



Information Privacy and Security Standing Committee (IPSSC)

Terms of Reference

Version 1.0

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1.0 Mandate and Authority

1.1 Source and Scope of Mandate and Authority

The Information Privacy and Security Standing Committee (IPSSC) receives its mandate and authority from – and is a Standing Committee of – the Health Sector Information Management and Information Technology Standing Committee (IMITSC)¹, which in turn receives its mandate from the BC Health Leadership Council. Consistent with the IMITSC terms of reference, the scope of IPSSC is across the full lifecycle of information management (IM) and information technology (IT) within areas of common or shared interest² to the BC Health Sector as a whole.

1.2 Mandate

Working within the BC Health Sector IM/IT governance framework established by IMITSC, the mandate of IPSSC is to promote and oversee information privacy and security across the BC Health Sector.

In fulfilling this mandate, IPSSC operates in a manner that:

- Balances health information protection between sharing to enable care, decision-making, and improved outcomes at all levels of the system with the need for data stewardship, access control, and privacy.
- Furthers the integration of health information privacy and security into essential business activities.
- Supports consolidated privacy and security assessments for items of common or shared interest.
- Oversees and promotes accountable information-sharing while respecting privacy and security.
- Harmonizes direction and oversight across the health sector regarding information privacy, security, and related information management issues in order to establish a consistent approach to managing emerging issues and trends of cross health sector relevance and import to all representative entities.

¹ For further information regarding IMITSC and requirements flowing from IMITSC to its standing committees (which are not repeated with this document), please refer to the IMITSC Terms of Reference.

² For further clarification of common or shared interest, please refer to the IMITSC “Endorsement of Selection Criteria” policy (CSI-02).

1.3 Authority

IPSSC is a decision-making committee and its authority is drawn from IMITSC.

1.4 Accountability

IPSSC is accountable to IMITSC. As required for Standing Committees of IMITSC, IPSSC will maintain a record of all significant decisions, maintain an inventory of all initiatives or assets that are of common or shared interest, table a formal report on its activities and a work plan for the next year, as well as provide regular verbal briefings (e.g., quarterly). In addition, items for information or for decision will be provided on an as-needed basis.

1.5 Responsibilities

In fulfilling its mandate, specific responsibilities of IPSSC are:

- Develop and maintain goals, priorities, and policies for health sector information privacy and security.
- Govern the development and maintenance of health sector information privacy and security standards to support compliance with BC legislation (e.g., the *Freedom of Information and Protection of Privacy Act*, the *Personal Information Protection Act*, and the *E-Health Act*).
- Govern the development and maintenance of a framework for monitoring adoption and adherence to privacy and security health sector standards.

1.6 Relationship to Other Sector Governing Bodies

IPSSC will have the following working relationships with the other IMITSC standing committees:

- **BC Health Information Standards Standing Committee** – Collaborate with HISSC to ensure health information standards and messaging standards align with information privacy, security and related management legislation, standards, principles, guidelines, and best practices.
- **BC Health Technology Strategy Standing Committee** – Adhere to and advance strategic health sector IT service directions and plans.

1.7 Relationship to Health Information Privacy and Security Operations Committee

The Health Information Privacy and Security Operations Committee (HIPSOC) is a sub-committee of IPSSC. HIPSOC is accountable to IPSSC and ultimately to IMITSC. Through its reporting relationship with IPSSC, HIPSOC is responsible for the following:

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- Maintaining a record of all significant decisions and communicating noteworthy initiatives and recommendations to IPSSC.
 - Reporting on and escalating issues with systemic health authority or provincial implications requiring IPSSC decision or direction.
 - Providing regular standing agenda briefings at IPSSC meetings.
 - Providing documents for distribution as appropriate and on an as-needed basis to IPSSC.

IPSSC will approve HIPSOC's Terms of Reference, work plans (as amended from time to time to incorporate activities tasked to HIPSOC by IPSSC), and final products of those work plans.

1.7.1 HIPSOC Sub-Committees and Working Groups

HIPSOC-associated sub-committees and working groups shall report to HIPSOC using a similar reporting content and structure which HIPSOC utilizes to report to IPSSC. Sub-committees and working groups and their Chairs will have standing agenda items (as appropriate) to enable reporting to HIPSOC.

HIPSOC may establish new sub-committees and issue-specific working groups, whether temporary or permanent, as required in order to complete work plan assignments tasked to HIPSOC by IPSSC.

1.8 New Working Groups or Operations Committees

IPSSC may establish new working groups or operations committees, whether temporary or permanent, as required in order to complete work plan assignments or other work tasked to IPSSC by IMITSC. Membership & Operation

1.9 Membership

- **Co-Chair:** Standing Member, IMITSC, and Chief Medical Information Officer, Island Health

Co-Chair: Chief Privacy Officer and Executive Director, Health Information Privacy, Security and Legislation Branch, Health Sector IM/IT, Ministry of Health

The Co-Chairs will be by annual appointment. One will be drawn from membership of IMITSC and one from the Ministry of Health.

- **Secretariat:** Manager – Privacy Operations, Health Information Privacy, Security and Legislation Branch, Health Sector IM/IT, Ministry of Health

- **Voting Members:** Representatives from each partner organization (defined below) will be designated as a voting member. Where a member organization has multiple representatives, a shared single vote will apply.
- **Organizational Representatives:** The following partner organizations are standing members of IPSSC:
 - Ministry of Health
 - First Nations Health Authority
 - Fraser Health Authority
 - Interior Health Authority
 - Island Health
 - Northern Health Authority
 - Provincial Health Services Authority
 - Vancouver Coastal Health Authority
 - Doctors of BC
 - Patient Voices Network
- **Membership Changes:** Upon agreement by the voting members, new voting members may be added by invitation from the Co-Chairs.

1.10 Member Capabilities

Members should be able to speak for the organizations they represent on the business before this standing committee, with respect to information management, including privacy and security. Individuals members do not need to have all of the following specific skills but these skills should be represented through the collective membership.

- Knowledge of legislation, policies, standards, guidelines, best practices, and resource requirements pertaining to British Columbia.

1.11 Operation

Membership responsibilities, meeting schedule, decision-making, and mode of operation are all as per the IMITSC Terms of Reference or its appendices. For brevity and to ensure commonality of operations, these have not been repeated here.

1.12 Quorum

Quorum is 50 per cent of members (or delegates) plus one; this must include one of the committee Co-Chairs.

Appendix

I. Membership Roster

| Member Name | Organization |
|--------------------------------|--|
| Dr. Mary-Lyn Fyfe (Co-Chair) | Standing Member, IMITSC, and Chief Medical Information Officer, Island Health |
| Mariana Diacu (Co-Chair) | Chief Privacy Officer and Executive Director, Health Information Privacy, Security and Legislation Branch, Health Sector IM/IT, Ministry of Health |
| Kirsten Nicholson, Secretariat | Manager – Privacy Operations, Health Information Privacy, Security and Legislation Branch, Health Sector IM/IT, Ministry of Health |
| James Bayne | IMIT Manager/Architect, Provincial Health Services Authority |
| Lorraine Blackburn | Regional Director, Standardization and Clinical Informatics, Professional Practice, Vancouver Coastal Health |
| Mark Braidwood | Director, Technology Architecture & Services and Information Privacy & Security, Interior Health |
| Mark Chase | Executive Director, Decision Support, Vancouver Coastal Health |
| Ognjenka Djurdjev | Corporate Director, Decision Support, Provincial Health Services Authority |
| Max Dokuchie | Legal Counsel, First Nations Health Authority |
| Dr. Nigel Fisher | Medical Director for Mental Health and Substance Use, Fraser Health |
| Lisa Gregoire | Director, Health Information Management, Northern Health |
| Dr. Eugene Leduc | Physician, Doctors of BC |
| April MacNaughton | CDC Nurse Manager, First Nations Health Authority |
| Victoria Schuckel | Executive Director, Research, Knowledge Translation and Library Services, Ministry of Health |
| Cathy Yaskow | Co-Chair, HIPSOC, and Director of Information Stewardship, Access, and Privacy, Island Health |