p>3. interRAI Governance</p>	<p>12.30 pm Meeting resumed</p> <p>The Chair advised that the Secretariat would be recording this part of the meeting purely for the purposes of capturing the Minutes and the recording would be deleted once the minutes have been written and signed off.</p> <p>Item 3.1 Draft Terms of Reference</p> <p>The Chair introduced the draft Terms of Reference (ToR) paper and advised:</p> <ul style="list-style-type: none"> • A programme of work will be developed around a Memorandum of Understanding (MoU) with the Ministry of Health. The Chair was looking for direction from the Board members on what they might want incorporated into the MoU • Highlighted the issue that if the Chairperson is not able to attend a meeting that would Board would elect an Acting Chair. The Chair proposed that they default to the Deputy Chair and only in the absence of both the Chair and Deputy Chair would the Board elect someone to stand in.

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	<ul style="list-style-type: none"> • Noted the issue of posting Minutes publicly and how the Board would want to communicate with the wider community and that members might have some suggested alternative they could share. • Reminded the members that under <i>Risk Management</i> that all information that is acquired or created is only for the purposes of Board management. • The function of the Board will be reviewed again in December 2016. • The ToR suggests that the Board meet at least quarterly, but as this was a particularly critical period, proposed that meetings be held six times a year. • Suggested that once the MoU has been determined that the Board review the TOR to incorporate clear objectives. <p>Chris Fleming outlined how the previous interRAI Board had developed the draft ToR that the current Board was considering and noted that:</p> <ul style="list-style-type: none"> • The previous Board was small and under resourced and only met periodically to discuss issues. • When interRAI became mandatory the Ministry of Health commissioned a governance review. The review proposed a variety of options on how interRAI might be structured. • The New Zealand Aged Care Association had expressed a preference for the establishment of a Crown Entity that was independent from District Health Boards, the Ministry of Health and Central TAS. • The outcome of the 16 December 2014 review was that the Director-General of Health appointed a Governance Board and contracted Central TAS to provide the delivery arm of interRAI. TAS has established a General Manger position to lead the interRAI team. <p>It was noted that there are two separate MoU's with the Ministry of Health. The first with the interRAI Governance Board covering the relationship with the Board's strategic deliverables. The second MoU is with TAS covering the funding relationship and outcomes for the ongoing delivery associated with the providing the education and support function, the National Data Analysis and Reporting Centre and the provision of Secretariat support to the interRAI Board.</p>

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	<p>Graham Smith noted that TAS was a diverse organisation in its own right. Part of the 'value add' was that TAS combined resources more collectively across the organisation, for example, the TAS corporate services functions are supporting the programme and TAS has a shared approach to data management and the structure supporting that. The access to the wider TAS organisation has a positive impact on the interRAI budget.</p> <p>Graham Smith also noted that TAS is a Crown Entity, non for profit in its own right with a Board of Directors.</p> <p>The Board then went through the Terms of Reference page by page and Agreed the following changes:</p> <ul style="list-style-type: none"> • Include as guiding influences '<i>The New Zealand Health Strategy</i>' and the '<i>Health of Older Persons Strategy</i>'. <ul style="list-style-type: none"> ○ The Governance Board is a governance group....and consumer perspective. [insert] The Governance Board will take strategic guidance from the New Zealand Health Strategy and the Health of Older Persons Strategy. The interRAI Governance Board must... • Principles influencing good governance of interRAI are identified as: <ul style="list-style-type: none"> ○ Amended the first bullet point - change <i>leadership</i> to active and add influence. Thus: <ul style="list-style-type: none"> ▪ Active Consumer involvement and influence. ○ Add a further bullet point: <ul style="list-style-type: none"> ▪ Effective and appropriate information governance practices. ○ Amended the sixth bullet point: change <i>address</i> to consider. Thus: <ul style="list-style-type: none"> ▪ Ability to consider the needs of all involved communities of interest. • Chairperson <ul style="list-style-type: none"> ○ Amended the sentence ...If the Chair is not in attendance... to include the Deputy Chair. Thus: ...If the Chair is not in attendance at a meeting, or is required to withdraw for any reason, the Deputy Chair will preside. If both the Chair and Deputy Chair are not available the remaining Board Members may elect an Acting Chair for that meeting by majority vote. <p>There was a discussion held on the duration of a member's appointment and it was requested that a table outlining the length of term be included with the Register of Interest.</p> <ul style="list-style-type: none"> • Meetings. The Chair noted that the Board would meet at least

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	<p>quarterly and suggested that the Board meet six times during the first year.</p> <ul style="list-style-type: none"> • Minutes/Documentation. It was agreed that the draft Agenda would be distributed to members at least five working days prior to a meeting. Draft Agenda to be published on the interRAI web page five working days prior to a meeting. A summary of the Minutes to be published on the Web that conveys what Board has been doing. Publish key documents unless they are sensitive, noting that they wanted to share as much as possible but would need to identify those papers that need to be withheld for either commercial reasons or would breach the Privacy Act. • Quorum. It was agreed to increase a quorum to seven and include a Consumer representative. <p>Karina Kwai noted that the statement '<i>A representative from the Ministry of Health</i>' was too broad and the appropriate representative would be the Ministry of Health Chief Adviser, Health of Older People or the Chief Nurse.</p> <ul style="list-style-type: none"> • Minutes. Wording to be reconciled with the decisions made above. <p>Item 3.2 Board Work Plan</p> <p>The Chair raised the subject of developing a work plan and how the Board wished to go about constructing this.</p> <p>It was raised that there was a proposed letter from the Joint Aged Residential Care (ARC) Committee that requests the interRAI Board to consider that there was a commitment to the Minister of Health that there would be a Post Implementation Review of the implementation of interRAI into Aged Residential Care. This was due to be commence at the end of 2015. The Post Implementation Review outcomes will be helpful with identifying priorities</p> <p>Chris Fleming noted that although as a sponsor it felt like implementation was slow Nigel Millar's earlier presentation highlighted what has been achieved, the number of people trained and it has been remarkably fast.</p> <p>There was also a commitment made by the previous board of applying 'Lessons Learnt' from the work undertaken to date.</p> <p>The Board members held a discussion on what the work plan priorities could be, ranging from the implementation of new evaluation tools to the development of</p>

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	<p>data protocols.</p> <p>It was agreed that TAS be tasked with undertaking an evaluation of key milestones and deliverables for the following year and to prepare a draft Terms of Reference for the Review of the implementation of interRAI into ARC. The Board also suggested that TAS consider the paper prepared by Lacy Langlois when undertaking the evaluation.¹</p> <p>Chris Fleming advised that he would discuss with the Joint ARC Committee the focus of their proposed letter to the interRAI Board.</p> <p>Action</p> <p>TAS to provide a draft paper to the next Board meeting that identifies key milestones and deliverable for the next 12 months, including any research linkages. The draft work plan and priorities will form the basis of a conversation with the Ministry of Health on the their Memorandum of Understanding with the Board.</p> <p>Action</p> <p>TAS to draft for the Board’s consideration a Terms of Reference for the Post Implementation Review of the implementation of interRAI into Aged Residential Care.</p>
<p>4. Operational</p>	<p>Item 4.1. Providing national services for interRAI and the previous Board minutes</p> <p>The Chair introduced the paper and noted the recommendation post the discussion is to Endorse the proposal as had been agreed by the previous Board.</p> <p>Graham Smith advised this was the agreement for the establishment of the work programme going forward for interRAI and the foundation for the investment for the ongoing funding from the Ministry of Health and the basis on which the service is being established as a permanent function for the education, analytical and secretariat support.</p> <p>The Board held a discussion on the service model being implemented. Several Members of the Board acknowledged that as providers they had a conflict of interest in regards to the provision of training.</p> <p>From the wide ranging discussion the following points and questions were noted:</p> <ul style="list-style-type: none"> • There are a number of large providers who would like to develop their own training and competencies to completely embed interRAI within their organisations systems.

¹ interRAI New Zealand National Analysis and Reporting Service, Lacey Langlois, January 2015

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	<ul style="list-style-type: none"> • Large providers are trying to introduce a range of other information systems and achieving integration between those systems needs synchrony of training rather than having training in parallel streams. • Bupa has trained 350 nurses to date and would like to continue to provide in-house training. Bupa would like further discussion on what a decentralise training system would look like. <p>Chris Fleming provided an overview on the history of how the centralised training model was developed within TAS. Noting a formal Request for Proposals to deliver training was not taken up by any external providers at the time. The Ministry of Health made the decision for centralised training to be provided by TAS. TAS has continued with the development of the centralised model and is currently in an engagement process with District Health Boards (DHBs) on a proposal to integrate some staff, through a restructuring process, on becoming part of the national interRAI education and training team.</p> <p>There was discussion about whether the integrated model was the most appropriate model. The Board members then discussed what the issues might be if the current model was challenged. The following points were raised:</p> <ul style="list-style-type: none"> • Maintaining control of standards in a decentralised model. • The risks associated with rolling out new interRAI tools. • The impact on the integrity of data in a decentralised model • The appropriate accreditation of trainers. • Guiding principles for training. <p>Nigel Millar noted:</p> <ul style="list-style-type: none"> • Reliability and trust need to be principles. • A positive outcome from the implementation of interRAI is the rise in status of the Residential Care Nurses who have completed the training. The Board could seek a professional view, a business view and an interRAI view as the nursing profession is largely taken on this role. Nurse leaders in the country need to be having a discussion and giving a view on how they see it as this is fundamental to the profession.

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	<p data-bbox="472 271 1433 300">There was a general discussion on separating the training from the qualification.</p> <p data-bbox="472 353 1458 461">Brigette Meehan was invited to provide an interRAI view on the integrated model. Brigette provided the background to the implementation of the integrated suite of tools noting that:</p> <ul data-bbox="528 517 1465 1167" style="list-style-type: none"> <li data-bbox="528 517 1465 629">• interRAI assessment methodology promotes integration e.g. the items for the home care assessment tools are 80% the same as those in the long term care facilities assessment. <li data-bbox="528 685 1465 837">• the two separate training programmes (TAS and DHBs) arose from the two separate implementation projects creating unnecessary duplication. Within the 20 DHBs there is further duplication arising from 20 individual job descriptions and work programmes. <li data-bbox="528 893 1465 960">• There is opportunity to integrate the workforce across the sector as the essential skill base of the educators and systems clinicians is the same. <li data-bbox="528 1016 1465 1167">• TAS has taken a leadership role in the development of the home care tools and materials and the long term care tools and materials but these continue to be artificially separate because that is what the structures are on the ground <p data-bbox="472 1223 1465 1413">The Chair noted that some Board members were close to a conflicts of interest and the discussion should be about the provision of training in the different models rather than in the specific organisations. The larger generic issue is about the provision of training and the utilisation of capacity in all different types and sizes and shapes of organisations.</p> <p data-bbox="472 1469 1426 1536">Graham Smith outlined the current engagement process with the DHBs. The engagement process was designed to gather information on DHB requirements.</p> <p data-bbox="472 1592 1465 1744">Chair sought clarification around what integration process was trying to achieve and the principles that were driving it before any consideration could be given to other delivery models. Considered would then need to be given to the benefits and the potential challenges associated with those alternative.</p> <p data-bbox="472 1800 1442 1991">The Chair did not personally feel that he had enough information at this point to say one way or the other. On one hand this whole activity is about integration, having a simple single integrated tool and the extent to which we start to deviate from that philosophy could potentially bring some complication, but that's not to say you can have integration through some other mechanism or approach.</p>

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	<p>The new General Manager was encouraged to consider the training requirements involved in the interRAI programme going forward.</p> <p>Graham Smith noted that TAS was engaging with DHBs to gather information about their interRAI training and wider education programmes in order to develop a proposal for an integrated model that ensures their requirements were met and enhanced.</p> <p>Chris Fleming asked the General Manager to come back to the Board to outline the broad principles of the integrated model. The situation needs to be resolved before 30 June 2016 for the people for are currently affected under the current restructuring proposal.</p> <p>The Chair commented that he was impressed with what had been achieved so far, how fast this had occurred and he recognised the extraordinary work that had been undertaken to train so many people, so quickly, while also getting the organisations (ARC facilities) on board. Getting leadership from major organisations which recognised the value in the programme was impressive.</p> <p>Action</p> <p>TAS to prepare a paper for the Board’s consideration that sets out the principles for the current integrated education and training function and to consult with the sector on the current delivery model, what alternative models could be considered and the issues and risks associated with these.</p> <p>4.3 Application for data access</p> <p>Paul McDonald temporarily departed the meeting at 2.30 and Chris Fleming assumed the Chair</p> <p>It was noted that Ethics approval had now been provided and that members could support the request subject to ensuring that any reporting on the use of that data is anonymised at a facility and client level without explicit approval from any set facility if they want to take it further.</p> <p>In general discussion it was noted that until the Board approved the data protocol that the overarching decision making point for the release of any data must be on the proviso that it might need to be provided at a level that can identify the facility but publication needs to be utilised at a level which anonymises the facility and the patient and the need to maintain privacy.</p>

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	<p>The Board noted that they would like the data protocol paper for discussion as soon as interRAI was able to produce it.</p> <p>Action TAS to provide a data protocol paper to the interRAI Board.</p> <p>Motion: Moved by Roy Reid.</p> <ul style="list-style-type: none"> • Agree to grant <i>access to the interRAI data as requested in the interRAI data access</i> researcher proposals from the two researchers noting Dr Jamison has now provided ethics approval. Approval subject to the identifiable data not being published in an identifiable format and that includes the facilities. • Note that the Centre is not ready to supply unit record level data to external parties at this stage as it is still in an establishment phase. The National interRAI Software Service has agreed to continue to assist in the meantime. <p>Seconded by Matthew Parsons Nigel Miller abstained and the remaining members of Board agreed.</p> <p>Chair returned to Paul McDonald at 2.40 pm</p>
<p>5. General Business</p>	<p>5.1 Meeting Schedule and 5.2 Meeting frequency The Board agreed the following meeting schedule:</p> <ul style="list-style-type: none"> • Friday 11 December 2015 • Friday 5 February 2016 • Tuesday 5 April 2016 • Wednesday 1 June 2016 • Tuesday 9 August 2016 • Friday 21 October 2016 • Friday 2 December 2016 <p>Action Secretariat to send out electronic meeting requests.</p> <p>5.3 Other Business</p> <p>A general discussion was held on the Palliative Care Pilot that is being undertaken by some DHBs and importance of a communication strategy to advise those not involved in the pilot on how to treat the health information that has been</p>

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	<p>collected as part of the pilot.</p> <p>Action TAS to raise this issue and a proposed solutions to the National Health of Older People Steering Group.</p> <p>The Chair sought feedback from the members that the format of the meetings had that he had met their expectations, the members confirmed that he had and congratulated him on the leadership provided.</p>
Meeting Closed at 2.50 pm	<p>Next meeting: Friday 11 December 2015, 9.30 am to 3.00 pm TAS Boardroom, Willis Street, Wellington</p>