

Minutes

interRAI Governance Board

Date	Friday 21 October 2016
Location:	TAS Board Room 3A1, Level 3, 186 Willis Street, Te Aro, Wellington
Members	<p>Catherine Cooney (Chair) Director of Kowhai Health Associates Limited Chris Fleming (Deputy Chair) CEO Southern DHB – Funder Representative Dana Ralph-Smith General Manager- Adult Rehabilitation and Health of Older People, Counties Manukau DHB – Funder Representative Dr Nigel Millar – Chief Medical Officer & Geriatrician Canterbury DHB – Clinician and interRAI Fellow Representative Judith Davey – Senior Associate, Institute for Governance & Policy Studies, Victoria University & Voluntary Policy Advisor Age Concern – Consumer Representative Roy Reid – Treasurer, Chair Age Care Committee, Grey Power – Consumer Representative Jan Adams – Director Nursing, Quality & Risk, Bupa Care Services – Health Professional Representative Max Robins – CEO CHT and Deputy Chair NZACA – ARC Provider Representative David Chrisp – General Manager Access Home Health Ltd – Home Care Representative Matthew Parsons – Professor Medical & Health Sciences University of Auckland, Chair Gerontology Nursing, Waikato DHB – Research Representative Dr Chris Hendry – Director NZ Institute of Community Health Care & NZ IT Health Board – Health Informatics Representative</p>
In Attendance:	<p>Michele McCreddie – General Manager interRAI Services, TAS Karina Kwai – Manager, Health of Older People, National Services Purchasing, Ministry of Health Dr Phil Wood – Chief Advisor, Health of Older People, Ministry of Health Jim Nicholson – Ministry of Health Karyn Foley – Palliative Care Project Manager and interRAI Educator Dr Dilhani Bandaranayake, Michael Campin - Evaluate Consult Andrew Downes – National interRAI Software Services Manager Jackie Treweek – Secretariat, TAS</p>
Apologies:	<p>Dr Chris Hendry – Board Member Jan Adams – Board Member Max Robins – Board Member Nigel Millar – Board Member Dr Brigette Meehan – Manager interRAI National Services, TAS</p>

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1. Welcome – Agenda Overview	<p>Item 1.1 Agenda Overview and Apologies The Chair opened the meeting at 9.35 am welcoming members and thanking the Board for the opportunity of joining the Board as the new Chair.</p> <p>The Chair asked members if there were any additional items for discussion. The Deputy Chair requested an update on the progress of reporting to facilities.</p>

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	<p>Michele McCreadie indicated this would be covered under the Operational Reports on the agenda.</p> <p>The Chair noted apologies had been received from Dr Chris Hendry, Jan Adams, Max Robins, Dr Nigel Millar and Dr Brigette Meehan.</p> <p>Item 1.2 Declaration of Interest Register The Chair called for advice on any Conflicts of Interest.</p> <p>The Deputy Chair asked that the register be updated to reflect his new position as Interim Chief Executive of Southern DHB.</p> <p>Item 1.3 Minutes from meeting held 9 August 2016 The minutes of the meeting held on 9 August 2016 were confirmed as a correct and accurate record.</p> <p><i>Moved: The Deputy Chair</i> <i>Seconded: Roy Reid</i></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. Explore what type of reports could be made available for Home Care providers. Work underway. Ongoing.</p> <p>05/16-08 Credentialing of external trainer. Discussed under agenda item 3.1. Closed.</p> <p>08/16-01 Provide induction pack for new Chair once formal notice of appointment received. Completed. Closed.</p> <p>08/16-02 Declaration of Interest Register. Secretariat to update register to reflect changes. Completed. Closed.</p> <p>08/16-03 Health of Older People Strategy. interRAI management submission forwarded to interRAI Governance Board members 18 October 2016. Item to remain open to ensure interRAI 3 year strategic plan and Health of Older People Strategy were aligned. Ongoing.</p> <p>08/16-04 Review of Software User Group. Completed. Closed.</p> <p>08/16-05 Referral Management Specification. Discuss updated referral management specification with HOP Steering Group, Joint ARC Steering Group and the Home and Community Health Association. Completed. Closed.</p> <p>08/16-06 Referral Management Enhancement. Scope the referral management enhancement (including high level costing) and review the software enhancement prioritisation process. Discussed under</p>

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	<p>agenda item 4.1. Closed.</p> <p>08/16-07 Long Term Plan for Renewal of the National interRAI Software Contract. Schedule discussions for August 2017 meeting.</p> <p>08/16-08 Draft position statement on the clinical validity of interRAI data. Discussed under agenda item 4.2. Closed.</p> <p>08/16-09 Agreements for use of the interRAI Assessment System. Update summary document. Completed. Closed.</p> <p>08/16-10 Accreditation of interRAI Education and Support Programmes. Covered under Item 3.1. Closed.</p> <p>08/16-11 interRAI – Future Direction a Three Year Strategic Plan. Copy of strategy forwarded to Director General 23 August 2016. Closed. (Refer new action item 08/16-17 relating to development of MoU.)</p> <p>08/16-12 Governance Framework. Discussed under agenda item 2.1. Closed.</p> <p>08/16-13 Survey Tool. One page summary to be developed for distribution as part of the Communications Strategy. Completed. Closed.</p> <p>08/16-14 interRAI Services Operational Report. Investigate an opportunity of celebrating the milestone of completing 100,000 assessments. Completed. Closed.</p> <p>08/16-15 Financial Report. Copy of end of year financial report prepared for the MoH to be provided to Chair for information. Completed. Closed.</p> <p>08/16-16 Annual Report. Discussed under agenda item 2.4. Closed.</p> <p>08/16-17 Memorandum of Understanding. interRAI NZ to work with MoH to develop a Memorandum of Understanding based on the interRAI NZ Future Direction 2016-19. Secretariat to schedule a teleconference to progress – attendees to include Chair, Deputy Chair, Karina Kwai and Michele McCreddie.</p> <p>Item 1.5 Matters Arising</p> <p><u>Trialling the interRAI Sub Acute and interRAI Acute Tool</u></p> <p>Matthew Parsons provided a summary of the work being undertaken with the Accident Compensation Corporation (ACC), Auckland University and Canterbury, Counties Manukau and Waikato DHBs on identifying and assessing a tool to replace their current methodology.</p> <p>Discussions have been held regarding a proposal to pilot a new interRAI tool in Canterbury and Waikato DHBs commencing 1 July 2017, with national implementation 1 July 2018.</p> <p>Dana Ralph-Smith highlighted Counties Manukau DHB was undertaking parallel work in the area of specialist rehabilitation around all ages specialist</p>

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	<p>rehabilitation, and particularly complex rehabilitation like spinal, utilising the Australasian Rehabilitation Outcome Centre (AROC) FIM tool. It was noted that Nigel Millar would be holding discussions with the ACC Board regarding the development of an algorithm that extracts the relevant FIM data from the interRAI acute tool.</p> <p>At 9.53 am Sally Heppenstall and Karyn Foley joined the meeting.</p> <p>Michele McCreadie advised ACC had been provided with draft Governance framework guidance and templates for the introduction of new interRAI assessment tools and were aiming to present a formal pilot proposal to the interRAI Governance Board on 2 December 2016.</p> <p>The Deputy Chair raised concern at the diversion of interRAI Services resources to assist in the introduction of new interRAI assessment tools. Michele McCreadie indicated that interRAI Services involvement to date had been minimal.</p> <p>Michele McCreadie highlighted the work being undertaken in Canterbury DHB in collaboration with Professor Len Gray had been developed outside of the interRAI Governance Board and was part of a research project to redevelop an acute tool that had been there for some time. It was noted that Canterbury DHB were working with Professor Gray in his capacity as an interRAI Fellow.</p> <p>Action: <i>ACC to be invited to attend the meeting on 2 December 2016 to present the formal pilot proposal.</i></p>
<p>2. Governance</p>	<p>2.1 Governance Framework for the Introduction of new interRAI Assessment Tools</p> <p>The Chair acknowledged the work undertaken to develop the Governance Framework.</p> <p>Michele McCreadie introduced the paper noting the framework was developed on behalf of the Board based on project management methodology and included a five stage process:</p> <ul style="list-style-type: none"> • Initiate • Planning • Pilot • End of Pilot Report • Roll Out <p>Michele McCreadie noted the guidance for development of a business case reflects the New Zealand Treasury, Better Business Case process.</p> <p>Matthew Parsons raised concern that the requirement for the proposer to resource the development of the business case may preclude smaller DHBs and organisations from submitting proposals and restrict initiatives.</p>

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	<p>Dana Ralph-Smith commented it would be helpful if the framework was explicit in terms of resourcing requirements, and clarity on whether there was opportunity to apply for funding to support a proposal if deemed a priority by the Board and Ministry of Health (MoH).</p> <p>During robust discussion the Board requested the following amendments be made to the Governance Framework and the revised version circulated to the Board out of session for their final approval:</p> <p><u>A3 Overview</u></p> <ul style="list-style-type: none"> • In the Board evaluation boxes at the bottom change the wording in the End of Pilot box to <i>‘to what extent did the pilot meet the needs of consumers especially Maori, Pacific and Asian’</i>. • In the Board evaluation boxes at the bottom add a line in the Roll Out box re consumers’ views to be considered in the business case. • In the Board review of business case box change the words in brackets to <i>‘Better Business Case or modified template’</i>. • In the Board evaluation boxes at the bottom make it clear in the Initiating box that the proposers must have the funding for the pilot and that funding was not available from the interRAI NZ Governance Board or interRAI Services. <p><u>Guidance Document</u></p> <ul style="list-style-type: none"> • Page 4, point 4 – add in that the document would be reviewed annually. • Page 5, point 6 – change 30 to 35 countries. • Page 6, point 9 – change the paragraph to read <i>‘as a purchaser MoH is looking to see that the introduction of new interRAI assessment tools are not at the expense of the current tools in use in older peoples’ services’</i>. • Page 10, point 30 – change to read <i>‘..... interRAI Services reserves the right to charge at cost for this work depending on the complexity and time required.</i> • Page 15 – change Funding and Communications Plan Templates to (mandatory), add ‘stakeholder map’ and ‘consumers’ to the Communications Plan bullet points. <p>The interRAI New Zealand Governance Board:</p> <ol style="list-style-type: none"> 1. Approved in principle the overall governance framework for the introduction of new interRAI assessment tools as shown in the A3 document subject to amendments being made and the revised version circulated to Board members out of session for final approval. 2. Endorsed the guidance for proposers in the attached document.

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	<ul style="list-style-type: none"> ○ Concerns were raised about the appropriateness and consistency of the LTCF tool. ○ Despite it being an initiative requested by the sector, the voluntary to mandatory change had had an impact on sector engagement and was not seen as sector-led, but led by Ministry of Health (MoH) as a compliance mechanism. ○ There had been limited consultation regarding the implications, particularly with providers and primary users (registered nurses), and resourcing required for implementation. <ul style="list-style-type: none"> ● <i>Efficiency</i> - Time taken to complete an initial interRAI assessment was seen by providers and facilities managers as too long. ● <i>Duplication of Assessment Information</i> – 73% of facilities also used additional tool in the initial assessment, and 48% of facilities used additional tool in the re-assessment. ● <i>Double Entry of Data</i> – facilities using a combination of technology to carry out assessments. <ul style="list-style-type: none"> ○ 25% use paper based forms that require re-entry. ○ 71% use laptops. ● <i>Interoperability</i> –many of the users were using stand alone, unrelated care plans and were not utilizing the information directly from the interRAI assessment. ● <i>Effectiveness</i> : <ul style="list-style-type: none"> ○ Overall communication was seen as effective in regards to the introduction of the tool. ○ The vision of the original business case and the potential benefits from integrating the tool were not being fully realised at this point. ○ Some providers indicated that the tool had not yet delivered on the benefits that were stated initially. ○ Providers indicated that it was unclear how the data collected was being shared and used to improve the sector, and that benchmarking in their own facilities/organisations against others in the sector for key indicators would be useful. ● <i>Impact:</i> <ul style="list-style-type: none"> ○ Many of the Registered Nurses (RNs) were completing assessments in their own time. ○ Flexibility in training requirement and training assessments/adult learning principles were needed. ○ There was an increased workload for interRAI trained RNs – 86% of facilities found the increased time to complete an assessment challenging. ○ Cost to providers – extra RN time to complete assessments; training backfill; and IT and equipment costs.

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	<ul style="list-style-type: none"> • <i>Quality and Safety:</i> <p><i>Positives:</i></p> <ul style="list-style-type: none"> ○ Triggers in the interRAI system that prompt RNs in regards to resident care was useful. ○ Nurses were being upskilled in both IT and clinical knowledge. ○ Some Needs Assessment Service Coordination (NASC) assessments were more timely. <p><i>Challenges:</i></p> <ul style="list-style-type: none"> ○ Time away from hands on care was seen as potentially impacting on quality of care. ○ interRAI was seen as a compliance tool. • <i>Value for Money:</i> <ul style="list-style-type: none"> ○ Many providers and facility managers indicated that the introduction and ongoing use of the LTCF tool had yet to realise significant financial benefits. ○ 13% saw it as providing some or large value. ○ Providers noted it had been costly to implement. • <i>Sustainability:</i> <p>This was difficult to assess because the tool was mandatory. Provider suggestions to make it more sustainable and efficient included:</p> <ul style="list-style-type: none"> ○ Including the interRAI training as part of undergraduate nursing training and the competency training for overseas nurses. ○ Training all RNs, not just a quota per facility. ○ Enhanced inter-operability so that the interRAI system links with patient management systems and care plans in both directions. <p><u>Recommendations to consider:</u></p> <ul style="list-style-type: none"> • Establish a simple ongoing evaluation tracker for the centralized embedding of LTCF tool in aged care. • Clear communication about the expected benefits over time. • Investigating incorporating the training into general nursing training and overseas trained nurses' competency training (CAP) in New Zealand. • Implement training feedback mechanisms. • Deciding on a preferred process model for the LTCF interRAI. • Investigating the feasibility of allowing bidirectional information flows. • Working with DHBs to improve consistency with NASC processes, care planning tools and IR. <p>The Deputy Chair noted the importance that New Zealand Aged Care Association (NZACA) as co-sponsors of the review, were provided with an opportunity to review the report and provide feedback prior to the report being finalised. The Deputy Chair also noted it was vital that sector representatives assist in the implementation of the recommendations in the final report and drive the change management process.</p> <p>Dana Ralph-Smith suggested the final report note the mandatory use of the</p>

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	<p>interRAI care planning tool as being outside the scope of the project, noting the use of interRAI to <i>inform</i> care planning was within the scope.</p> <p>Dana Ralph-Smith commented it would be beneficial to interview NASC in the process, noting the interaction with the LTCF in terms of level of change.</p> <p>Michele McCreadie noted the Health of Older People Steering Group and Managers were interviewed as part of the process, however NASC managers and older people (as end users) had not been interviewed due to being out of scope.</p> <p>Dana Ralph-Smith suggested that a recommendation be included that whilst outside the scope of the project, it would be appropriate to interview older people on how they found the assessment tool in the decision making around their health and wellbeing.</p> <p>Karina Kawi advised it would be useful to also include the interface, and impact to primary care and specialist services, and accessibility to information.</p> <p>Michele McCreadie advised that written feedback provided by Max Robins had been passed on to Evaluation Consult to incorporate in feedback. Of note was the suggestion that a group be established to progress interoperability between the Momentum software, resident management software, medication management systems and key users.</p> <p>Action: <i>Michele McCreadie to forward the draft report to Simon Wallace (NZACA) for feedback.</i></p> <p>Action: <i>interRAI Services to commission Evaluation Consult to engage with NASC managers to obtain their feedback prior to finalising the report.</i></p> <p>The interRAI New Zealand Governance Board noted that the final report would be presented to the 2 December 2016 meeting for approval and would include a communications plan and plan for publication.</p> <p>At 11.55 am Evaluation Consult departed the meeting.</p>
<p>5. Update from interRAI International</p>	<p>Michele McCreadie provided a verbal update advising Dr Brigette Meehan had attended an interRAI International meeting in Malaga, Spain from 8-14 October 2016. It was noted the acute suite of tools that ACC was looking to pilot was an important part of the meeting with various committees discussing progress. The launch of the series of tools remains on track at an Acute Older People Services meeting in Brisbane in February 2017.</p> <p>Michele McCreadie advised interRAI International were reviewing progress had been made in countries that had recently introduced interRAI tools, noting Ireland was in the process of a national rollout.</p> <p>Action:</p>

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	<i>Michele McCreadie to draft a letter to interRAI International regarding processes for consumer engagement and input.</i>
4. Software Services	<p>4.2 Position Statement on the presentation of interRAI assessment information The report was taken as read.</p> <p>The interRAI New Zealand Governance Board:</p> <ol style="list-style-type: none"> 1. Approved the Position Statement on the presentation of interRAI assessment information. 2. Noted the Position Statement would be published in the Governance section of the interRAI NZ website. <p><i>Moved: Chair Seconded: David Chrisp</i></p> <p>Meeting adjourned at 12.00 pm.</p>
2. Governance	<p>At 12.30 pm the meeting reconvened and Andrew Downes, Sally Heppenstall and Karyn Foley joined the meeting.</p> <p>2.2 End of Pilot Report – interRAI Palliative Care Assessment Pilot Michele McCreadie introduced the paper noting the Board received a previous version of the report at the 5 April 2016 meeting and requested that the pilot continue for a further six months. It was noted the tool had been well received during the pilot and had shown itself to be fit for purpose, facilitating a more appropriate discussion regarding the needs of someone with a palliative care diagnosis.</p> <p>Karyn Foley advised it was important to note that the palliative care assessments in the pilot were undertaken by assessors who were already competent and experienced in using the interRAI Home Care Assessment, and for clients that would already be having a home care assessment in order to receive services for their needs.</p> <p>Following significant discussion:</p> <p>The interRAI New Zealand Governance Board:</p> <ol style="list-style-type: none"> 1. Noted the content of the report which was now in the Governance framework format. 2. Noted the benefits of using the Palliative Care tool as an additional tool to be used by Home Care assessors. 3. Agreed that interRAI Services would seek the views of DHBs via Health of Older People Portfolio Managers to ascertain their interest in using the Palliative Care tool and the expected numbers to be trained. 4. Agreed that interRAI Services would provide support to the DHBs to develop a business case for staged implementation to present to the December Board meeting.

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	<p>5. Noted the final report would be made available to Hospice New Zealand and be published on the interRAI NZ website.</p> <p><i>Moved: Chair Seconded: Dana Ralph-Smith</i></p> <p>At 1.00 pm Sally Heppenstall and Karyn Foley departed the meeting.</p>
<p>4. Software Services</p>	<p>4.1 Revised Planned interRAI Software Enhancements</p> <p>Andrew Downes spoke to the paper updating the Board on proposed software enhancements for the 2017 upgrade. The following was noted during discussion:</p> <ul style="list-style-type: none"> • Appendix 1 details the Enhancement Policy/Procedure for Endorsement by interRAI New Zealand Governance Board which includes a procedure flow chart describing the overall process and timeframes. • Decisions on enhancements incurring costs would be referred to the interRAI New Zealand Governance Board. • The user group had been disbanded and interRAI Services were in the process of seeking new membership for a sector wide software user group. • The Software Enhancement Policy would be published on the interRAI NZ website. <p>The interRAI New Zealand Governance Board:</p> <ol style="list-style-type: none"> 1. Endorsed the updated interRAI software enhancement prioritisation process. 2. Noted the prioritisation of specified and quoted enhancements developed through the user group as follows: <ol style="list-style-type: none"> a) Palliative care assessment summary section (assuming automatic approval would occur should the Palliative care tool be rolled out wider following the pilot evaluation) b) User legal management c) User as member of provider agency d) GP updates <p>Noting that (b) and (c) were closely interlinked.</p> 3. Noted that the referral management enhancement requested by the Board had now been costed. Depending on the final decision on scope - just home care, or home care and residential care - the final quote for this may change. 4. Noted that the combined quotes of all enhancement, one offs and out years, was as per Table 1 in this paper. <p><i>Moved: Deputy Chair Seconded: David Chrisp</i></p>

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	<p>Discussion was held on the proposed enhancements and the funding shortfall of \$97,978 for the 2016/17 year.</p> <p>Action: <i>Secretariat to schedule a teleconference to include the Chair, Chris Fleming, Karina Kwai, Andrew Downes and Michele McCreddie to discuss the funding of the proposed enhancements and resolution of the funding shortfall.</i></p> <p>The interRAI New Zealand Governance Board endorsed in principle the following recommendations on the assumption that the funding shortfall of \$97,978 could be resolved.</p> <ol style="list-style-type: none"> 1. Noted that decisions for enhancements were required to be made at this meeting in order for the main calendar 2017 upgrade process to meet its timeframes. 2. Confirmed the priority of the enhancements in (b) and (c). 3. Approved the preferred enhancements to be progressed. <p><i>Moved: Dana Ralph-Smith Seconded: Roy Reid</i></p> <p>At 1.30 pm Andrew Downes departed the meeting.</p>
<p>2. Governance</p>	<p>2.4 interRAI Governance Board Annual Report 2015-16</p> <p>Michele McCreddie spoke to the report prepared for the Director-General of Health in line with the requirement in the Terms of Reference to report annually on progress.</p> <p>The Deputy Chair asked that the report be updated to reflect his position as Chief Executive, Southern District Health Board, and Dr Nigal Millar's position as Chief Medical Officer, Southern District Health Board.</p> <p>The Deputy Chair requested that reference to the Data Analysis Annual Report to be included in the report.</p> <p>The interRAI New Zealand Governance Board:</p> <ol style="list-style-type: none"> 1. Approved the interRAI New Zealand Annual Report. 2. Noted the final report would be sent to the Director-General of Health. 3. Noted the final report would be published on the interRAI NZ website. <p><i>Moved: Chris Fleming Seconded: Judith Davey</i></p>
<p>3. Education and Support</p>	<p>3.1 Accreditation of External Educators for interRAI Long Term Care Facilities Assessment (LTCF)</p> <p>Michele McCreddie introduced the report providing an update on the accreditation process for external interRAI LTCF Educators noting an</p>

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	<p>accreditation model had been developed and trialed with Bupa, CHT and the Ara Institute of Canterbury (formerly Christchurch Polytechnic Institute of Technology).</p> <p>The report was taken as read.</p> <p>The interRAI New Zealand Governance Board:</p> <ol style="list-style-type: none"> 1. Noted the update. 2. Noted as only a small number of trainees have been through the competency process with an external trainer, the proposal was to continue with the model and report back to the Board in early 2017. At that time the experience of the accredited Educators, trainees, TAS moderators and providers could be included. <p><i>Moved: Chair Seconded: Judith Davey</i></p>
<p>6. Update from the Ministry of Health</p>	<p>At 1.38 pm Jim Nicholson joined the meeting.</p> <p>6.1 Update on Health of Older People Strategy Jim Nicholson provided an update on the consultation process of the Health of Older People Strategy. The following was noted during discussion:</p> <p><u>General Feedback</u></p> <ul style="list-style-type: none"> • Good engagement in public consultation stage through a series of four workshops. • 200 written submissions received. • High level of support for general and overall approach to the strategic work. • Good feedback on goals under each of the five outcome themes: <ul style="list-style-type: none"> ○ Healthy ageing ○ Living well with conditions ○ Supporting people with high and complex needs ○ Acute and restorative ○ Respectful end of life • Strong support around focusing on person centeredness, and the inclusion of material on addressing social determinants of health status, particularly for vulnerable groups. • Major issues reflected through the submissions: <ul style="list-style-type: none"> ○ Ensuring the workforce was available to meet the greater level of need and volume expected in the future ○ Integration within the health sector and across it ○ Growing numbers of the population with dementia ○ Ensuring the primary care sector was well positioned and

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	<p>re-orientated to take a greater role in dealing with and supporting older people</p> <ul style="list-style-type: none"> ○ Requirement for increased support for families and whanau ○ Addressing the inequity issues in the system ○ Strong push on aged friendly community concepts and initiatives ○ Focus on addressing more frequent occurrence of social isolation and loneliness, and the potential effects of that ○ Adequate IT and technology support. <ul style="list-style-type: none"> ● The strategy had been renamed from <i>Health of Older People Strategy</i> to <i>Healthy Aging Strategy</i>. ● The Healthy Aging Strategy team were working with their colleagues to ensure alignment with the Disability Strategy. ● Issues raised for inclusion in strategy included: <ul style="list-style-type: none"> ○ Voice of people’s families ○ Reference to the Treaty partnership ○ Leadership – spreading more accountability to community based bodies, NGOs and Councils. <p><u>Next Steps</u></p> <ul style="list-style-type: none"> ● Amendments to be made to the Strategy based on submissions. ● The Minister of Health would be socialising the Strategy with his colleagues. ● Strategy would be circulated to Expert Advisory Group. ● Cabinet paper lodged 10 November 2016. ● Strategy launched early December 2016. <p>At 2.00 pm Jim Nicholson departed the meeting.</p>
<p>7. Operational Reports</p>	<p>7.1 Quarter 1 2016-17 interRAI Services Operational Report</p> <p>Michele McCreadie spoke to the Quarter 1 dashboard reporting on progress on the main streams of work, highlighting the following during discussion:</p> <p><u>Education and Support Services</u></p> <ul style="list-style-type: none"> ● Ahead of target for LTCF and Home Care competency training. ● 11 LTCF trainees withdrew or did not complete training. ● 62 Service Managers were trained in the user of clinical information and aggregated data. ● Under target for Quality Reviews noting 22 LTCF and 31 Home Care

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	<p data-bbox="587 248 991 277">Quality Reviews were completed.</p> <ul data-bbox="539 322 1449 495" style="list-style-type: none"> <li data-bbox="539 322 1449 387">• 124 LTCF assessors were deactivated due to inactivity on the system following review of the database. <li data-bbox="539 432 1449 495">• Resources to be focused on Quality Reviews in the next quarter to bring up to target. <p data-bbox="491 539 1449 602">Karina Kwai requested that training trend data be included in future operational reports.</p> <p data-bbox="491 647 1251 710">Action: <i>Training trend data to be included in future operational reports.</i></p> <p data-bbox="491 754 828 784"><u>Data Analysis and Reporting</u></p> <ul data-bbox="539 788 1449 1503" style="list-style-type: none"> <li data-bbox="539 788 1449 927">• A new ARRC LTCF accountability measure was introduced during the quarter. DHBS now receive regular accountability and benchmarking reports covering the two main compliance pieces of information that they provide to MoH. <li data-bbox="539 972 1449 1034">• Standard suite of quarterly reports for ARC facilities scheduled for release in February 2017. <li data-bbox="539 1079 1449 1142">• Engagement with a selected group on a suite of data reports for Home Care providers was scheduled for October/November 2016. <li data-bbox="539 1187 1449 1249">• The number of interRAI data requests continues to increase noting 45 requests received in the quarter. <li data-bbox="539 1294 1449 1395">• Draft interRAI Annual Data Analysis Report for 2015-16 would be presented to the Board in December 2016 and on track for publication before Christmas 2016. <li data-bbox="539 1440 1449 1503">• Project plan developed for a national interRAI data visualisation tool scheduled for launch in June 2017. <p data-bbox="491 1547 703 1576"><u>Software Services</u></p> <ul data-bbox="539 1581 1449 1720" style="list-style-type: none"> <li data-bbox="539 1581 1449 1644">• Annual upgrade of interRAI software to incorporate enhancements and changes on track. <li data-bbox="539 1655 1449 1720">• Internal audit of interRAI privacy and security had been completed and recommendations implemented. <p data-bbox="491 1765 1426 1901">Action: <i>Michele McCreadie to provide a presentation on the standard suite of interRAI data reports for ARC facilities to the interRAI Governance Board at the 9 February 2017 meeting.</i></p> <p data-bbox="491 1980 580 2009">Action:</p>

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	<p><i>Draft interRAI Annual Data Analysis Report 2015-16 to be presented to the interRAI Governance Board at the 2 December 2016 meeting.</i></p> <p>The interRAI New Zealand Governance Board noted the interRAI Services Operational Report for Quarter 1 2016-17.</p>
	<p>7.2 Overview of interRAI Services Financial Situation</p> <p>Michele McCreddie provided an overview of the interRAI Services financial situation at the end of Quarter 1 2016/17 noting an underspend for the quarter.</p> <p>It was noted that due to an error in compiling the Board papers, the version of the financial report provided to the Board did not include the full information.</p> <p>Action:</p> <p><i>Secretariat to redistribute the Overview of interRAI Services Financial Situation for Quarter 1 2016-17, together with the Overview of interRAI Services Financial Situation for 2015-16 to Board members.</i></p> <p>The interRAI New Zealand Governance Board:</p> <ol style="list-style-type: none"> 1. Noted the overview of the interRAI Services financial situation at the end of Quarter 1 2016/17. 2. Noted that the MoU for 2016/17 had not yet been signed.
<p>8. Proposed Meeting Schedule 2017</p>	<p>8.1 Proposed Meeting Schedule 2017</p> <p>The interRAI New Zealand Governance Board:</p> <ol style="list-style-type: none"> 1. Agreed the meeting schedule for 2017. 2. Noted the Secretariat would send out meeting requests to Board members.
	<p>The meeting closed at 2.27 pm</p>
<p>Next Meeting</p>	<p>Friday 2 December 2016 9.30 am to 3.00 pm TAS Boardroom, Willis Street, Wellington</p>