

TERMS OF REFERENCE FOR THE HEALTH INFORMATION STRATEGY ADVISORY COMMITTEE - HISAC

July 2008

BACKGROUND AND 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 to the House of Representatives dated 2 August 2005 renamed the Health Information Standards Committee (HISO), a Ministerial Committee appointed under section 11 of the NZPHDA, as the Health Information Strategy Action Committee (HISAC). Revised Terms of Reference for this change were established.
2. The role and function of HISAC, as set out in the Terms of Reference referred to above, have been reassessed and the role and function of the Committee has been amended. HISAC will be reconstituted as the Health Information Strategy Advisory Committee. These new Terms of Reference formally recognise the role and name change.

RELATIONSHIP BETWEEN THE MINISTRY OF HEALTH AND HISAC

3. HISAC will provide independent, strategic advice to the Minister of Health and Ministry of Health. HISAC is to assist the Minister of Health (and through the Minister, the Ministry of Health) to achieve effective governance and delivery of the Health Information Strategy for New Zealand (HIS-NZ) by supporting the collaboration and partnering of organisations and individuals within the health and disability system.
4. The budget allocated to the operation of HISAC will remain in Vote: Health and will be administered by and subject to the Ministry of Health's financial policies. The location and structure of the HISAC secretariat will be decided by the Minister of Health.

OBJECTIVES FOR THE HEALTH INFORMATION STRATEGY ADVISORY COMMITTEE

5. The role of HISAC is to provide advice to the Minister of Health in matters regarding the HIS-NZ, and to assist, at the Minister's direction, the Ministry of Health by facilitating the development and implementation of eHealth initiatives, including:
 - assessing the appropriateness of ownership and responsibility for HIS-NZ initiatives by health and disability systems stakeholders including funders, primary, secondary and community providers, and non-government organisations
 - representing back to the Minister of Health, the views and interests of both public and private sector health and disability sector organisations in relation to HIS-NZ

- working with the Ministry of Health to facilitate key Strategy activities, and with the Ministry of Health and other agencies, to identify and as requested, to assist in the removal of barriers to the implementation of the HIS-NZ Action Zones
- advising the Minister of Health in respect of the planning process, to identify key constituencies impacted by the HIS-NZ Action Zones; and as requested, advising on business cases for investment to achieve progress in the HIS-NZ Action Zones
- reviewing, assessing and commenting on progress against the business plan approved by the Minister of Health for the implementation of HIS-NZ
- undertaking such research as is considered necessary to better inform advice provided to the Minister of Health on the implementation of HIS-NZ
- contributing to the process of reviewing, assessing and supporting the standards published by Health Information Standards Organisation (HISO) as operated by the Ministry of Health. Advice may be sought or given as to any additional standards considered necessary to the further development of the health and disability system
- identifying opportunities for review of HIS-NZ, and reporting these to the Minister of Health.

KEY TASKS OF THE HEALTH INFORMATION STRATEGY ADVISORY COMMITTEE

6. Key tasks include:

- producing an annual plan for approval by the Minister of Health, incorporating a requirement to report to the Minister of Health six-monthly against that plan
- providing quarterly reports to the Minister of Health on work on standards undertaken under the auspices of the HISAC brand
- reviewing at least annually the implementation progress of the HIS-NZ Roadmap and Action Zones within the health and disability sector to provide a quality assurance view of such activity
- as requested, assist the Ministry of Health develop criteria for Action Zone funding and business case decision-making, to comply with the Government's Guidelines for Monitoring of Major Information Technology Projects, Ministry of Health Guidelines for Investment in Information Technology and other relevant nominated guidelines
- working with health system organisations generally and the Ministry of Health to ensure the effective implementation of HIS-NZ.

CRITICAL SUCCESS FACTORS FOR THE HEALTH INFORMATION STRATEGY ADVISORY COMMITTEE

7. Critical success factors will include:

- the seniority of health and disability sector representation on the Committee, including representatives' authority to take action within their particular organisation or area of expertise
- the level of engagement with HIS-NZ by health and disability sector organisations as shown by the progress on the Action Zones
- the willingness of health and disability sector organisations, both public and private, to commit and reprioritise their information resources to align with HIS-NZ, and to enable the approved business plan to be accomplished
- public and private health and disability sector organisations engaging with and showing commitment to HIS-NZ
- effective engagement with and involvement of ICT vendors in the implementation of eHealth initiatives
- confidence expressed by the Minister of Health in the advice delivered.

PERFORMANCE MEASURES

8. HISAC's performance in meeting its key deliverables will be measured against:

- achievement of the approved business plan including the achievement of success criteria specified in the plan
- production of timely reports and advice to specified quality standards.

ACCOUNTABILITY

9. HISAC is accountable to the Minister of Health for advice pertaining to matters relevant to the implementation of HIS-NZ.
10. The Ministry of Health is accountable to the Minister of Health for providing support to HISAC through the application of resources and through the provision of secretariat services.
11. The Ministry of Health remains accountable to the Minister of Health for the co-ordination of health information strategy, policy and operations consistent with the accountability documents required under the Public Finance Act 1989.
12. Organisations' representatives on HISAC are accountable to their respective organisations for the advice they give as part of HISAC and for feedback to their organisations.

MONITORING

13. The Minister of Health will monitor the work of HISAC and its reports as to progress on achieving the annual business plan. The Ministry of Health will provide the Minister of Health with assistance and advice on monitoring.

POWERS

14. HISAC has the power to:
 - use the allocated budget, as agreed in the annual business plan approved by the Minister of Health through the normal Ministry of Health payments processes and approval limits
 - undertake an annual review of HIS-NZ and after discussion with Ministry of Health, report the results to the Minister of Health.
15. HISAC has no power to:
 - direct the work of health and disability sector organisations
 - employ staff, enter into contracts, make loans or commit expenditure outside its allocated budget as agreed in the business plan approved by the Minister of Health, or to do anything or exercise any power not conferred on it under the NZPHDA, or under law or by these terms of reference.

DOCUMENTATION OF WORK OF HISAC

16. HISAC will present an annual business plan to the Minister of Health including proposed expenditure. HISAC will report six-monthly on progress against the business plan. The business plan and reports back will undergo agreed quality assurance process.
17. HISAC will document its work, recording the proceedings of all meetings in writing. Such records will be available to all HISAC members and, in respect of each HISAC meeting, will comprise agenda, papers and minutes of meetings that will include statements regarding any conflicts of interest, any decisions taken and recommendations made. Separate Registers will be maintained covering Conflicts of Interest, Activities, Risks and Issues and Attendance. Reference to these will be included as appropriate in the documentation for each HISAC meeting.
18. HISAC will not issue documents or working papers for consultation without the prior agreement of the Minister of Health.
19. HISAC will be accountable to the Minister of Health, and in the event of any dispute between HISAC and the Ministry of Health, the Ministers will make decisions in accordance with the New Zealand Public Health and Disability Act 2000.

MEMBERSHIP

20. HISAC will comprise up to 10 members including the Chair. Members shall be appointed for twenty-four months and can be re-appointed for one further term of up to twenty-four months.
21. The Minister of Health may remove a member of the Committee from that office by notice in writing stating the date from which the decision is effective. The Minister of Health shall have the discretion to consult with the Chair before removing a member of the Committee. The Chair may be removed from HISAC by the Minister of Health issuing a notice in writing stating the date from which the decision is effective.
22. Any member of HISAC may tender their resignation at any time by way of letter addressed to the Minister of Health.

APPOINTMENT PROCESS

23. The Minister of Health will appoint the members of HISAC, and may consider nominations from the health and disability sector, in accordance with the standard APH process.
24. Nominees will need to have the requisite skills to assist the work of HISAC and should have held or currently are holding, a position of influence within the health and disability sector, have demonstrable leadership, oversight and governance skills and the ability to work collaboratively towards overall sector solutions. Nominees should be able to demonstrate confidence that the sector or organisation they represent will support and participate in the agreed solution.
25. 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.
26. The Minister of Health will appoint the Chair of HISAC.

DUTIES

27. Through their letters of appointment, members of HISAC will be advised of the term of their appointment and will be given a copy of these Terms of Reference.
28. Members of HISAC 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.
29. HISAC is to endeavour to assist the Ministry of Health by providing advice in respect of HIS-NZ in order 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

30. A member of HISAC:
 - 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 their capacity as a member of HISAC if they have acted in good faith, and with reasonable care, in pursuance of the role specified for the Committee in this Terms of Reference document.

DISCLOSURE OF INTERESTS

31. Any HISAC member, 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.
32. Disclosure under this section must be recorded in the minutes of the next meeting of HISAC and entered in the separate Conflicts of Interest register.
33. A member of HISAC who makes a disclosure under this obligation, after that disclosure must not:
 - a. subject to clause 35, take part in any deliberation, discussion or decision of HISAC relating to the transaction
 - b. be included in the quorum required for any such deliberation or decision unless the Director-General, by specific permission or by modification of the application of this section, permits that to occur.
34. Any member who has declared an interest must not sign or be party to any document relating to the entry into the transaction or initiation of the matter.
35. However, a member of HISAC who makes a disclosure under section 31 may take part in any deliberation or discussion (but not any decision) of HISAC relating to that transaction provided:
 - a majority of the other members of HISAC and the Chair wishes the member to do so, and
 - in the opinion of Director-General of Health, it is in the overriding public interest, and
 - wherever and in whatever such permission is given, this action must be reported immediately to the Minister of Health.
36. In such a case, HISAC must record in its minutes:
 - a. the permission and the majority's reason for giving it
 - b. the view of the Director-General of Health, and

- c. what the member said in any deliberation or discussion relating to the transaction concerned.
37. Every member of HISAC must ensure that:
- a. the statement completed by the member is incorporated in the Conflicts of Interests register, and
 - b. any relevant change in the member's circumstances affecting a matter disclosed in that statement is also entered in the Conflicts of Interests register as soon as possible after the change occurs.
38. 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.

SECRETARIAT AND STAFFING

39. The Ministry of Health will fund secretariat support to HISAC, the detail of which will be recommended by HISAC in consultation with the Ministry of Health and decided by the Minister of Health.

FEES AND EXPENSES

40. Fees are determined under the fees framework set out in Cabinet Office Circular CO(03)4. Under this framework, HISAC has been classified as a Group 4: level 2 body which covers "All other Committees and other bodies".
41. Payment can be made to members of HISAC for both preparation for and attendance at meetings. Any additional work carried out by HISAC members, or the Chair on behalf of HISAC, should be agreed and minuted at a HISAC meeting before it is carried out.
42. Compensation for loss of office is not paid. Fees are not paid to public servants who are already salaried.
43. Out of pocket expenses as defined in the Ministry of Health's Financial Policies (Fees and Expenses) are only to be 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. Any expenses related to additional work undertaken by the Chair or HISAC general members must be agreed to and minuted by HISAC, prior to the expense being incurred.

FREQUENCY OF MEETINGS

44. HISAC will meet at least 4 times a year. HISAC will decide if and when additional HISAC 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.

45. A quorum for all HISAC meetings shall be half of the current membership of HISAC with due recognition being given to the requirements of clause 33b of these Terms of Reference.