

Meeting Title: Governing Body



Scarborough and Ryedale
Clinical Commissioning Group

Meeting Date: 25/07/18

Report's Sponsoring Governing Body Member: Richard Mellor, CFO

Report Author: Debbie Westmoreland, SRCCG IM&T Manager

1. Title of Paper: Digital Transformation Programme Board Terms of Reference

2. Strategic Objectives supported by this paper:

To create a viable & sustainable organisation, whilst facilitating the development of a different, more innovative culture.



To commission high quality services which will improve the health & wellbeing of the people in Scarborough & Ryedale.



To build strong effective relationships with all stakeholders and deliver through effectively engaging with our partners.



To support people within the local community by enabling a system of choice & integrated care.



To deliver against all national & local priorities including QIPP and work within our financial resources.



Executive Summary:

The CCG is committed to delivering the priorities within the Local Digital Roadmaps (LDR). The Local Digital Roadmap (LDR) presents the commitment and plan for the health community to ensure that "all patient and care records will be digital, interoperable and real-time by 2020". It is proposed that as a joint working footprint SR & VOYCCG's join up their digital work with the support of other key local providers and commissioners of services.

A Digital Transition Programme Board (DTPB) is being established to engage with care partners on the delivery of the LDR priorities that are shared across health and social care providers and commissioners.

To support the progress of our combined digital agenda we need to bring together influence and expertise from our key local health and social care partners and providers.

The purpose of this board will be as follows:

- To acknowledge each other's goals, priorities and targets, and where we should/are supporting delivery already
- Share progress on key work streams and deliverables
- Explore joint working options, and uncover unknown overlaps where economies of scale are possible

- Explore funding streams available to understand and progress shared goals
- Discuss/present future plans – organisational, locality, STP wide, nationally specific
- Share expertise to achieve throughout the locality together

These ToR's and board structure represent the way in which we plan to engage and deliver this agenda.

3. Risks relating to proposals in this paper:

In order to deliver the strategic goals within the LDR across a joint commissioning footprint with multiple providers and commissioners we must have strong relationships with key partners and support from stakeholders and this board will help to highlight where we need to strengthen relationships but also provide a platform to do so.

It would be a risk to not have robust terms to adhere and refer to in order to support the group's engagement.

4. Summary of any finance / resource implications:

The DTPB will be responsible for seeking and bidding for funding opportunities at STP and national level.

Where investment is required a business case will be developed for consideration and approval.

5. Any statutory / regulatory / legal / NHS Constitution implications:

The CCG's have a statutory responsibility to deliver against the LDR in order to keep pace with the development and delivery of digital capabilities to further support the underpinning 10 universal capabilities.

This programme board will help deliver outcomes that feed into the CCG's Assurance Framework.

As part of the HCV STP and a joint commissioning partner we have a commitment to provide efficiencies through workstreams and the unification of partners on the delivery and support for digital will support this.

6. Equality Impact Assessment Completed? (Yes/No/Not Relevant):

Each individual project will have an impact assessment completed.

7. Quality Impact Assessment Completed? (Yes/No/Not Relevant):

N/A

8. Any related work with stakeholders or communications plan:

Each individual project will have a communication plan

9. Recommendations / Action Required

The importance of re-establishing this Board to take forward the digital agenda means that it is essential to have Governing Body support. Although not a formal committee of the Governing Body they asked to:

- Support the establishment of the DTPB across NHS SRCCG and NHS VoYCCG with providers.
- Approve the draft TOR to be approved at the forts meeting scheduled for September 2018

10. Assurance

Progress reports on delivery of the Digital Transformation Plan will be presented to the Business Committee giving assurance on progress and to the Ambitions for Health and Primary Care Co Commissioning Committee for information.

For further information please contact:

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Title: IM&T Manager

Phone number: 01723 343660 / 07970 832988

Digital Transformation Programme Board

Terms of Reference

| | |
|------------------|---------------------|
| Version Number | 1 |
| Authorship | Debbie Westmoreland |
| Approved by | Governing Body |
| Last Review Date | 17/07/2018 |
| Next Review Date | |

TERMS OF REFERENCE AMENDMENTS

Amendments to the Terms of Reference will be issued from time to time. A new amendment history will be issued with each change.

| New Version Number | Author/Editor | Nature of Amendment | Approved By | Date | Published |
|---------------------------|----------------------|----------------------------|--------------------|-------------|------------------|
| 1.0 | | None | Governing Body | | |
| | | | | | |

1 Contents – TO BE UPDATED WHEN TERMS AGREED

2 Title

The Programme Board shall be known as the Scarborough and Ryedale Clinical Commissioning Group (SRCCG) and Vale of York Clinical Commissioning Group (VOYCCG) Digital Transformation Programme Board and is established in accordance with the constitution, standing orders and scheme of delegation.

3 Background

The Local Digital Roadmap (LDR) presents the commitment and plan for the health community to ensure that “all patient and care records will be digital, interoperable and real-time by 2020”. The SRCCG & VOY Digital Transition Programme Board has been established to engage with care partners on the delivery of the LDR priorities that are shared across health and social care providers and commissioners.

5 Key LDR priorities have been agreed for delivery within the current financial year these are:

- The implementation of the eSCR as the default clinical record sharing mechanism
- The rollout of ERS
- The rollout of electronic discharge information from secondary care to primary and social care
- The sharing of CP-IS information
- An investigation into wider record sharing options

To ensure that the delivery of the LDR is a priority within each care partner, and to ensure progress is delivered by the Board to support all key work streams, it has been agreed that the Board should be non-technical and consist of senior manager level representation, with authority to directly influence their individual plans and organisations.

4 Accountable To

The Board shall be accountable to the Governing Body of SRCCG & VOYCCG.

5 Reporting Arrangements

The Board's Terms of Reference shall be agreed by the Governing Body.

The minutes of the Board shall be formally recorded and may be requested by the Governing Body.

The Board will ensure that decisions within their scope are communicated and implemented throughout the organisations.

The Board will provide updates and reports required or requested by appropriate STP wide meetings and undertake to be accountable within the STP digital governance structure.

6 The Role of the Board

- To ensure the delivery of the LDR priorities by April 2020
- To ensure the delivery of the agreed priority work streams by April 2019
- To ensure the engagement of all care organisations within the SRCCG & VOYCCG Community
- To ensure consistency within the wider STP Digital agenda
- To ensure engagement with the wider NHS digital agenda
- To ensure that Board members are educated and appraised on the latest relevant national developments
- To ensure appropriate IG mechanisms are in place for work stream delivery
- To provide advice and guidance to the locality Primary Care strategy Boards/committees
- To consider and, where appropriate, support additional care partner delivery priorities
- To consider how the digital agenda and developments can be shared with our wider organisations and partnerships

Key activities

- To receive and review highlight reports from the supporting LDR work streams
- To provide direct advice and guidance to the LDR work streams
- To maintain and manage active risk, issue & action logs
- To discuss and agree the future digital agenda for the health community
- To provide direct LDR feedback into the management committees of the member care partners
- To represent the LDR delivery programme Boards consistent message within wider forums
- To act as digital ambassadors
- To monitor Board and work stream membership for appropriateness

Outputs

- Meeting Notes
- Highlight Reports to the LDR
- Briefing information to parent organisations
- Work Stream Requirement specifications

Inputs

- Workstream highlight reports.
- Information Sharing presentations

Work stream Support

The Local Digital Roadmap Delivery Programme Board will be supported by two types of work stream

- 1) Work stream Delivery Work streams, which have the responsibility for LDR requirements Consisting of:
 - E-SCR Work stream
 - ERS Work stream
 - E-Discharge Work stream
 - CP-IS Work stream
 - Citizen Access Work stream
 - Shared Record Work stream

- 2) Supporting Work streams providing dedicated advice, guidance and action delivery –Consisting of:
 - Information Governance Work stream
 - Technical Work stream
 - Data & Systems Work stream
 - Business Intelligence Work stream

The work streams will have task and finish groups that underpin the progress in these work areas. These groups will consist of staffs within the membership of the Board, and staff who have been co-opted from outside of the membership, but who have direct responsibility for undertaking work that contributes/leads on the delivery of key work areas. The groups will be asked to report on development and progress on work related to the programme Board.

(See appendix 1. diagram for reporting lines and structure)

7 Duties & Responsibilities

This Board will lead the delivery of the Local Digital Roadmap and the priorities and projects associated with it. Plan and monitor delivery, report progress and provide assurance of delivery against their specific area of the plan.

7.1 Authority

The Board will be responsible for the day to day business decisions of the NHS SRCCG & VOYCCG in line with the scheme of delegation, standing orders and constitution.

The Board will investigate any activity within its terms of reference. It may seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Board

7.2 Assurance

The Board will provide assurance to NHS SRCCG & VOYCCG Governing Bodies and HCV STP Joint Committee on the continued delivery of all strategic priorities and local work-stream projects.

The Board will ensure that an action log and decision log is maintained within the meeting notes.

7.3 Commissioning

The Board will receive regular updates on the progress and evaluation of each approved project, including a post project evaluation once the project has been completed.

The Board will ensure the equality and diversity implication(s) of any commissioning decisions are assessed and recorded.

8 Membership

- Members will demonstrate a commitment to consult their wider network on the work of the Board, to attend meetings and complete allocated work within the agreed timescales. If members are unable to attend, they will ensure that they are represented by an individual with the authority to make decisions on the member's behalf
- Members of the Board will draw on their wider network of professionals, within their own organisation and the health, social care and public sector system
- Members will declare interests at the start of every meeting (standing agenda item)
- Deputies must have delegated authority and be in a senior enough position to influence their organisations outcome

Chair: TBC

Deputy Chair(s): to be agreed at DTPB

| Digital Transformation Programme Board Membership | | |
|--|--|--|
| Named Representative | Organisation/Specialism | Role |
| Names tbc | Scarborough & Ryedale CCG – IM&T Lead | Chair & SRCCG lead |
| | Scarborough & Ryedale CCG – Primary Care | SRCCG representative |
| | Scarborough & Ryedale CCG – Board Member | SRCCG/primary care representative |
| | Vale of York CCG | VOYCCG representative |
| | Vale of York CCG | VOYCCG representative |
| | Vale of York CCG/STP Representative | VOYCCG/STP representative |
| | York NHS Foundation Trust – IT Lead | Acute/Community Provider & Secondary Care Representative |
| | York NHS Foundation Trust – Community Provider | Acute/Community Provider & Secondary Care Representative |
| | Humber NHS Foundation Trust | Community Provider Representative |
| | LHCRE Interface | LHCRE Programme |

| | | |
|--|--|---|
| | | Director |
| | Yorkshire Ambulance Service NHS Trust | Ambulance Service Representative |
| | NYCC | NYCC Representative |
| | NYCC | NYCC Representative |
| | CoYC | CoYC Representative |
| | Tees and Esk Were Valleys NHS Foundation Trust | Mental Health Provider Representative |
| | NHSE STP Team | STP Representative |
| | Humber CCGs/Humber LDR Board Lead | Humber LDR - STP partner representative |
| | NHS Digital/SCR-AI | NHS Digital Representative |
| | NHS England | NHS England Representative |
| | NHS England | NHS England Representative |
| | NHS England | Implementation Lead |
| | eMBED | Primary Care Strategy Representative |
| MEMBERS TO BRING IN AFTER 3 MONTHS OR FOLLOWING EMBEDMENT OF BOARD STRATEGY | | |
| | - TBC | GP Representative VOYCCG |
| | - TBC | GP Representative SRCCG |
| | YORLMC | LMC Representative |

A secretary will be identified from within the CCG's and they will be responsible for formally minuting and archiving all reports and documentation.

Membership will be reviewed by the Board as required. Guests may be invited from time to time if a project would benefit.

9 Quorum

The quorum necessary for the transaction of business is at least one third of the standing membership organisations', with at least one representative from a commissioner organisation. Other representatives can be co-opted onto the Board for specific pieces of work but will not count towards quorum.

Standing membership organisations are:

- NHS Scarborough & Ryedale Clinical Commissioning Group (SRCCG)
- NHS Vale of York Clinical Commissioning Group (VOYCCG)
- York Teaching Hospitals NHS Foundation Trust (YTHFT)
- Humber NHS Foundation Trust (HFT)

- Yorkshire Ambulance NHS Trust (YAS)
- North Yorkshire County Council (NYCC)
- City of York Council (CoYC)
- Tees, Esk and Were Valleys NHS Foundation Trust (TEWV)
- Sustainability Transformation Partnership (STP)
- NHS Digital (NHSD)
- NHS England (NHSE)
- eMBED Health Consortium

10 Attendance

Regular attendance at Board meetings leads to improved engagement and reduced delay in the delivery of national, regional and local targets. In the event that an attendee is unable to attend a meeting – they should nominate an appropriate deputy with the authority to make decisions on the member’s behalf and notify the chair/secretary of the change to representative, providing name, job title and contact information for the replacement if they are not usual attenders.

Representatives should apply to the chair if they/their organisation wish to vary the regular attending representative permanently so that the membership can reflect this where appropriate.

Frequency of attendance by members and attendees will be reviewed by the Board Chair at least annually.

The venue of the meetings will be agreed to accommodate as many attending as possible, however, the venue shouldn’t be a barrier to attendance.

11 Frequency

To be scheduled monthly, on the 2nd Wednesday in the afternoon.

12 Declaration of Interests

Members are required to declare interests prior to the commencement of the Board and a register of interests will be maintained. The Chair is required to reconfirm this as a standing item on Board agendas. As per the Standing Orders, individuals may be required to leave the meeting for relevant agenda items at the discretion of the Board and will no longer count towards the quorum.

13 Conduct and Commitment

- Members will demonstrate a commitment to consult their wider network on the work of the Board, to attend meetings and complete allocated work within the agreed timescales
- If members are unable to attend, they will ensure that they are represented by an individual with the authority to make decisions on the member’s behalf

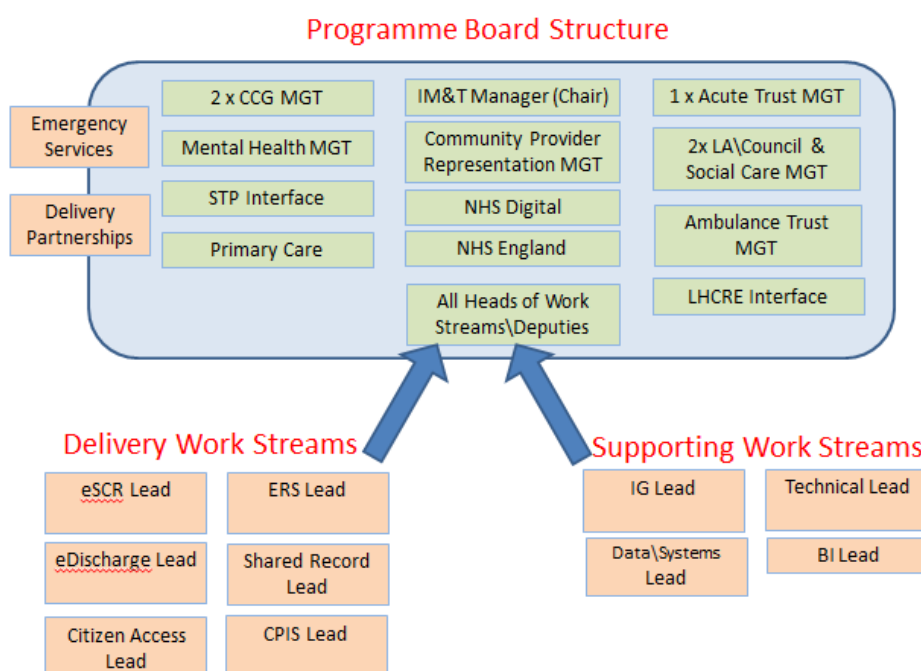
- Members of the Board will draw on their wider network of professionals, within their own organisation and the health, social care and public sector system where deliverables necessitate wider inclusion
- Members will declare interests at the start of every meeting (standing agenda item)
- Observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned
- Always strive to maximise value for money through ensuring that services are delivered in the most efficient and economical way, within available resources and with independent validation of performance achieved where practicable
- Are accountable to Parliament, to users, to individual citizens, and to staff for the activities of the bodies concerned, for their stewardship of public funds and the extent to which key performance targets and objectives have been met
- Comply fully with the principles of the Citizens charter and the Code of Practice on Access to Government Information, in accordance with Government Policy on openness
- Must comply with the Nolan's seven principles of public life
- Bear in mind the necessity of keeping comprehensive written records of their dealings, in line with general good practice in corporate documents

14 Terms of Reference

These Terms of Reference and any subsequent amendments will be agreed by NHS SRCCG & VOYCCG Governing Bodies

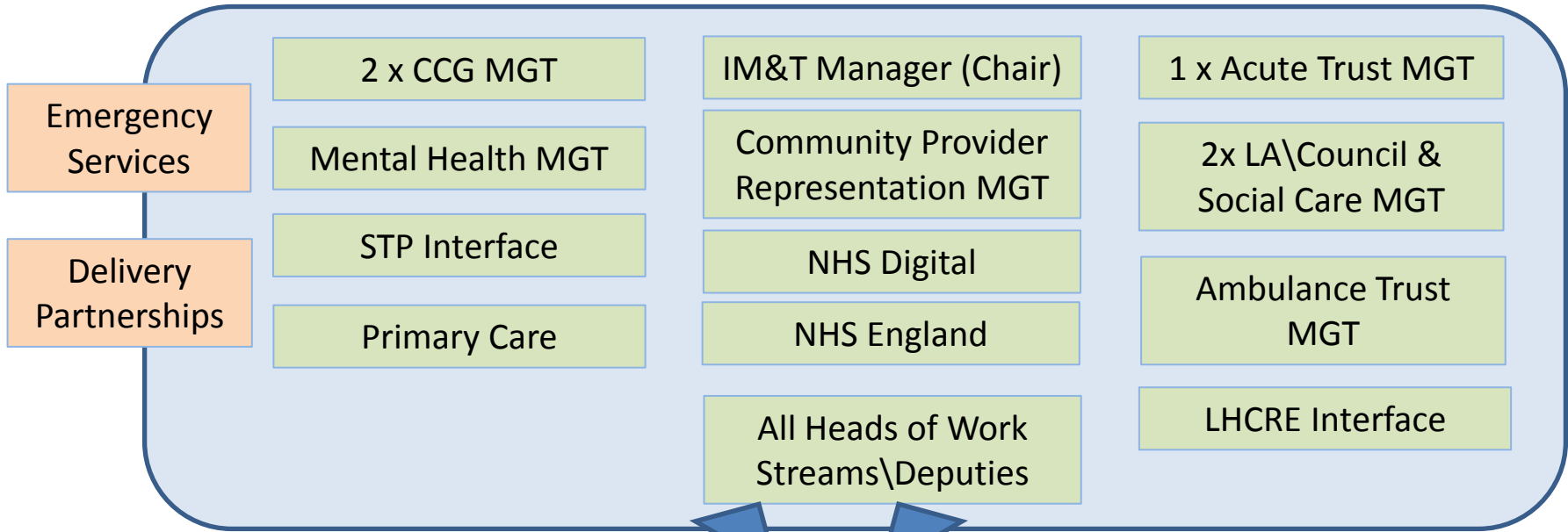
The Terms of Reference will be reviewed at least annually and to comply with any national guidance and legislation

Appendix 1. workstream plan/structure

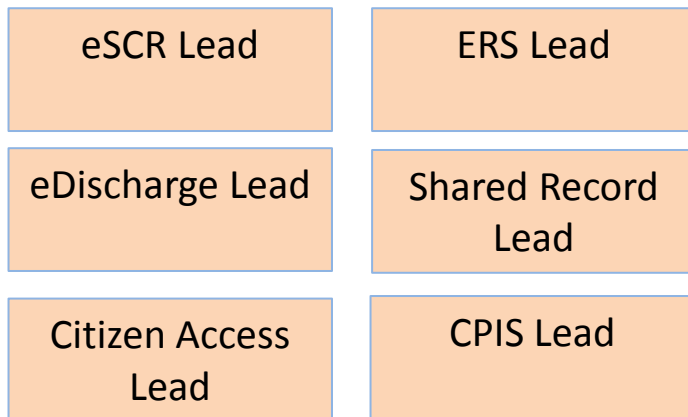


SRCCG Digital Transformation Board Membership Review v1

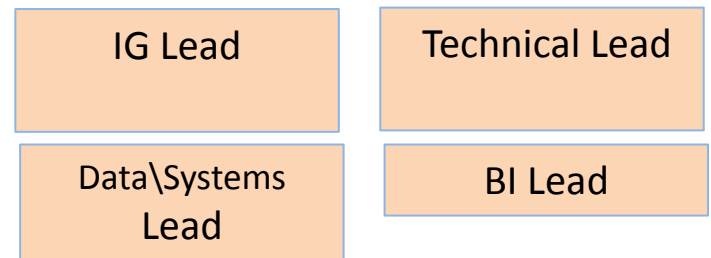
Programme Board Structure



Delivery Work Streams



Supporting Work Streams



Programme Board Membership

CCG Representation

SRCCG:
VOYCCG:

Mental Health Representation

TEWV: TBC

STP Interface

Primary Care

TO BRING IN AFTER 3/12

IM&T Manager (Chair)

Community Provider Representation

SRCCG - HFT:
VOYCCG – YFT:

NHS Digital Rep

NHS England Rep

All Heads of Work Streams\Deputies

Acute Trust Representation

YFT:

LA\Social Care Representation

NYCC:
CYC:

Ambulance Trust Representation

YAS:

LHCRE Interface

eMBED

Support Team Leadership

Delivery Work Streams

eSCR Lead

ERS Lead

**eDischarge
Lead**

CP-IS Lead

**Citizen Access
Lead**

**Shared Record
Lead**

Supporting Work Streams

IG Leads

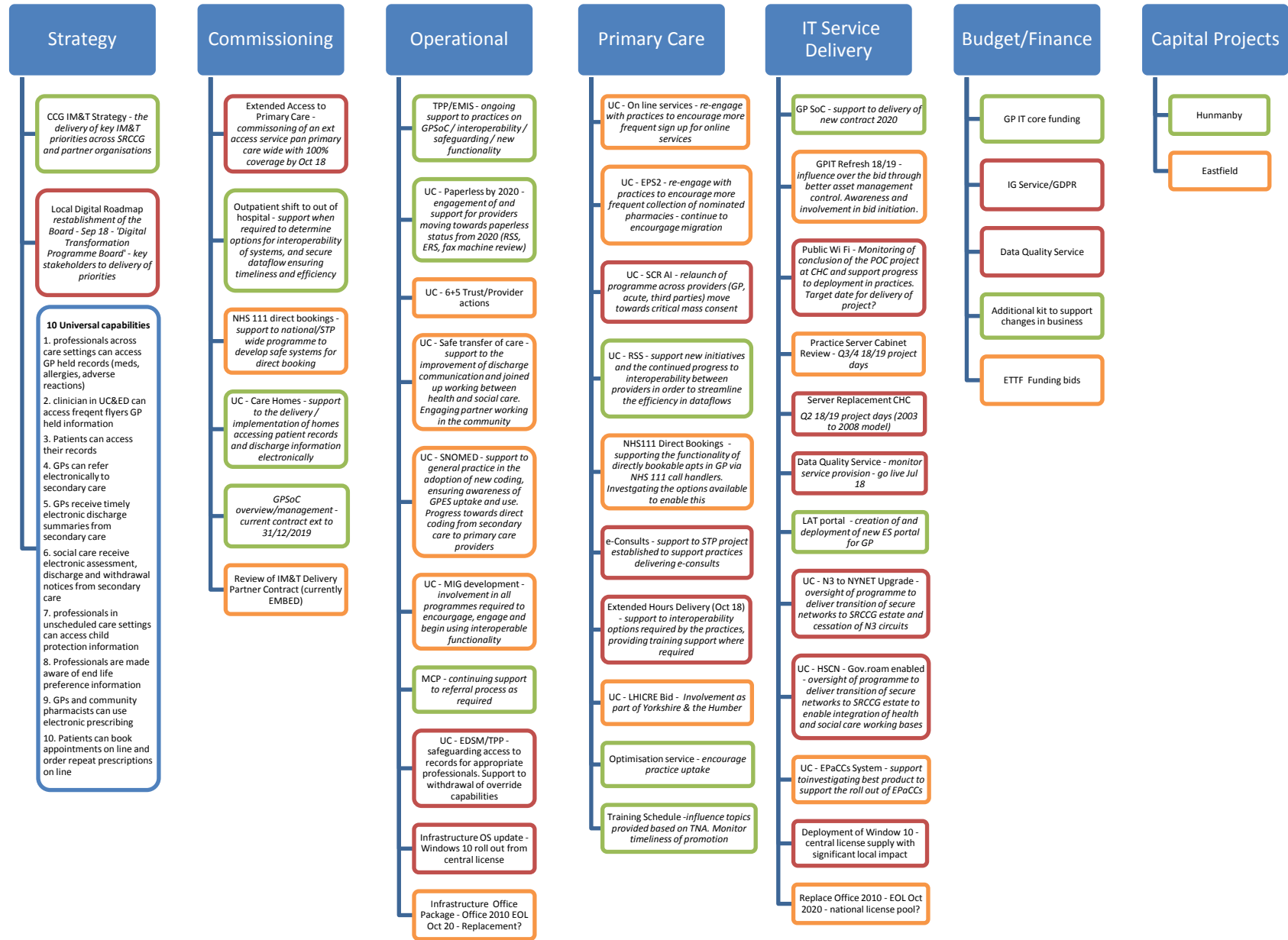
Technical Leads

**Data\Systems
Leads**

BI Lead:

**Delivery
Partnerships:**

IM&T Work plan.



Strategy

CGG IM&T Strategy - the delivery of key IM&T priorities across SRCCG and partner organisations

Local Digital Roadmap reestablishment of the Board - Sep 18 - Digital Transformation Programme Board - key stakeholders to delivery of priorities

- 10 Universal capabilities**
- professionals across care settings can access GP held records (meds, allergies, adverse reactions)
 - clinician in UC&ED can access frequent flyers GP held information
 - Patients can access their records
 - GPs can refer electronically to secondary care
 - GPs receive timely electronic discharge summaries from secondary care
 - social care receive electronic assessment, discharge and withdrawal notices from secondary care
 - professionals in unscheduled care settings can access child protection information
 - Professionals are made aware of end life preference information
 - GPs and community pharmacists can use electronic prescribing
 - Patients can book appointments on line and order repeat prescriptions on line

Commissioning

Extended Access to Primary Care - commissioning of an ext access service pan primary care wide with 100% coverage by Oct 18

Outpatient shift to out of hospital - support when required to determine options for interoperability of systems, and secure dataflow ensuring timeliness and efficiency

NHS 111 direct bookings - support to national/STP wide programme to develop safe systems for direct booking

UC - Care Homes - support to the delivery/ implementation of homes accessing patient records and discharge information electronically

GPsOC overview/management - current contract ext to 31/12/2019

Review of IM&T Delivery Partner Contract (currently EMBED)

Operational

TPP/EMIS - ongoing support to practices on GPsOC/ interoperability/ safeguarding/ new functionality

UC - Paperless by 2020 - engagement of and support for providers moving towards paperless status from 2020 (RSS, ERS, fax machine review)

UC - 6+5 Trust/Provider actions

UC - Safe transfer of care - support to the improvement of discharge communication and joined up working between health and social care. Engaging partner working in the community

UC - SNOMED - support to general practice in the adoption of new coding, ensuring awareness of GPES uptake and use. Progress towards direct coding from secondary care to primary care providers

UC - MIG development - involvement in all programmes required to encourage, engage and begin using interoperable functionality

MCP - continuing support to referral process as required

UC - EDSM/TPP - safeguarding access to records for appropriate professionals. Support to withdrawal of override capabilities

Infrastructure OS update - Windows 10 roll out from central license

Infrastructure Office Package - Office 2010 EOL Oct 20 - Replacement?

Primary Care

UC - On line services - re-engage with practices to encourage more frequent sign up for online services

UC - EPS2 - re-engage with practices to encourage more frequent collection of nominated pharmacies - continue to encourage migration

UC - SCR AI - re-launch of programme across providers (GP, acute, third parties) move towards critical mass consent

UC - RSS - support new initiatives and the continued progress to interoperability between providers in order to streamline the efficiency in dataflows

NHS111 Direct Bookings - supporting the functionality of directly bookable opts in GP via NHS 111 call handlers. Investigating the options available to enable this

e-Consults - support to STP project established to support practices delivering e-consults

Extended Hours Delivery (Oct 18) - support to interoperability options required by the practices, providing training support where required

UC - LHICRE Bid - Involvement as part of Yorkshire & the Humber

Optimisation service - encourage practice uptake

Training Schedule - influence topics provided based on TNA. Monitor timeliness of promotion

IT Service Delivery

GP SoC - support to delivery of new contract 2020

GPIT Refresh 18/19 - influence over the bid through better asset management control. Awareness and involvement in bid initiation.

Public Wi Fi - Monitoring of conclusion of the POC project at CHC and support progress to deployment in practices. Target date for delivery of project?

Practice Server Cabinet Review - Q3/4 18/19 project days

Server Replacement CHC Q2 18/19 project days (2003 to 2008 model)

Data Quality Service - monitor service provision - go live Jul 18

LAT portal - creation of and deployment of new ES portal for GP

UC - N3 to NYNET Upgrade - oversight of programme to deliver transition of secure networks to SRCCG estate and cessation of N3 circuits

UC - HSCN - Gov. roam enabled - oversight of programme to deliver transition of secure networks to SRCCG estate to enable integration of health and social care working bases

UC - EPaCCs System - support to investigating best product to support the roll out of EPaCCs

Deployment of Window 10 - central license supply with significant local impact

Replace Office 2010 - EOL Oct 2020 - national license pool?

Budget/Finance

GP IT core funding

IG Service/GDPR

Data Quality Service

Additional kit to support changes in business

ETTF Funding bids

Capital Projects

Hunmanby

Eastfield