

Health Information Standards Organisation (2010) Terms of Reference

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PURPOSE

1. These Health Information Standards Organisation (2010) Terms of Reference set out:
 - a. some background information around the governance of health information standards in New Zealand
 - b. details of the role, key tasks and accountability of the Health Information Standards Organisation (2010)
 - c. details regarding Health Information Standards Organisation (2010) membership, including principles, confidentiality, liability, disclosure of interests
 - d. some general information around the frequency and form of Health Information Standards Organisation (2010) meetings, meeting protocols, fees and expenses.

BACKGROUND TO GOVERNANCE OF HEALTH INFORMATION STANDARDS IN NEW ZEALAND

2. Prior to 2003, all information standards, including health information standards, were developed through Standards New Zealand, the main standards development body in New Zealand.
3. In 2003 the *WAVE (Working to Add Value through E-information)* Report, which looked at the information infrastructure needed to achieve better integration of health services, was published. In response to recommendations in that Report the then Minister of Health set up the Health Information Standards Organisation (HISO), as a Ministerial Committee, to lead the development and implementation of health information standards in New Zealand, with the aim of improving health outcomes and safety through a coordinated, consistent approach.
4. With the launch in 2005 of the *Health Information Strategy for New Zealand (HIS-NZ)* as the follow-on strategy to the WAVE Report, the Health Information Strategy Action Committee (HISAC) was established by the then Minister of Health, as a Ministerial Committee with responsibility for providing governance, oversight and leadership for the implementation of HIS-NZ. HISO was reformed as a sub-committee of HISAC, with Terms of Reference for it being established at that time. Its focus shifted towards the 12 Action Zones underlying the strategy.
5. In 2008, the Minister of Health announced a re-focusing and reconstitution of HISAC, as the Health Information Strategy Advisory Committee, under a revised Terms of Reference.
6. With that reconstitution, responsibility for the activities of the HISO sub-committee moved temporarily into the Health System Interoperability and

Standards (HSIS) team in the Information Strategy and Architecture (ISA) Group of the Ministry's Information Directorate (ID).

7. In August 2009, the Minister of Health released the '*Meeting the Challenge*' Report by the Ministerial Review Group (MRG). The Report included several references to the importance of standards, and specific recommendations around how standards should be governed.
8. The Minister made some decisions on the MRG report recommendations. These include establishing the National Health Board and National Health IT Board to support it, and a new standards advisory group, named the Health Information Standards Organisation – to retain the already established Health Information Standards Organisation brand and logo. To differentiate between the previous iterations of HISO, going forward the advisory group will be known as the Health Information Standards Organisation (2010).
9. The National Health IT Board is the overarching governing body for health information standards in New Zealand. Its role includes providing oversight and direction on the health information standards agenda, and prioritisation of standards development.
10. The Health Information Standards Organisation (2010) provides health information standards related support and advice to the National Health IT Board.

ROLE AND KEY TASKS OF THE HEALTH INFORMATION STANDARDS ORGANISATION (2010)

11. The role and key tasks of the Health Information Standards Organisation (2010) include:
 - providing standards related advice to support the National Health IT plan and the agenda set by the National Health IT Board
 - advising on, and recommending to the National Health IT Board, the way forward in relation to health information standards, their development, implementation and maintenance
 - providing communications and education to the health and disability sector about the benefits and role of health information standards in the sector and the work of Health Information Standards Organisation (2010)
 - communicating and championing the health information standards agenda; developing a coordinated view of the relative importance and need for proposed health information standards in New Zealand
 - acting as advocate for the use of health information standards throughout the health and disability sector
 - acting as a conduit for health information standards related queries from the health and disability sector to the Health Information Standards Organisation (2010)

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- ensuring that the health information standards developed are needs based, fit for purpose, useful and implementable
 - ensuring that health information standards developed are in accordance with the foundation principles of standards development – consensus, balance of interest and transparency
 - ensuring that interoperability and patient safety are taken into consideration throughout the health information standards lifecycle
 - formally validating appropriately developed health information standards and approving them for publication
 - ensuring ongoing maintenance and review of health information standards going forward
 - reviewing, and revising as required, the processes around the health information standards lifecycle
 - advising on, and making recommendations to the National Health IT Board about issues of compliance, and ensuring adequate compliance mechanisms (monitoring, auditing and reporting) are in place.
12. The Office of the Health Information Standards Organisation (2010), located in the Ministry of Health's National Health Board Business Unit, will support the Health Information Standards Organisation (2010) in its role by:
- providing secretariat services
 - identifying relevant international health information standards for adoption or adaptation for use in New Zealand
 - facilitating the preparation of proposals for
 - the adoption or adaptation of existing international health information standards,
 - upgrades required to existing health information standards, and
 - the development of new health information standards
 - facilitating and supporting the development of sector-wide standards for the Health Information Standards Organisation's (2010) validation and approval
 - liaising directly with Ministry of Health and other officials as required to progress the health information standards agenda
 - publishing approved health information standards
 - providing support and appropriate relevant timely and audience specific tools for the Health Information Standards Organisation (2010) to communicate with the wider health and disability sector and consumer groups
 - advising the Health Information Standards Organisation (2010) about issues of health information standards development policy and compliance

ACCOUNTABILITY

13. The Health Information Standards Organisation (2010) is an independent body, accountable to National Health IT Board of the National Health Board for matters relating to health information standards development in New Zealand.
14. Members of the Health Information Standards Organisation (2010) are accountable to the organisations / sector groups they represent for the advice they give as part of the Health Information Standards Organisation (2010), and for feedback to their organisations / sector groups.
15. The Chair of the Health Information Standards Organisation shall fulfil the role of spokesperson for the Organisation.

DOCUMENTING THE WORK OF THE HEALTH INFORMATION STANDARDS ORGANISATION (2010)

16. The Health Information Standards Organisation (2010) will document its work, recording the proceedings of all meetings in writing. Such records will be available to all Health Information Standards Organisation (2010) members and, in respect of each meeting, will comprise agenda, papers and minutes of meetings that will include statements regarding any conflicts of interest, decisions taken and recommendations made. Health Information Standards Organisation (2010) meeting minutes will be published on the Health Information Standards Organisation (2010) website once they have been confirmed as accurate and approved at the following meeting, and in accordance with principles of the Official Information Act 1982.
17. Separate Registers will be maintained covering Conflicts of Interest, Gifts and Hospitality, Activities, Risks and Issues, Attendance and Action Points. Reference to these will be included as appropriate in the documentation for each Health Information Standards Organisation meeting.
18. A list of key messages will be agreed and noted at the end of each meeting. These messages will be the basis for Health Information Standards Organisation (2010) members communication within the sector

MEMBERSHIP OF AND APPOINTMENTS TO THE HEALTH INFORMATION STANDARDS ORGANISATION (2010)

19. The Health Information Standards Organisation (2010) will comprise up to 12 members, including the Chair. Members will be nominated by health system stakeholder groups and appointed by the National Health IT Board. In considering appointments, the National Health IT Board will seek to ensure strong clinical representation which is balanced with consumer, Māori and ICT industry interests.
20. Members will be appointed for 24 months, and can be re-appointed for a further term of up to 24 months. This term will also apply to a new member appointed as a replacement nominee.

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21. The Health Information Standards Organisation (2010) will be chaired for the initial period (approximately 12 months) of operation by a representative from the Ministry of Health. At the end of this initial period of operation, the Health Information Standards Organisation (2010) members will nominate a new Chair, from current members of the Health Information Standards Organisation (2010), for endorsement by the National Health IT Board.
22. The Chair of the National Health IT Board, in consultation with the Chair of the Health Information Standards Organisation (2010), may remove a member of the Health Information Standards Organisation by notice in writing stating the reasons for the decision and the date from which the decision is effective.
23. Membership of the Health Information Standards Organisation (2010) is current only while the member remains a representative of their nominating organisation. The nominating organisation will be given the opportunity to provide a replacement nominee, should the need arise.
24. Any member of the Health Information Standards Organisation (2010) may tender their resignation at any time by way of letter addressed to the Chair of the Health Information Standards Organisation (2010).
25. Members of the Health Information Standards Organisation (2010) are expected to have the requisite skills to assist the work of the Health Information Standards Organisation (2010), including:
 - a. demonstrable leadership, oversight and governance skills and the ability to work collaboratively towards overall sector solutions
 - b. the ability to manage expectations
 - c. sufficient experience in their respective organisation, sector group and/or field to be able to represent their needs in Health Information Standards Organisation (2010) business
 - d. sufficient influence in their respective organisation, sector group and/or field to be able to generate support, participation and commitment in agreed developments and solutions
 - e. the ability to be an advocate and champion for the Health Information Standards Organisation (2010) and future change
26. On appointment to the Health Information Standards Organisation (2010) members will be given a copy of these Terms of Reference.

**PRINCIPLES FOR HEALTH INFORMATION STANDARDS
ORGANISATION (2010) MEMBERS**

27. Members of the Health Information Standards Organisation (2010) are expected to:
 - a. comply with the Ministry of Health's Conflicts of Interest Policy, act in good faith, with reasonable care, and with honesty and impartiality when exercising their powers or performing their duties on behalf of the Health Information Standards Organisation (2010). Members are expected to

- avoid situations that might compromise their integrity or otherwise lead to conflicts of interest
- b. make their best endeavours to support the work of the Health Information Standards Organisation (2010) (except where a declared interest and the agreed manner for managing that interest is recorded in the register)
 - c. make every effort to attend all meetings and devote sufficient time to become familiar with the affairs of the Health Information Standards Organisation (2010) and the wider environment within which it operates
 - d. act responsibly with regard to the effective and efficient administration of the Health Information Standards Organisation (2010) (ie: meeting preparation, acting upon action items etc...)
 - e. make all reasonable endeavours to ensure the position they represent is in the best interests of consumers and the health and disability sector as a whole
 - f. in relation to Health Information Standards Organisation (2010) business, exhibit behaviours both within meetings and external to meetings that reinforce commitment to the Health Information Standards Organisation's (2010) role
28. The Health Information Standards Organisation (2010) will endeavour to assist the National Health IT Board by providing direction in respect of health information standards in a manner that aims to optimise the effective delivery of health and disability services to Māori. This is consistent with the principles for the Treaty of Waitangi as outlined in He Korowai Oranga, the Māori Health Strategy.
29. Proper observation of these principles will protect the Health Information Standards Organisation (2010) and its members and ensure the Organisation retains the confidence of the health and disability sector.

CONFIDENTIALITY

30. Health Information Standards Organisation (2010) members will agree at each meeting any information or documents that must remain confidential, including the duration the information or document should remain confidential.
31. Any documents provided to the Health Information Standards Organisation (2010) determined as confidential, must be clearly marked as 'confidential' and will remain confidential until all the Health Information Standards Organisation (2010) members agree they can now be shared. Document authors are responsible for noting the confidentiality status (including duration) of their documents.
32. Members will use best endeavours to keep confidential and securely store confidential information or documents belonging or pertaining to the Health Information Standards Organisation (2010).
33. Members may not, at any time, disclose to any person otherwise than is necessary under these Terms or Reference or as required by law, any

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confidential information acquired as part of their membership of the Health Information Standards Organisation (2010).

34. Documentation, comments and/or discussions published on the Health Information Standards Organisation Collaborative Workspace will be subject to the same confidentiality criteria.
35. This clause will survive expiry of Health Information Standards Organisation (2010) membership of both the member and the nominating organisation.

LIABILITY

36. A member of the Health Information Standards Organisation is not legally responsible/liable for any act or omission of the Ministry of Health or the National Health Board.

DISCLOSURE OF INTERESTS

37. Any Health Information Standards Organisation (2010) 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 the Health Information Standards Organisation (2010) Chair. Disclosures and the agreed decision on how the interest will be managed will be recorded in the minutes of the next meeting of the Health Information Standards Organisation (2010) and entered in the Interests Register.
38. Disclosure of interests will be a standing agenda item for the Health Information Standards Organisation (2010) meetings.
39. Declared interests will be discussed by Health Information Standards Organisation (2010) members and, if deemed necessary, decide on how the conflict will be managed. If no agreement is reached, the Chair will make the final decision.
40. The Interests Register will be updated regularly, and formally reviewed at least once a year.

FREQUENCY AND FORM OF HEALTH INFORMATION STANDARDS ORGANISATION (2010) MEETINGS

41. The Health Information Standards Organisation (2010) will meet face-to-face at least four times a year.
42. The Organisation will decide:

- a. on the timing, duration and location of all meetings
 - b. if and when additional Organisation meetings are required, in accordance with the workload of the Organisation
 - c. on the form of any additional meetings: face-to-face, phone-, video- or web-conference
43. Additional ad hoc meetings may be called by the Chair as required basis.
44. The Health Information Standards Organisation (2010) may also work by other means such as phone-, video- or web-conference, email and online forums,
45. This approach will ensure timely decision making and reduced expenses.

MEETING PROTOCOLS

46. For all meetings, irrespective of form (i.e. face-to-face, phone-, video- or web-conference), standard meeting protocols should be followed, including:
- a. punctuality in attendance
 - b. cell phones switched off or set to silent unless otherwise agreed
 - c. apologies submitted to the Health Information Standards Organisation (2010) secretariat before the due date
 - d. agenda items and papers for meetings provided as far possible in advance of meetings, and at least three working days before the meeting
 - e. meeting minutes provided no later than seven working days following the meeting
47. The Chair of the Health Information Standards Organisation (2010) is responsible for ensuring members attend meetings as required and fulfil the responsibilities described in these Terms of Reference.
48. The Chair is also responsible for ensuring the timely availability to members of agendas, meeting papers including minutes, that a quorum of members is present at meetings to ratify decisions made (see below for further details), and for ensuring meeting minutes are an accurate representation of proceedings.

QUORUM FOR HEALTH INFORMATION STANDARDS ORGANISATION (2010) MEETINGS

49. A quorum for all Health Information Standards Organisation (2010) meetings shall be half of the current membership (excluding the Chair) of the Organisation with due recognition being given to the Disclosure of Interests clause in these Terms of Reference. If the current membership (excluding the Chair) is an odd number then the quorum number shall be rounded up. This definition shall be applied as follows:

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- a. If the Chair is aware before an Organisation meeting that the number of members planning to attend does not constitute a quorum, the meeting will be cancelled and rescheduled as soon as possible
- b. If the number of members assembled for an Organisation meeting does not constitute a quorum, the meeting, at the discretion of the Chair, shall either:
 - i. continue, and consideration of issues may take place but decisions reached by consensus of members present cannot be confirmed until ratification by a quorate meeting of the Health Information Standards Organisation, or
 - ii. be cancelled and rescheduled as soon as possible
- c. If, in the course of an Organisation meeting, the number of members present ceases to constitute a quorum, the meeting, at the discretion of the Chair shall either:
 - i. continue, and consideration of issues may take place but decisions reached by consensus of members present cannot be confirmed until ratification by a quorate meeting of the Health Information Standards Organisation (2010), or
 - ii. be cancelled and rescheduled as soon as possible

FEES AND EXPENSES

50. Fees to be paid to members of the Health Information Standards Organisation are determined in accordance with the fees framework set out in Cabinet Office Circular CO(09) 5 ("Fees Framework for Members Appointed to Bodies in which the Crown has an Interest"; <http://www.dpmc.govt.nz/cabinet/circulars/co09/5.html>).
51. Under this framework, the Health Information Standards Organisation (2010) has been classified as a Group 4 Level 3 body which covers "All other Committees and Other Bodies".
52. Payment can be made to members of the Health Information Standards Organisation (2010) for both preparation for and attendance at meetings as set out below.
53. For face-to-face meetings, the rate for the Chair (if applicable) is:
 - a meeting attendance fee of \$435 including GST for any face-to-face meetings lasting between 6 and 8 hours. (where face-to-face meetings last less than 6 hours, a pro-rated fee of meeting duration * 435/8 is payable)

PLUS

- a meeting preparation fee of \$217.50 including GST

PLUS

- if total travel time is 3 hours or more, a travel-to-and-from-meeting fee of \$217.50 including GST

54. For face-to-face meetings, the rate for members (if applicable) is:

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- a meeting attendance fee of \$325 including GST for any face-to-face meetings lasting between 6 and 8 hours. (where face-to-face meetings last less than 6 hours, a pro-rated fee of meeting duration * 325/8 is payable)

PLUS

- a meeting preparation fee of \$162.50 including GST

PLUS

- if total travel time is 3 hours or more, a travel-to-and-from-meeting fee of \$162.50 including GST

55. For other meetings:

- fees for tele-, video- or web-conference meetings will be paid, as above, excluding the travel-to-and-from-meeting fee.

56. Fees for any additional work and/or time carried out by Health Information Standards Organisation (2010) members should be agreed by the Chair of the Organisation, in liaison with the Manager of the Office of the Health Information Standards Organisation (2010), before it is carried out. Such agreement will be recorded in the minutes of the next Health Information Standards Organisation (2010) meeting.

57. As a general rule, fees are not paid directly to public servants who are already salaried.

58. Fees are categorised as honoraria and as such as subject to withholding tax pursuant to Schedule 4 Part B of the Income Tax Act 2007 No 97.

59. Reimbursement of expenses (for example, incidental costs such as taxis) are as defined in the Ministry of Health's Committee Payments Policy and are only to be paid to Health Information Standards Organisation (2010) members in accordance with that policy.

60. The Ministry of Health will reimburse Health Information Standards Organisation (2010) members' actual and reasonable costs relating to Organisation meetings. Prior approval for such expenses must be obtained from the Chair of the Health Information Standards Organisation (2010), in liaison with the Manager of the Office of the Health Information Standards Organisation (2010) before the expense is incurred.

61. All accommodation, air travel and rental car bookings relating to Organisation business must be booked through the Office of the Health Information Standards Organisation (2010). Where a participant uses their personal vehicle they are able to claim 62 cents per kilometre.

62. Any expenses related to additional work undertaken by Health Information Standards Organisation (2010) members must be agreed to by the Chair of the organisation in liaison with the Manager of the Office of the Health Information Standards Organisation (2010) prior to the expense being incurred. Such agreement will be recorded in the minutes of the next Health Information Standards Organisation (2010) meeting.

63. Compensation for loss of office or locum fees will not be paid.
64. There is no payment to cover member's own indemnity insurance.
65. Any expenses claimed by Health Information Standards Organisation members must include copies or originals of relevant GST receipts.
66. Withholding tax will be deducted where appropriate.

REVIEW OF TERMS OF REFERENCE

67. These Terms of Reference will be formally reviewed at the end of the first year of operation and every two years thereafter. The first review will take place at the first meeting scheduled for 2011.

DISPUTE RESOLUTION PROCESSES

68. Disputes may occur:
 - within the Health Information Standards Organisation (2010)
 - between the National Health IT Board and the Health Information Standards Organisation (2010), and
 - between the Ministry of Health and the Health Information Standards Organisation (2010).
69. It is expected that the method of working will be consensus based and that there will be full and frank exchange of information and quality decision making. Minority reports are a last resort.
70. Should any dispute arise all members of the Health Information Standards Organisation (2010) will be required to constructively and in good faith use their best efforts to resolve any dispute. All organisations involved in the dispute will work constructively and in good faith to resolve the dispute.
71. Should the dispute not be able to be resolved by the best efforts of the organisations involved, then a mediator may be brought in to resolve the dispute. The mediator will be chosen by the National Health Board.
72. Disputes will be addressed through the mechanisms outlined above and followed in the order stated above.