**Minutes** 

# Standards Review Governance Group

|  |  |
| --- | --- |
| **Date:**  | Wednesday, 6 March 2019 |
| **Time:** | 9.00am to 10.00am |
| **Location:** | Ministry of Health  |
| **Chair:** | Keriana Brooking (DDG, Health System Innovation & Improvement, Ministry of Health |
| **Attendees:** | Sandy Gill (Māori Consumer Representative) Andi Shirtcliffe (Chief Advisor, Pharmacy, Ministry of Health)Matthew Parr (Acting DDG, Disability, Ministry of Health)Liz Stirling (Manager, DHB Performance, Support and Infrastructure, Ministry of Health)Caroline Flora (Group Manager, Strategy and Policy, Ministry of Health)Derek Thompson (Manager, Mental Health and Addiction, Ministry of Health)Stanil Stanilov (Team Leader, Standards New Zealand, MBIE)Donna Gordon (Principal Advisor, HealthCERT, Ministry of Health)Jade Cincotta (Project Manager, HealthCERT, Ministry of Health) (minutes) |
| **Apologies:** | John Whaanga (DDG, Māori Health, Ministry of Health) |
| **Item** | **Notes** |
|  | Keriana Brooking opened the meeting at 9.00am |
| 1 | ApologiesJohn Whaanga (Deputy Director-General, Māori Health).  |
| 2 | Setting the scene The Chair welcomed the Governance Group (the Group) to the first meeting. A summary of the legislation which requires providers of overnight health services to be certified against the relevant standards was given. The results of the 2013, 2014 and joint 2017 reviews of the Health & Disability Services Standards and the Fertility Services standard was summarised. The proposed timeline for the standards review was noted by the Group. Standards New Zealand (SNZ) outlined their legislated requirements for establishing standards. These include: * Establishing a balanced standards committee
* A period of public consultation
* Consensus by the balanced standards committee on the final standards.

SNZ confirmed they would provide quality assurance to the development of the standards. SNZ outlined their new partnership approach where the Ministry will provide project management support to the development of the standard. It was acknowledged the partnership approach provides the opportunity for the Ministry to meaningfully work with the sector to update the standards. The Group reviewed the oversight strategy proposed by the HealthCERT project team and **agreed** an Operative Alliance to be established. The intention of this Alliance is to oversee the working groups, ensure consistencies across them and manage operational scope creep. |
| 3 | Terms of ReferenceThe Group reviewed the Terms of Reference. The Group confirmed the Terms of Reference are to be modified to include the relationship with the Operative Alliance. |
| 4 | Risk RegisterThe Group reviewed the Risk Register. The Group recommended inclusion of a risk pertaining to Data & Digital risks and to the antimicrobial resistance (AMR) work programme.The Group discussed the opportunity provided by this review to amend the standards in such a way that they will continue to be fit for future models of care as they change and develop. Particularly as New Zealand’s philosophy of care extends beyond secondary health services. The Group considered how the standards were an important lever in the suite of mechanisms used to improve the quality of health service provision, eg the new Primary Care Patient Experience Survey.  |
| 5 | Environmental Scan A presentation outlining the results of an Environmental Scan was provided. The Environmental Scan focussed on 14 regulatory agencies within 7 countries that regulated aged residential care, disability, community, hospital and mental health services. Internationally, there is a shift away from standards for every service type to a more modular framework. Within this modular framework there are high-level standards which apply to all services that is then supported by service standards or guides relevant to the type of care being provided. Countries which have shifted to this model find high-level standings allow flexibility in the processes of different services and adapt well to changing models of care while ensuring the spirit of care remains centred on the patient and whānau. The Group agreed with the work being done internationally to make health service standards more consumer-facing and support a similar solution for the Aotearoa New Zealand context.The Group noted the work done in Australia and Canada to ensure their regulatory frameworks serve both their Aboriginal service providers and Aboriginal consumers. The Group supported a relevant solution be pursued to meet the needs of Māori health service providers and Māori consumers. The Group requested more information on Norway’s certification framework be provided at the next meeting. The Group considered other pieces of work currently going on within the Ministry which could impact this review.  |
| 6 | ClosingThe Chair thanked everyone for their attendance and noted the next meeting would occur in May. The meeting closed at 10:05am. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Action** | **Lead** | **Due Date** |
| 2 | Establish an Operative Alliance | Donna/Jade | April 2019 |
| 3 | Update Governance Group TOR  | Jade | April 2019 |
| 4 | Amend risk register to reflect Governance Group feedback | Jade | March 2019 |
| 5 | Update on Norway’s certification framework | Jade | May 2019 |
| 6 | Provide an email update to the Governance Group in one month | Jade | April 2019 |
| 6 | Send calendar invitation for next Governance Group meeting at the end of May | Jade | March 2019 |