Minutes

interRAI Governance Board

Date:	Wednesday 17 October 2018			
Start Time:	9.30 am Finish Time: 2.00 pm			
Method:	Face to Face, Thorndon Room, Front+Centre, 69 Tory Street			

Members: Catherine Cooney (Chair) Director of Kowhai Health Associates Limited, Chris Fleming (Deputy Chair) CEO Southern DHB – Funder Representative, Roy Reid – Treasurer, Chair Age Care Committee, Grey Power – Consumer Representative, Prof Matthew Parsons – Professor Medical and Health Services, University of Auckland, Chair Gerontology Nursing, Waikato DHB – Research Representative, Max Robins – CEO CHT and Deputy Chair NZACA – ARC Provider Representative, David Chrisp – General Manager Access Home Health Ltd – Home Care Representative, Janice Mueller – Director, Waipiata Consulting Limited - Health Professional Representative, Carolyn Cooper – Director Clinical Operations & Service Improvement & Lead Nurse, Bupa NZ - Nurse Leader Representative, Dr Michelle Honey – Senior Lecturer, University of Auckland - Health Informatics Representative, Stephanie Clare – Chief Executive Officer, Age Concern NZ - Consumer Representative, Dr Helen Kenealy – Geriatric SMO, Counties Manukau Health – Clinician Representative, Karen Evison – Director Strategy Planning and Funding, Lakes DHB – Funder Representative, Dr Nigel Millar – Chief Medical Officer & Geriatrician Southern DHB – Clinician and interRAI Fellow Representative

In Attendance: Michele McCreadie – General Manager interRAI Services, TAS, Dr Brigette Meehan – National interRAI Services manager, TAS Lynda Wheeler interRAI Training and Competency Manager(TAS) Karina Kwai – Manager, Health of Older People, National Services Purchasing, Ministry of Health, Dr Phil Wood – Chief Advisor, Healthy Ageing, Ministry of Health, Shelley Gilmour – Secretariat, TAS.

Apologies: Karen Evison and David Chrisp

Welcome & Apologies

The Chair opened the meeting at 9.29 am. Apologies were received from Karen Evison and David Chrisp

01 Minutes and Action Register

1.2 Declaration of Interest Register

The Chair noted the importance of declaring key affiliations. The Register of Interests is to be circulated and Board members are to ensure that their details are up to date.

At 9.31 am Dr Nigel Miller joined the meeting.

A discussion was held on the topic of Board members involvement in media/publications. As part of the Terms of Reference around communication the Chair requested that she is contacted in the first instance on a 'no surprises' basis if anything could potentially reflect on interRAI. Michele McCreadie is to be advised if the Chair is unavailable.

1.3 Confirmation of Minutes

Dr Millar requested:

- That the words 'when they are expected to be deceased within six months' are inserted into paragraph three of page five.
- That the words 'consistency of assessment' is used in paragraph two on page 12.
- That the words 'Inconsistency will become apparent on an interRAI audit' in paragraph two on page 12.
- That the words 'to the importance of training well' is inserted into paragraph five of page 12.

Chris Fleming requested:

- That the word 'discomfort' is removed from paragraph one on Page 15.
- That the word 'software' is inserted before the word 'licence' in paragraph one of page 15.

Karina Kwai requested:

- That the reference to the Momentum contract review is changed to 'the interRAI software review' throughout the minutes.
- The spelling of John Herries surname is corrected.

Upon amendment, the minutes of the meeting held 8 August 2018 were **confirmed** as a true and correct record.

Moved: C Cooney Seconded: J Mueller

CARRIED

1.4 Action Register

02-04/17 ACC and partner DHB Pilot. Verbal update on agenda at item 1.6. Closed

05-02/18	MoH to provide critical dates of contract renewal process to inform Board strategy decisions. Closed
12-04/18	Life when Renting Team to present to the Board a proposal for the inclusion of an additional question in the Home Care assessment. Open
01-06/18	interRAI Future Direction 2018-21 Include more information in the strategy 'Better Assessment, Better Care and Better Outcomes' at 12 and 36 month timeline (People Powered and Smart System) Closed
02-06/18	interRAI Future Direction 2018-21 Reflect that additional modules and tools are available in the strategy People Powered and Smart System. Closed
03-06/18	interRAI Future Direction 2018-21 Include equity statements in the strategic document. In Progress
04-06/18	Kotahi Communication Strategy to be presented to the Board at the 08/18 meeting. Closed
05-06/18	Quality Indicators are to be uploaded to Connex when they are produced. Closed
06-06/18	Quality Indicators to include a national picture which will include a report at the national level on the variances between Māori verses non-Māori. Closed
07-06/18	Quality Indicators are to provide an analysis of where the variations are. Open
08-06/18	Quality Indicators The potential to share DHB level information among GM P&F to be discussed at the next GMs meeting and report the outcomes back to the next interRAI Board meeting. Closed
10-06/18	Investigate the feasibility of the interRAI Board viewing the micro-simulation presentation at a future meeting. In Progress
11-06/18	A paper on changes to medication section LTCF and Home Care assessment sections is to be presented to the August Board meeting. Closed
14-06/18	MoH to provide an update on interRAI data into IDI at the next Board meeting. In Progress
01-08/18	A draft set of measureable outcomes to the Future Direction for the next 12 months is to be uploaded to Connex for discussion at the 17 October 2018 meeting. Closed
02-08/18	Develop a discussion paper on uses of the Palliative Care assessment in Aged Residential Care. Open
03-08/18	A plan for the interRAI Palliative Care Assessment for the next 12 months to be prepared and brought back to a future Board meeting. Duplicate of 02-08/18 Closed

04-08/18	Survey data is to be broken down by assessors and by managers and put up into Connex. Closed.
05-08/18	The item on Changes to Medication sections in interRAI Assessment is to be added to the agenda for every meeting. Closed. ¹
06-08/18	A statement of Work for software enhancements to be presented to the Board at a future meeting. Open.
07-08/18	Providers are to be added to the list of stakeholders on the Kotahi 2-1 Host Sites communications plan. Closed.
08-08/18	Update to be provided on the progress of the evaluation of the interRAI Software contract review at the Board meeting in November.
09-08/18	Provide names for the group to be involved in the interRAI software review evaluation.
10-08/18	New risk to be added to the risk register around the high turnover of Registered Nurses in Aged Residential Care with consideration given to controls and mitigations. Closed.
11-08/18	Clarification on potential conflicts of interest for members of the Board publishing articles are to be checked against the Board Terms of Reference. Closed.
12-08/18	The communications on the international research paper by Dr Jamieson is to be maximised. Closed.
1.5	Correspondence

Nil

1.6 Matters arising

Accident Compensation Commission (ACC) and partner District Health Board (DHB) pilot of Post-Acute Care and Rehabilitation tool – update from General Managers Planning and Funding Meeting 27 August 2018.

The outcome from the GMs Planning and Funding meeting in August was not clear.

Matthew Parsons advised that ACC will pay for the customisations to the interRAI PAC-R tool as they are required however the actual longer term benefits are not necessarily to ACC. Lisa Gestro (Southern DHB) is taking the lead in this and as a result Southern, Canterbury and Waikato DHBs are looking at taking acute and sub-acute care forward with a pilot of new interRAI tools. Potential

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¹ Post meeting note: The interRAI software upgrade was completed at the end of September 2018. As part of the upgrade, interRAI introduced the changes the Board agreed to the medication section. It is now optional for assessors to enter the details of medications. interRAI still asks for the names and number of medications but not the details of frequency, route or dose, as all that information is collected in other systems such as Medimap or OneCase by many providers. Those providers who use interRAI as their prime system still have the option to continue to enter the full medication details. Further changes to the medication section will be discussed with the Board in February 2019 as part of planned software enhancements.

complications exist within Canterbury DHB (CDHB) as the AC 9.3 tool they are piloting is not being used in Momentum. DHBs accept it is not up to ACC to drive this work and they are working to action.

A general discussion ensued on Non-Acute Rehabilitation (NAR).

Michele McCreadie noted that this was the first time that a potential DHB led pilot for the ACC developments had come to light and requested clarification on the three DHBs piloting both the acute care and post-acute care tool.

Matthew Parsons advised that TAS and interRAI will hear in due course once the initial discussions have taken place. It is unknown if this will go ahead yet.

At 9.54 am Uli Anderson (TAS) joined the meeting.

The Chair asked for an update to be presented at the meeting 28 November 2018 on the current status of NAR and asked for the General Managers Planning and Funding (GMs P&F) thoughts on the issue.

Chris Fleming advised that Lisa Gestro would be zooming into the meeting in November to provide an update.

Michele McCreadie provided an update to the pilot programme in CDHB on the Acute Care 9.3 tool which is being used as part of the nursing assessment. A great deal of work has been done to develop the education programme for CDHB and a signed memorandum of understanding now exists setting out what interRAI will do. An online training package for the tool has been produced. interRAI Services are currently waiting on CDHB to advise when they will be commencing with the pilot as it was not going to start during Winter. This will need to be built into the interRAI work programme. The AC 9.3 tool is not in Momentum software but in Patientrack and the tool is only available for CDHB and not for other DHBs who use this software.

At 10.00 am Michelle Liu (TAS) joined the meeting.

A general discussion ensued about software interfaces with interRAI.

The Chair noted the CDHB development is moving forward and the new question is around the interoperability with nursing assessment and care planning tools and in summary:

- 1. Noted that more shape is required around the CDHB story by way of a paper at either the November 2018 meeting or the February 2019 meeting.
- 2. Requested that the risk around the interoperability of the range of on-line interface care planning tools to be added to the risk register.

Action iten	ns	Person Responsible
01-10/18	The Register of Interests is to be circulated and	Secretariat.
	Board members are to ensure that their details	
	are up to date including identification of	
	affiliations.	

02-10/18	An update on the NAR to be provided at the November 2018 meeting.	Michele McCreadie
03-10/18	A paper is to be provided at either the November 2018 or the February 2019 meeting with an update on the CDHB pilot of the Acute Care 9.3 Tool.	Michele McCreadie
04-08/18	An addition to the risk register is to be made to note the interoperability of the range of on-line nursing tools.	Michele McCreadie

2.0 Governance

2.1 interRAI NZ Annual Report 2017/18

Michele McCreadie provided the background to the report and called for feedback from the Board.

- It is a requirement to report to the Director-General of Health on an annual basis regarding the work of the Board.
- The 2018 theme is quality which is the same theme presented at the New Zealand Aged Care Association (NZACA) Conference.
- The report focuses on three key aspects of quality:
 - Quality Indicators
 - o Quality of data
 - o Quality of Life.
- It is intended to publish the report in December 2018.

Chris Fleming noted that the report was well written.

Dr Millar quoted Martin Vernon – the Clinical Lead for Aged Care in the United Kingdom (UK) 'UK care home residents outnumber inpatients threefold yet knowledge of their needs, care and outcomes is staggeringly poor because home care residency is not centrally registered' and noted that this highlighted the advantage we have in New Zealand with all assessments entered unto a national repository and therefore it would be worth talking up the interRAI success.

Other feedback from the Board included:

- It was good to see data on Māori verses non-Māori and to see this expanded on in future reports. This is now seeing the start of the work on equity.
- The data quality section is great but it does not state what is going to be done with it.
- The incomplete National Health Index (NHI) story is not clear or complete. Discussion has been held with Momentum on whether it is possible to hide that field. Currently awaiting outcome.

- The Quality Indicators (QIs) are great but people will struggle to understand them and they could be explained in other ways about what each one means.
- Have an external person provide a positive statement on what interRAI is achieving.
- Consider and prepare for possible media response to what the QIs are potentially saying.
- Page 22 of the Report, the heading should be interRAI QIs.
- Page 34 of the report, change the headings in the cognitive performance scale. The difficulty is that in interRAI assessments high numbers are 'bad' numbers. The suggestion is to change the labels to show what they mean.
- Page 35 of the report, suggest change the percentages on the graph to show the actual numbers in figure 24
- Page 22 of the report, as Health Quality and Safety Commission (HQSC) has a team working in the QI area, it might be useful if HQSC was asked to provide a comment.
- Page 22 of the report, change the heading to interRAI Quality Indicators first results.
- It was noted that there is no consumer voice and there is an opportunity for someone in the community to provide commentary. The interRAI Services management team noted that there is not sufficient time to do this for this year's report.
- The report was easy reading, well written and will be great for clinicians.

The Chair advised that the deadline date for feedback to Uli Anderson is 5.00 pm Tuesday 23 October 2018.

The interRAI Governance Board:

- 1. **Provide** feedback on the draft interRAI New Zealand Annual Report 2017/18 and covering letter with the final date for feedback 5.00 pm Tuesday 23 October 2018.
- 2. **Noted** that the final report will be published in December 2018.

At 10.30 Michelle Liu (TAS) left the meeting.

2.2 Final report implementation of the 'Lessons learned from the introduction of Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-2015) a post project review'

Michele McCreadie advised that the report brings the actions resulting from the recommendations to a close and seeks to gain approval for the final report along with feedback on how this is to be published and to get the message out that is has been completed.

The interRAI Governance Board:

- Approved the final report of the implementation of the recommendations from 'Lessons learned from the introduction of Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-2015) a post project review'.
- 2. **Noted** the final report will be published on the website and as an article in the next interRAI Informer.

Moved: Max Robins Seconded: Michelle Honey

Carried

The Chair sought feedback on how to maximise the story on what the sector said to the Board and the work that was done in response to the ten recommendations.

Stephanie Clare noted that the key issue is understanding what happened and what the benefits are. Make it identifiable and palatable. Deliver it in smaller bite sized messaging. There is a lot of information but what does this mean to an older person who is at home?

Roy Reid noted that it was important that older people want to see benefit to their health. One or two have expressed concerns about how they are assessed and there is real fear about being removed from their home. It is important that the older person understands that the assessment is in their best interest and that they should have someone with them at the time of assessment as the process can be upsetting.

A general discussion ensued and the following was noted:

- There is an opportunity to tell a couple of personal stories.
- Messaging must be fit for older people.
- This provides an opportunity to work jointly with Age Concern NZ, Grey Power and Age Care.
- Stories from clinicians did not come through in the report.
- This brings information to the bedside and provides clarity about many consumers including primary care.
- It is important to consider multiple audiences. The Chief Nurses Office has expressed interest in joint messaging.
- Consider putting an item in the Annual Report on this issue.

3.0 Software Services

10.43 am Terry Huntley and Peter Fraser (Project Manager) TAS joined the meeting and Uli Anderson (TAS) left the meeting.

3.1 Kotahi interRAI 2-1 Host Sites Project.

The Chair noted that progress to date was pleasing.

Peter Fraser advised that the impartial evaluation has concluded and the project is in the final stages of pulling together recommendations.

Michele McCreadie ADVISED that if the outcome between the two responders is very close then they will be asked to provide a presentation.

Terry Huntley advised the project completion date is September 2019.

The interRAI Governance Board:

1. **Noted** the Kotahi interRAI 2-1 host sites status update.

At 10.51 am Terry Huntley and Peter Fraser left the meeting.

4.0 Education and Support

4.1 interRAI Quality Indicators Update Report – Phase two update

Dr Brigette Meehan noted that the report is just an update to show the progress of Phase Two. This provides the opportunity to show what has been done and how interRAI QIs are moving forward. Only approved persons in a facility will see their individual QI report. Small working groups are being set up and there is a desire to work with smaller ARC providers to establish what the QIs mean to them and how they can use them.

A general discussion ensued on the variability of the data noting that the data is not risk adjusted for psychogeriatric care in particular.

Michele McCreadie advised that a project is under way to improve the look and feel of the QIs and newer versions are being developed that are more user friendly. These will be presented at the next Board meeting.

The interRAI Governance Board:

- 1. **Noted** the progress of Phase Two of the interRAI Quality Indicators Project.
- 2. **Noted** the latest national interRAI Quality Indicators reports and that the DHBs reports will be made available through access to the Board's restricted site.

4.2 On Line End User Training

Michele McCreadie provided an overview noting that an 'end user' is someone who reads and needs to understand the assessment but does not complete one.

Lynda Wheeler, interRAI Education and Competency Manager gave the Board a presentation on the work to date on the online end user training package.

Current end user training:

- Is classroom based for about one hour.
- Targeted for one to ten attendees.
- Produced as a standardised Power Point.
- The focus of the training is navigating around the national software system and demonstrating assessment outputs.

The benefits in migrating to online training reduces travel to training time ratio, will cater for the increased demand for the training and allow access to be monitored.

The End User training objectives are:

- To understand how the suite of interRAI assessments were developed and their purpose.
- To learn how to navigate around the software.
- To understand the components of an interRAI assessment.
- To learn how to interpret outcome measures produced from a completed assessment.
- To provide information of the ongoing support and learning opportunities.

A general discussion ensued on the learning management system. End users were identified as a very large group including Dementia New Zealand, Home Care providers and DHB employees.

Action items		Person Responsible
05-10/18	QI new look and feel to be shown to the Board	Michele McCreadie
	at the November meeting.	

5.0 Data Analysis and Reporting

5.1 Aged Residential Care (ARC) Funding Review - Update

Michele McCreadie spoke to the paper and provided progress since the last update. The review is heading towards a December publication date. A large amount of interRAI data has been provided

to Ernst and Young to feed into the review and Dr Brigette Meehan provided them with access to interRAI International to allow them to seek further expert advice if required.

Chris Fleming advised that the review will provide four options.

- Keep the status quo –the current four bed day rates.
- Introduce slight more complexity into the categorisation six or seven options as opposed to four.
- Casemix/interRAI vehicle.
- Separate out care and accommodation.

A discussion ensued about the review options and it was generally agreed that the preferred option was option three. Option four carries the highest degree of risk for ARC providers as it escalates the capital cost of accommodation.

The interRAI Governance Board:

1. Noted the update on progress with the Aged Residential Care Funding Model Review.

6.0 Update from interRAI International

Dr Nigel Millar advised that research is building and enthusiasm for interRAI will continue to grow. Dr Brigette Meehan noted that on 18 March 2019, a delegation from Singapore will visit New Zealand. They have had a problematic introduction to interRAI in the past and wish to see what New Zealand has done and have particularly asked to spend time with Dr Brigette Meehan with CHT Healthcare Trust. The delegation will comprise around seven members.

Karina Kwai noted that there has not been a visit by interRAI fellows for some time and queried if this was in planning.

Dr Brigette Meehan advised planning is done years in advance and visits are normally done when projects are planned.

General discussion was held on what topic would be of benefit to interRAI Fellows to add value to any interaction with interRAI New Zealand.

The Chair advised that further discussion on this topic would be held at the February meeting.

Action items		Person Responsible
06-10/18	Board members to consider topics for discussion for a potential visit to New Zealand by the interRAI Fellows.	All

7.0 Operational Reports

At 12.08 pm the meeting broke for lunch.

At 12.39 pm the meeting resumed and Terry Huntley (TAS) joined the meeting.

7.1 interRAI NZ Risk Register

The Chair requested the addition of a new risk to address the CDHB pilot mainly around the interoperability and rollout.

The Risk Register was tabled. Four closed risks have been archived and one new risk has been added 'the turnover of Registered Nurses in ARC is increasing and there is a risk interRAI Services Education and Support will not be able to meet the increasing demand'.

Carolyn Cooper advised that the turnover of nurses is still very high. Bupa is the only provider in New Zealand who have settled their industrial contract in the first round of negotiations. The drivers for reasons for leaving were outlined. These included the attractiveness of the DHB wage rates. Another reason given was the time it takes to do an interRAI assessment and formulate a care plan

Max Robins advised that the Registered Nurse turnover for CHT was 78% for the first six months of 2018.

The Chair advised to close Risk Six 'New government leads to new policy direction which impacts on interRAI' as this is no longer part of the coalition government agenda.

The interRAI Governance Board:

1. **Noted** the interRAI NZ Governance Board Risk Register as at October 2018.

7.2 Overview of interRAI Services Financial Situation to End Q1 2018-19

Michele McCreadie provided an overview of the interRAI Services financial situation for Q1 2018- 19. The underspend in personnel is due to the time taken to fill vacancies however recruiting has recently been more successful and the overspend in information technology and communications is due to the timing of invoices.

The financial report for Q1 to end September 2018 was discussed and a query was raised regarding the appropriateness of funding depreciation from revenue in advance. Adjustments will be made to reflect this in the operating budget.

The interRAI Governance Board:

1. **Noted** the overview of the interRAI Services financial situation 2018-19 as at the end of Q1.

2. **Noted** the explanation of financial variances and the use of the revenue in advance funding for 2018-19.

7.3 interRAI Services Operational Report

Communications and Media

Michele McCreadie provided an update on communications including:

- Dr Hamish Jamieson's widely promulgated report.
- Ulrich Bergler, Research Fellow at Otago University, will present his recent research about older adults in New Zealand on 1 November 2018 in Wellington. Invitations will be extended to the Board members.

Conferences

Presentations at conferences continue including:

- Two interRAI educators presented on the interRAI Palliative Care assessment at the Hospice NZ Conference in September.
- Providing a key note presentation and a workshop presentation at the NZNO Gerontology Nursing Conference in November.
- Providing two presentations at the Health Informatics NZ Conference in late November.
- Presenting at the Grand Round at Middlemore Hospital in November.

Education and Support

The Competency Assessment Programme (CAPS) Model is expanding and interRAI training is now included in the Whitireia tertiary institution CAPS programme. A pilot at the Ara Institute in Christchurch was successful and another pilot with the Nelson Marlborough Institute of Technology is being worked on.

Time taken to reach competency shows significant improvement over the year. It was commented that this would be a great success story if shown in percentages. This will be included in the next interRAI Informer.

Software Services

Michele McCreadie advised that work is underway for the introduction of interRAI into Primary Care. A dashboard has been developed for Primary Care after discussions with the four large Primary Health Organisations. A statement of work is pending. interRAI Services are in the planning phase for this piece of work. Expressions of interest in a pilot have been received by clinicians and

from Compass Health and other health providers. A business case will be presented to the Board at a future meeting.

Terry Huntley provided an update on the recent interRAI assessment software upgrade.

- The 2018 upgrade to the software with the latest version and enhancements was completed in September.
- Following the upgrade, a number of technical issues were reported which have raised concerns in some parts of the sector.
- The key issue has highlighted how the software works across different DHBs in particular the network performance.
- interRAI Service are working closely with Momentum and the host sites to resolve the issue.
- This issue has identified other complexities which were previously unknown.

The interRAI Governance Board:

1. **Noted** the interRAI Services Operational Report as at the end of Q1 2018-19.

Action items	5	Person Responsible
07-10/18	New risk to be added regarding the CDHB pilot	Michele McCreadie
	around interoperability and rollout.	
08-10/18	Close risk six	Michele McCreadie
09-10/18	Include the improvement in the time taken to	Michele McCreadie
	reach competency in the next interRAI	
	Informer.	

8.0 Update from the Ministry of Health

Karina Kwai presented a general update on the structural changes across the Ministry of Health (MoH) effective from 15 October 2018. There are now 11 new Directorates and each has an interim acting Deputy Director-General (DDG). interRAI sits in the Health System, Improvement and Innovation workstream under the acting DDG Keriana Booking.

8.1 Application to add interRAI dataset to the Integrated Data Infrastructure (IDI)

Dr Phil Wood advised that Stats NZ have stopped new data going into IDI until IDI2 is rolled out. This will delay the inclusion of the interRAI dataset by a year but due to the quality of the data it is expected to be introduced soon after.

The Chair requested a further update at the interRAI Governance Board meeting in June unless any major developments occur in the interim.

interRAI Software Review

Karina Kwai provided an update noting the December 2018 timeframe was too ambitious and work will be undertaken with the wider team on a programme of work. The NZ Needs Assessment Service Co-ordination Association (NASCA) and the Home Care Association have been engaged with and are wanting to contribute. interRAI Fellows have also been consulted. A paper will be prepared for the GMs P&F meeting in November to provide them with an update.

A piece of work to review the implementation plan around the Healthy Ageing Strategy has commenced which has strong interest from the GMs P&F.

Action items		Person Responsible
10-10/18	An update on the interRAI data into IDI is to be	Dr Phil Wood
	provided at the Board meeting in June 2019.	

9.0 Communications

Discussed earlier in the meeting.

10.0 General Business

The Chair presented proposed Board meeting dates for 2019. These will be distributed by the Secretariat and meeting invitations will be sent. The change in date for the February meeting was noted.

Michele McCreadie provided an update on the request from Qatar for progressing interRAI in their country. EY have programmed a visit to Qatar in December and have extended an invitation to a member of interRAI Services to attend. Michele McCreadie will form part of the visit team. All expenses will be paid by EY.

Dr Millar stated that starting up in a new country is a big and challenging endeavour.

The Chair noted that consideration should be given to liaison between the MoH and the Ministry of Foreign Affairs and Trade (MFAT) prior to any travel occurring. The MoH is to take the lead on this.

Action items		Person Responsible
11-10/18	Distribution of 2019 Board meeting dates and meeting invitations are to be sent to Board	Secretariat
	members.	
12-10/18	Liaison between MoH and MFAT is to occur	Karina Kwai
	before any travel to Qatar occurs.	

Meeting Closed: 1.41 pm

ext meeting: 28 November 2018, Front + Centre, 69 Tory Street, Wellington					