

*Health Information
Strategy Action
Committee*

Terms of Reference

TERMS OF REFERENCE FOR THE HEALTH INFORMATION STRATEGY ACTION COMMITTEE

INTRODUCTION

1. The Minister of Health ('the Minister') under section 11 of the New Zealand Public Health and Disability Act 2000 (NZPHDA) through a written notice has revised the role of the Health Information Standards Committee (HISO), a Ministerial Committee appointed under section 11 of the NZPHDA, through renaming the HISO as the Health Information Strategy Action Committee (HISAC) and revising the Terms of Reference. The new Terms of Reference are set out below.

RELATIONSHIP BETWEEN THE MINISTRY OF HEALTH AND HISAC

2. HISAC's relationship with the Ministry of Health is defined as advisory to the Minister of Health. The Ministry recognises that in order to achieve successful health and disability outcomes effective collaboration and partnering with the health and disability sector is essential. HISAC provides a means to achieve this outcome for the effective governance and delivery of the Health Information Strategy for New Zealand (the Strategy).
3. The Ministry of Health will provide secretariat and staffing to support the work of HISAC. The budget allocated to governance will remain in Vote: Health and will be subject to the Ministry of Health financial policies.

OBJECTIVES FOR THE HEALTH INFORMATION STRATEGY ACTION COMMITTEE

4. The role of HISAC is to provide governance of, oversight of, and leadership for the implementation of the Strategy to the health and disability sector. This will include:
 - ensuring health and disability sector ownership of and responsibility for the Strategy. (The health and disability sector includes funders, and primary, secondary and community providers, including non-government organisations.)
 - representing the views and interests of both public and private sector health and disability sector organisations in relation to the Strategy
 - ensuring transparency and co-ordination of implementation of the Strategy including the 12 Action Zones defined in the Strategy
 - working with the Ministry of Health to facilitate and co-ordinate key Strategy activities, and with the Ministry of Health and other agencies to remove barriers to the implementation of the Strategy and the Action Zones
 - advising on the planning process to identify key constituencies impacted by the Strategy Action Zones; and advising on business cases for investment to achieve progress in the Action Zones
 - delegating in writing to sub-committees and expert working groups specific tasks, and revoking and amending those delegations as required
 - ensuring the ongoing development and implementation of health information standards
 - ensuring the ongoing development and implementation of guidance to inform the effective use of health information
 - ensuring the ongoing development, implementation and governance of secure national electronic health networks
 - reviewing and auditing progress against the business plan approved by the Minister for the implementation of the Strategy
 - working, with the Ministry of Health and other sector agencies, to remove barriers to the implementation of the Strategy and its Action Zones
 - identifying opportunities for review of the Strategy, and reporting these to the Minister and to stakeholders (participating organisations, consumers, the Health and Disability Commissioner and the public)
5. HISAC will have three sub-committees:
 - Infrastructure including Privacy, Authentication and Security
 - Health Information Standards
 - National Collections.

INFRASTRUCTURE SUB-COMMITTEE TERMS OF REFERENCE

6. The Infrastructure Sub-committee's role under delegation from HISAC will include:

- determining connectivity standards pertaining to health and disability sector information and communications technology (ICT), along with standards regarding the use of health information, exchange of health information, security and privacy
- specifying, agreeing and maintaining protocols for privacy and security over ICT in the health and disability sector
- overseeing and maintaining compliance with health and disability sector ICT standards, codes of practice and protocols relating to the electronic exchange of health information and the operation of the Health Network (a secure, private communications infrastructure using Internet technology to facilitate the secure exchange of health information between healthcare providers
- accreditation and oversight of management of vendors of network and certification services that supply or wish to supply services to the health and disability sector
- determining the rules for systems applications made available on the health and disability sector ICT infrastructure, including accreditation of ICT application providers where appropriate
- authority to approve and revoke access to the Health Network by organisations in, and ICT suppliers to, the health and disability sector
- communicating about and promotion of the Health Network domestically and internationally
- monitoring the ongoing use of the Health Network and advising on rules around applications and processes
- considering, investigating and recommending future enhancements, direction and development of the Health Network
- considering the report on the Telehealth strategy
- initiating Health Network audits as required
- providing HISAC with written reports on progress and any impediments to progress
- any other tasks as determined by HISAC.

HEALTH INFORMATION STANDARDS SUB-COMMITTEE TERMS OF REFERENCE

7. The Health Information Standards Sub-committee's role under delegation from HISAC will include:
 - quality assurance through reviewing the existing plans for Health Information standards development and to confirm as appropriate sector wide plans for health information standards development
 - championing new health information standards; reviewing existing sector developments where health information standards are being considered, tested or developed; and supporting these endeavours
 - health information standards development through the approved processes
 - development of funding options and recommendations for how specific health information standards developments should be funded
 - quality assurance through reviewing existing and emerging sector health information standards plans and activities and confirming these for alignment with the Strategy
 - agreeing and endorsing sets of existing health information standards
 - communicating and promoting the adoption and use of endorsed health information standards
 - monitoring the progress of health information standards development and implementation
 - auditing the use of health information standards
 - providing HISAC with written reports on progress and any impediments to progress
 - any other tasks as determined by the HISAC.
8. Oversight and prioritisation of health information standards development will be expected to reside with HISAC with input from sub-committee members. The brand "Health Information Standards Organisation (HISO)" will remain for operational purposes with the Health Information Standards Sub-committee.

NATIONAL COLLECTIONS SUB-COMMITTEE TERMS OF REFERENCE

9. A national collection is a long-term collection of nationwide data or a reference data set which is used for analysis and information provision to achieve improvement in the services and capabilities of the publicly funded health and disability sector.
10. The Stewardship of National Collections Sub-committee's role will include:
 - working with the Ministry of Health and other agencies to agree the purpose, use and establishment of National Collections
 - working with the Ministry of Health to establish and implement standards, best practice guidelines, protocols and evaluation methodologies for National Collections both individually and collectively and to monitor their application
 - working with the Ministry of Health to establish and implement standards for managing the application of the unique identifiers such as HPI and NHI and to review the application of the standards
 - establishing and monitoring accountability arrangements for National Collections
 - reporting on the effectiveness of the stewardship and custodianship of National Collections in supporting the implementation of the Strategy
 - reviewing the alignment of any new National Collections with the overall Strategy
 - evaluating current data collections against the criteria for a National Collection
 - reviewing existing National Collections for alignment with the Strategy
 - specifying data standards for future National Collections including business rules, definitions, quality, and access
 - monitoring collection of data and compliance with good practice guidelines and standards for National Collections
 - identifying and addressing cross National Collection issues
 - promoting and advocating for the effective implementation of National Collections
 - providing HISAC with written reports on progress and on any impediments to progress
 - any other tasks as may be determined by HISAC.

KEY TASKS OF THE HEALTH INFORMATION STRATEGY ACTION COMMITTEE

11. Key tasks include:

- ensuring the production of an annual business plan for approval by the Minister
- ensuring reporting 6 monthly to the Minister and stakeholders on progress against the Strategy and the health and disability sector's progress with the implementation of the Strategy
- reviewing within 6 months of appointment the indicative Implementation Roadmap in the Strategy and recommending a forward timeline to the Minister
- undertaking a review of the Strategy with stakeholders at a time to be agreed with the Minister of Health
- ensuring quality assurance over the implementation of the Action Zones in the Strategy and over the work of HISAC
- developing criteria for Action Zone funding and business case decision-making, and ensuring compliance with the Government's Guidelines for Monitoring of Major Information Technology Projects.
- establishing strategies for communications and stakeholder management
- prioritisation of HISAC and its sub-committees' work to align with the Strategy
- oversight and leadership of its three sub-committees
- working with the Ministry of Health to ensure the effective implementation of the Strategy.

CRITICAL SUCCESS FACTORS FOR THE HEALTH INFORMATION STRATEGY ACTION COMMITTEE

12. Critical success factors will include:

- the seniority of health and disability sector representation including representatives' authority to take action
- the level of engagement with the Strategy by the health and disability sector as shown by the progress on the Action Zones
- the effectiveness of the progress on the Action Zones measured by timeliness and quality
- the willingness of health and disability sector organisations and their sponsoring organisations, both public and private, to commit and reprioritise their information resources to align with the Strategy and to enable the approved business plan to be accomplished
- public and private health and disability sector organisations engaging with and showing commitment to the Strategy

- effective engagement with and involvement of ICT vendors in the work of HISAC
- public and private health and disability sector organisations' engagement with and confidence in HISAC governance, oversight and leadership of the Strategy.

PERFORMANCE MEASURES

13. HISAC's performance in meeting its key deliverables will be measured against:
 - achievement of implementation of the Strategy Action Zones to agreed timetables and quality standards within agreed budgets
 - achievement of the approved business plan
 - production of timely monitoring reports to specified quality standards
 - clear examples of planned information technology expenditure being reprioritised by health and disability organisations to align with the Strategy.

ACCOUNTABILITY

14. HISAC is accountable to the Minister for the governance of the Strategy and for accomplishing its key tasks.
15. The Ministry of Health is accountable to the Minister for providing support to HISAC through the application of resources and through the secretariat, to ensure the successful implementation of the Strategy.
16. The Ministry of Health remains accountable to the Minister for the co-ordination of health information strategy, policy and operations consistent with the accountability documents required under the Public Finance Act 1989.
17. Organisations' representatives on HISAC are accountable to their respective organisations for the advice they give on HISAC and for feedback to their organisations.

MONITORING

18. The Minister will monitor the work of HISAC and its progress towards achieving the Strategy on the basis of the progress reports against the business plan. The Ministry of Health will provide the Minister with assistance and advice on monitoring.
19. Contracts between the Ministry of Health and health and disability organisations will require the alignment of systems and reprioritisation of ICT expenditure with the Strategy. The Ministry of Health in monitoring these contracts will report on progress towards the Strategy.
20. Memoranda of Understanding between the Ministry of Health and other government departments (for example with the Department of Labour which has a monitoring relationship with the ACC, a Crown entity) will incorporate an expectation that the department, in monitoring Crown entities involved in health

and disability service delivery, will look for and report to the Ministry of Health on alignment of those entities' activities with the Strategy.

POWERS

21. HISAC has the power to recommend to the Ministry of Health the use of the allocated budget as agreed in the business plan approved by the Minister. This is subject to expenditure being signed off by the Chief Advisor Health Information Strategy and Policy.
22. HISAC has the power to review the Strategy and will report to the Minister annually.
23. HISAC has the power to delegate specific tasks to sub-committees, the power to co-opt members to HISAC and to its sub-committees as required, and the power to authorise the establishment of expert groups as required.
24. HISAC has the power to recommend to the Minister the establishment of further sub-committees where needed.
25. HISAC has no power to direct the work of health and disability sector organisations including their expenditure.
26. HISAC has no power to employ staff or enter into contracts or make loans or commit expenditure outside its allocated budget as agreed in the business plan approved by the Minister or to do anything or exercise any power not conferred on it under the NZPHDA, or under law or by these terms of reference.

OPERATIONAL ARRANGEMENTS INCLUDING DOCUMENTATION OF WORK OF HISAC

27. HISAC will ensure that it maintains a high level strategic focus on its work and delegates to sub-committees or expert groups as appropriate. It will ensure that these delegations are in writing and include report back mechanisms to HISAC.
28. HISAC will present an annual business plan to the Minister including proposed expenditure. HISAC will report 6 monthly on progress against the plan and 6 monthly on the health and disability sector's progress in implementation of the Strategy. The business plan and reports back will include the work of the sub-committees and expenditure.
29. HISAC will document its work and that of each of its sub-committees. It will record proceedings of meetings in writing. These records will include statements regarding any conflicts of interest, any decisions taken and recommendations made. HISAC may report on other matters from time to time at the request of the Minister.
30. HISAC will not issue documents or working papers for consultation without prior agreement of the Minister.
31. The Ministry of Health will ensure that HISAC is supported and enabled to achieve its approved business plan.

DISPUTES RESOLUTION PROCEDURES

32. Disputes may occur within HISAC, between HISAC and its sub-committees, and between the Ministry of Health and HISAC. It is expected that the method of working by HISAC and its sub-committees will be consensus and that there will be full and frank exchange of information and quality decision making. Minority reports are a last resort.
33. Should any dispute arise all members of HISAC and its sub-committees will be required to constructively and in good faith use their best efforts to resolve any dispute. The Ministry of Health will work constructively and in good faith to resolve any dispute between it and HISAC.
34. Should the dispute not be able to be resolved by the best efforts of HISAC, HISAC sub-committees and its members or the Ministry of Health then a mediator may be brought in to resolve the dispute. The mediator will be chosen by the Minister.
35. If the matter cannot be resolved by the efforts of HISAC, its members or the mediator then the matter will be referred to the Minister to consider issuing written directions to HISAC under section 11 (3)(b) of the NZPHDA. Alternatively the Minister can terminate HISAC, the Chair of HISAC, or one or more members of HISAC by giving notice under the provisions of section 11 (1)(c) of the NZPHDA.
36. Disputes will be addressed through the mechanisms outlined above and followed in the order stated above.

MEMBERSHIP

37. HISAC will comprise up to 12 members including the Chair. Members shall be appointed for twenty-four months and can be re-appointed in further periods of twenty-four months.
38. The Minister after consultation with the Chair, may remove a member of the Committee from that office by notice in writing stating the date from which the decision is effective.
39. The Chair may be removed from HISAC by the Minister issuing a notice in writing stating the date from which the decision is effective.

APPOINTMENT PROCESS

40. The Minister of Health will appoint the members of HISAC on the basis of nominations from the health and disability sector. Each of the groups and organisations listed below will be invited to forward to the Minister for consideration up to two nominations accompanied by Curriculum Vitae of candidates and Conflicts of Interest statements. Nominees will need to have the requisite skills to assist the work of HISAC, and be in a position to speak authoritatively on behalf of their constituent group or organisation. To fulfil this requirement nominees should have held or hold positions of influence within the health and disability sector, have demonstrable leadership, oversight and governance skills and have the ability to work collaboratively towards overall

sector solutions. Nominees additionally should be able to demonstrate confidence that the sector they represent will support and participate in the agreed solution.

41. The final membership and Chair of HISAC will be notified to the House of Representatives consistent with section 12 (1) (b) of the NZPHDA. The Membership of HISAC will be reviewed annually.
42. Groups and organisations to be invited to forward nominations include the:
 - Ministry of Health
 - Board of the Accident Compensation Corporation
 - Board of District Health Boards New Zealand
 - District Health Boards NZ Chief Executives Group
 - Board of the Independent Practitioners Association Council
 - Board of the Royal New Zealand College of General Practitioners
 - Board of the Nursing Council of NZ.
43. Up to three additional members may also be appointed from nominations from health and disability sector interest groups such as pharmacies, laboratories, midwives, the private sector, and non-government organisations.
44. Up to two additional members may be co-opted to HISAC to represent groups such as primary care individuals and disability groups, community care providers, Maori, Pacific peoples, non-government organisations and other specialist interest groups.
45. The Chair will be appointed by the Minister from, or outside of, the nominations process. Sub-committee chairs and membership will be appointed from and by HISAC's members.
46. Subject to HISAC's approval, sub-committees may co-opt up to two additional members where required to fulfil the work delegated to that sub-committee.
47. The Group Manager, New Zealand Health Information Service or the Ministry of Health Chief Advisor, Health Information Strategy and Policy will be an ex officio member of HISAC.

DUTIES

48. Through their letters of appointment, members of HISAC and its sub-committees will be advised of the term of their appointment and will be given a copy of the terms of reference.
49. Members of HISAC and its sub-committees are expected to act in good faith, with reasonable care, and with honesty and integrity when exercising their powers or performing their duties on behalf of HISAC or its sub-committees.
50. HISAC is expected to endeavour to ensure that the Strategy is implemented in a manner which ensures that health information is maintained and available in a manner that aims to optimise the effective delivery of health and disability

services to Maori.. This is consistent with the principles for the Treaty of Waitangi as outlined in He Korowai Oranga, the Maori Health Strategy."

LIABILITY

51. A member of HISAC or its sub-committees:
- a. is not liable for any legal liability as a result of any act or omission of the Ministry of Health.
 - b. is not liable to the Ministry of Health or the Crown for any act or omission done or omitted in his or her capacity as a member of HISAC or its sub-committees if he or she acted in good faith, and with reasonable care, in pursuance of the role specified for the Committee or sub-committee in this Terms of Reference document.

DISCLOSURE OF INTERESTS

52. A member of HISAC or its sub-committees established under this Terms of Reference, who has an interest in a transaction, which is not limited to entering into contracts but includes exercising all tasks under these terms of reference, must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to HISAC or the Director-General of Health. For the purposes of this clause, section 6(2) of NZPHDA will apply.
53. Disclosure under this section must be recorded in the minutes of the next meeting of HISAC and entered in a separate interests register maintained for the purpose.
54. A member of HISAC or its sub-committees who makes a disclosure under this obligation must not:
- a. subject to clause 55, take part after the disclosure in any deliberation or decision of HISAC or its sub-committees relating to the transaction; nor
 - b. be included in the quorum required for any such deliberation or decision unless the Director-General, by permission or by modification of the application of this section, permits that to occur.
55. Any member who has declared an interest must not sign any document relating to the entry into the transaction or initiation of the matter.
56. However, a member of HISAC or its sub-committees who makes a disclosure under this section may take part in any deliberation (but not any decision) of HISAC or its sub-committees relating to the transaction concerned if a majority of the other members of HISAC or the relevant sub-committee permits the member to do so.
57. This permission is only to be given if it is in the overriding public interest. Wherever and in whatever the circumstance the permission is given this must be reported to the Minister, or to the Director-General of Health as the Minister's agent.

58. In such a case, HISAC or its sub-committee must record in its minutes:
 - a. the permission and the majority's reason for giving it; and
 - b. what the member says in any deliberations of HISAC or its sub-committee relating to the transaction concerned.
59. Every member of HISAC and its sub-committees must ensure that:
 - a. the statement completed by the member is incorporated in the interests register maintained for that purpose; and
 - b. any relevant change in the member's circumstances affecting a matter disclosed in that statement is entered in that interests register as soon as possible after the change occurs.
60. Failure to comply with these requirements however, does not affect the validity of any action taken, or arrangement, or agreement, or contract made by the Ministry of Health through decisions made by HISAC or its sub-committees.

SECRETARIAT AND STAFFING

61. The Ministry of Health will provide secretariat support to HISAC and its sub-committees.
62. The Project Manager will report to the Chief Advisor Health Information Strategy and Policy.
63. The Project Manager will manage the Secretariat and Health Information Standards staff and will be responsible for effective communication and liaison between the Ministry of Health and HISAC and its sub-committees. The Project Manager in consultation with the Chief Advisor will manage the commissioning of work required by HISAC as approved in the business plan.
64. Secretariat staff will be required to:
 - set up meetings
 - organise resources to support meetings, such as venue, refreshments, and travel arrangements.
 - collate and distribute information for the meeting
 - work with the Chair of HISAC and the Chairs of sub-committees to prepare reports, including reports to the Minister, to specified quality and time standards
 - maintain records, including records of conflicts of interest matters, records of decisions taken, actions agreed, recommendations and minutes
 - report on budgets
 - manage the Programme Office to provide project management support; and undertake or commission work at the request of HISAC and its sub-committees, subject to the agreement of the Ministry of Health.

FEES

65. Fees are determined under the fees framework using the Cabinet Office Circular CO(03)4. Under the framework HISAC has been classified as a Group 4: level 2 body which covers "All other Committees and other bodies".
66. Attendance fees can be paid for sub-committees where these have been authorised through these Terms of Reference.
67. Payment can be made to members of HISAC and its sub-committees for both preparation for and attendance at meetings. Any additional work carried out by HISAC members or sub-committee members, or the Chair on behalf of HISAC, should be agreed and minuted at a HISAC meeting before it is carried out.
68. Compensation for loss of office is not paid.
69. Fees are gross and HISAC members and members of its sub-committees are responsible for their own taxation liabilities.
70. Fees are not paid to public servants who are already salaried.

EXPENSES

71. Out of pocket expenses as defined in the Ministry of Health's Financial Policies are paid to HISAC members consistent with that policy. Members are not compensated for travel time unless it exceeds three hours in a business day. There is no payment to cover member's own indemnity insurance.

FREQUENCY OF MEETINGS

72. HISAC will meet at least 4 times a year. HISAC will decide if and when additional HISAC meetings are required, and when sub-committee meetings are required, in consultation with the Ministry of Health and within the budget included in the approved business plan. HISAC will decide the timing, duration and location of meetings. It is expected that most meetings will be held in Wellington.